



CSS CURRICULUM  
2023

VERMONT  
COMMUNICATION  
SUPPORT  
PROJECT



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overview

# DISABILITY RIGHTS VERMONT

Disability Rights Vermont (DRVT) formerly Vermont Protection & Advocacy is the protection and advocacy system for the state of Vermont.

DRVT provides information, referral and advocacy services, including legal representation when appropriate, to individuals with disabilities throughout Vermont. DRVT also advocates to promote positive systemic responses to issues affecting people with disabilities. Some of the services DRVT routinely provides are. Unlike most other DRVT services VCSP does not provide advocacy or legal support:

- Providing education to patients, consumers, service providers, and the general public about disability rights and patient's rights
- Investigating complaints of abuse, neglect, serious rights violations, and disability discrimination
- Assisting with discharge planning for individuals that are deemed clinically ready for discharge or who are likely to experience barriers to a timely discharge
- Assisting with Advance Directives for Health Care
- Assisting crime victims with disabilities
- Assisting with requests for reasonable accommodations
- Assisting with employment or housing discrimination
- Ensuring equal access to voting for people with disabilities
- Assisting people receiving Social Security Administration benefits experiencing barriers to employment (individuals can be already employed, seeking employment, or pursuing secondary education) or with representative payee issues or concerns

For more information on Disability Rights Vermont and it's services visit:  
[www.disabilityrightsvt.org](http://www.disabilityrightsvt.org) or call 1-800-834-7890

# VERMONT COMMUNICATION SUPPORT PROJECT

The Vermont Communication Support Project (VCSP) recruits, trains and certifies Communication Support Specialists (CSS) who can assist people with disabilities in Court, administrative hearings and related meetings. The accommodations that are offered by a specialist, support communication, and overcome barriers to effective communication caused by disability.

The Vermont Communication Support Project is the first program of its kind in the Nation. Providing specialized communication accommodations for people with disabilities offers equal access to our system of justice and State services. VCSP is administered by Disability Rights Vermont and is funded by the Agency of Human Services (DCF, DAIL, DMH), Disability Rights Vermont and the Vermont Judiciary.



In the late 1990s a situation came to the attention of the Defender General's office in which a person with a disability involved in a court case had a significant disability that affected his ability to understand the court process and communicate effectively. The lawyer requested that a specialist be assigned to the case in order to give this person equal opportunity to participate as someone would have without a disability. This case was pivotal in shaping the future of the Vermont Communication Project. Since it's creation the Vermont Communication Support project has been administered by a number of agencies before finding it's current home with DRVT in the early 2000s.

Speed Bump



## What do we mean by “Communication”?

Communication may include comprehension, ability to express thoughts and feelings, ability to manage behavior in a way that may allow for **effective** communication, ability to understand written documentation, or any other variable involved with imparting or exchanging information in an interactive setting.



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disability

# AMERICANS WITH DISABILITIES ACT (ADA)

The Americans with Disabilities Act (ADA) is U.S. legislation that provides civil rights protection to individuals with physical or mental disabilities. It protects people with disabilities from discrimination in many areas, including employment, education, and public accommodations. It also mandates that buildings, public transportation systems, telecommunications systems, and other public services be made accessible to individuals with disabilities.



The Americans with Disabilities Act (ADA) was signed into law on July 26, 1990, by President George H.W. Bush. Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin – and Section 504 of the Rehabilitation Act of 1973 -- the ADA is an “equal opportunity” law for people with disabilities.



# DEFINITIONS OF DISABILITY



**CDC**

CENTERS FOR  
DISEASE CONTROL  
& PREVENTION

Any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions).

**ADA**

AMERICANS WITH  
DISABILITIES ACT

A physical or mental impairment that substantially limits one or more major life activity. This includes people who have a record of such an impairment and people who are regarded as having a disability.

**SSA**

SOCIAL SECURITY  
ADMINISTRATION

The inability to engage in substantial gainful activity because of medically determinable physical or mental impairment(s) that has lasted or is expected to last for a continuous period of at least 12 months OR is expected to result in death.

# DISABILITY LABELS

## when are they appropriate?

Disability labels / diagnoses are used for determining eligibility for services or accommodations, including for the VCSP. They can also be useful in drawing attention to the needs of a certain group of people mobilizing advocates and legislators to lobby and enact better laws to protect the civil rights of people with disabilities.

While labels / diagnoses can help build communities of people with shared experiences and help others know what to expect from a person with a certain disability, the development of these expectations can also lead people to make incorrect assumptions. The stigmatizing effect of those incorrect assumptions may lead many to not identify with their disability diagnosis or label.



The original blue and white symbol, called The International Symbol of Access (ISA), was first designed by Susanne Koefed in 1968. It has since become commonly used for parking spaces and to signify accessible elevators and pathways. The new dynamic accessibility symbol was designed to highlight independence and mobility, rather than highlighting it as a sign of disability. Although the new design has yet to be nationally accepted, two states, New York and Connecticut, have embraced its use.

# PRESUME COMPETENCE

## more than a slogan

In the disability world, **presuming competence** means that a person with a disability has the ability to think, learn and understand – even if you may not see any evidence that this is the case.

The presumed competence conceptual framework appears to have emerged from Anne Donnellan's 1984 article "The Criterion of the Least Dangerous Assumption," published in the journal Behavioral Disorders. Although she does not specifically mention "presumed competence," Donnellan notes, "In the absence of conclusive data, educational decisions should be based on the assumptions which, if incorrect, will have the least dangerous effect on the student." In other words which would do more harm presuming competence or incompetence?

A well known concept in the autism world it should be applied in any interaction with people that are living with a disability. It is not wishful thinking. It is not idealism. It is not about ignoring or overlooking the challenges a person faces. It is about starting from the same place in your assumptions as you would for any other person you are meeting for the first time.

### **pre·sume com·petence**

pri'zoom/ 'kämpetəns/

To presume competence is to acknowledge that all individuals have the ability to learn, to communicate, to participate in their own way. It means that we provide opportunities by creating accessible & inclusive spaces.

To presume competence is to respect the value of human diversity.

Not presuming competence is to actively harm.

[facebook.com/AutismWomensNetwork](https://facebook.com/AutismWomensNetwork)

# DISABILITY ETIQUETTE

it's all about respect



## Some Simple Common Sense Tips...

- Speak **directly** to the person. Some people with disabilities may use an interpreter, attendant or other support professional. Look at and speak directly to the person with a disability, not the interpreter, attendant or other person that may be assisting them.
- Treat adults as adults
- Avoid intrusive questions. Do not ask questions about a person's disability unless it relates to communication. Clients have self disclosed how their disability relates to communication.
- Focus on **skills**. When interviewing or working with people with disabilities, the focus should be on their skills, talents and expertise, not on their disability. Question your assumptions. Presume competence as you would with any other person. **Avoid making assumptions about a person's ability to communicate effectively.** Lowering expectations can create unnecessary barriers to success for people with disabilities.

- **Be mindful about the language you use.** Avoid euphemisms for disability/disabled, such as “differently abled” or “special needs.” Do not use words or phrases such as “handicapped,” “the disabled,” “wheelchair bound,” “victim of” or “suffers from” when describing a person’s disability. These words and phrases are offensive to many people with disabilities.
- Ask first when offering assistance. Before providing assistance, always ask the person if they would like assistance and how you can help. Do not insist on helping if the person does not want it, and do not take it personally if the person declines your offer.
- You should not touch a person’s adaptive equipment (i.e., wheelchair, cane, crutches) or service animal unless specifically asked to do so.
- Use **person first** language. Person first language emphasizes the person **before** the disability.



# PEOPLE FIRST LANGUAGE

use this... not that

People first language is a respectful way to address or speak about a person living with a disability by putting the emphasis on the person not the disability. A disability is something a person has or lives with not who they are.

Use this ...		Not this ...	
A person with a disability	→	A disabled person	
Person with down syndrome	→	Down's person	
Person uses a wheelchair	→	Wheelchair bound	
Accessible parking	→	Handicapped parking	
Person diagnosed with mental illness	→	Mentally ill	
A person receives special ed services	→	In special ed	
A person who is unable to speak	→	Mute	
A person without a disability	→	A normal person	





# LANGUAGE MATTERS

...and it changes

## obvious no-no's

dumb /mute, crippled, crip, retarded, slow, brain damaged, disturbed, crazy...

## less obvious no-no's

handicapped, able-bodied, differently-abled, vertically challenged, suffers from, special/gifted, normal (when referring to someone without a disability)...

Person first language is widely thought of as being very important to use in order to maintain an environment of **dignity, respect and hope**. (Journal of the American Psychiatric Nurses Association). Using person first language is also a more accurate way of speaking about people. Placing the person first and the disability second helps eliminate stereotypes that can form. Putting the person first when describing someone with a disability or disease can positively influence the images and impressions we form about them.

**Disability is diverse** both in terms of conditions and the people who have them. With all the differences in cultures, languages, genders, beliefs, and environments, remember that it is possible for two people with the same diagnosis or circumstance to feel completely differently about their disability.

Another popular linguistic prescription is the **identity-first language**, as in "disabled people." Many use this style to celebrate disability pride and identity or simply because they prefer this. There is no unanimity on which is the more respectful style, it comes down to personal preference.

# VCSP COMMON QUALIFYING DISABILITIES

## over the years

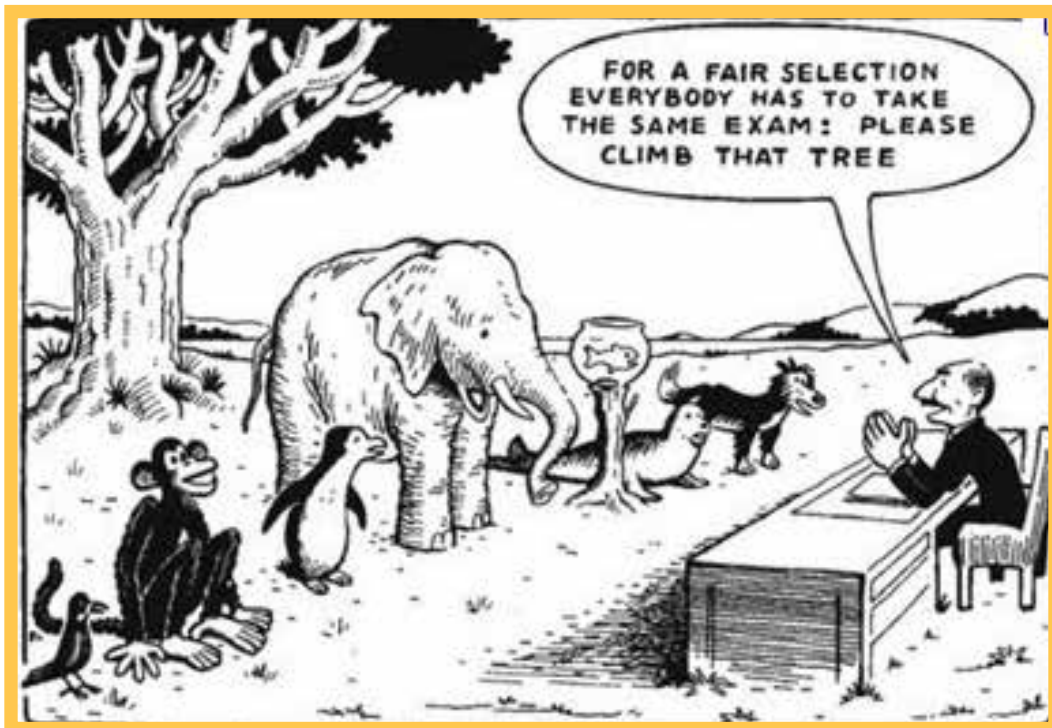
There is a broad range of disabilities that have potential to qualify a person for VCSP services. The most important qualifying factor is that the disability may affect the person's potential ability to **communicate** as **effectively** as they are able. Many people who qualify for VCSP services have more than one documented disability. Some of the most common disabilities that are considered during the qualification process include:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Agoraphobia
- ALS
- Anxiety Disorder
- Aphasia
- Asperger Syndrome
- Autism
- Bipolar Disorder
- Borderline Personality Disorder
- Cerebral Palsy
- Cognitive Processing Disorder
- Depression
- Developmental Disability
- Dyslexia
- Epilepsy
- Hearing Impairment
- Intellectual Disability
- Learning Disability
- Mental Health Disorder
- Multiple Personality Disorder
- Multiple Sclerosis
- Neuro-cognitive Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Postpartum Mood Disorder
- Post-traumatic Stress Disorder (PTSD)
- Schizophrenia / Schizoaffective Disorder
- Stroke
- Stutter
- Substance Abuse
- Temporal Lobe Seizures
- Traumatic Brain Injury (TBI)
- Tourette Syndrome
- Vision Impairment



Becoming aware of our own perceptions, stereotypes and discomforts around particular disabilities is the first step towards addressing subtle biases that could possibly be projected onto individuals with disabilities. Our own beliefs and comfort level around disability has a major impact on how we view, interact and provide service and programs to individuals with disabilities.

~ St. Mary's County Commission for People with Disabilities





Communication works for  
those who work at it.

~ John Powell

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communication

# COMMUNICATION

let's define it!



## What Do We Mean By Communication?

- The imparting or exchanging of information
- The act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else
- Communication is the process of sending and receiving messages through verbal or nonverbal means, includ-

ing speech, or oral communication; writing and graphical representations; and signs, signals, and behavior. More simply, communication is said to be "the creation and exchange of meaning." Richard Nordquist, Ph.D.

## So what is communication again?

Communication may include comprehension, ability to express thoughts and feelings, ability to manage behavior in a way that may allow for effective communication, ability to understand written documentation, or any other variable involved with imparting or exchanging information in an interactive setting such as a DCF meeting or Court hearing.



# COMMUNICATION

so much more than words



To learn about an individual's communication needs we at the VCSP must engage in **interactive dialogue** both in and out of the courtroom. Through this dialogue we can explore how an individual relies on the different types and means of communication to express themselves.

A CSS must always present information in the most accessible way possible. Understanding the way challenges and barriers to communication present themselves and developing techniques to address them is what we do!

# COMMUNICATION BARRIERS

so many potential challenges



# COMMUNICATION SUPPORT SPECIALISTS

C S S

A Communication Support Specialist is an individual specially trained to understand the communication needs of individuals living with a wide spectrum of disabilities. They understand the barriers to effective communication and can help individuals overcome those barriers with accommodations that ensure equal access to the justice system and state services.

By helping participants identify the challenges and barriers to effective communication a Communication Support Specialist ensures an individual's full participation in the process to the best of their ability.



## A CSS IS...

Trained to support the communication needs of people with disabilities  
A neutral party  
Equipped with tools and strategies for effective communication



## A CSS IS NOT...

An advocate, lawyer or coach  
A case manager, social worker or clinician  
A speech language pathologist  
An employee of the court / state  
An expert in assistive technology  
There to explain material or bring in new information

# INTRODUCTIONS

## elevator pitch

The Vermont Communication Support Project is the first program of its kind in the Nation and despite it's growth over the last decade it is still relatively unknown. It is important therefore to be extra sensitive to the words we use in explaining what we do and who we are. I like to think of this as the elevator pitch. As mentioned on the previous page a Communication Support Specialist (CSS) is:

... an individual specially trained to understand the communication needs of individuals living with a wide spectrum of disabilities. They understand the barriers to effective communication and can help individuals overcome those barriers with accommodations that ensure equal access to the justice system and state services.

Find your own words but **practice, practice, practice!**



As Communication Support Specialists we have to be hyper aware of the words we use when describing our services. Words like assess, help, assist, etc.. can carry connotations or expectations that are beyond the scope of our work so tread carefully...

# THE FIRST S IN CSS

## css vs cognitive interpreter



We often refer to ourselves and have people refer to us as **Communication Specialists** instead of **Communication Support Specialists**. While technically true and not too serious of an offense that first S in CSS speaks to the core of our philosophy.

As we will explore in a bit, we take a **functional approach** to communication supporting each person by tailoring tools and strategies to meet their individual needs. Dropping out that first S implies somewhat that we are responsible for making someone more "able" as opposed to supporting them in communicating to the best of their ability. It also points to a practice that might provide diagnosis or assessment.

Another title that we are sometimes given is that of a **cognitive interpreter**. That title is also a bit problematic in that it really only addresses one communication barrier and leaves out many others. While we do support people with intellectual disabilities there are a wide range of psychiatric disabilities that also require accommodations be put in place to support people's ability to communicate and participate in the process.

# A FUNCTIONAL APPROACH

## presume competence part 2

Every person is considered individually when determining how best to offer communication support. By the time the Communication Specialist meets with a client, there has usually been enough discussion to have a sense of some of the tools and support strategies that may be helpful and/or necessary. Often information about effective accommodations is obtained from the individual's treatment providers with the individual's consent. This information is gathered during the intake process.

In developing a plan for accommodations that will allow a participant to effectively communicate and understand the proceeding or meeting a CSS will always take a **functional approach**. What does that mean?

It means that while taking into account the information gathered in the intake process a CSS will work **with** the client in developing a plan that will work best for them. Some of the most important communication planning happens when the Communication Specialist meets with the client prior to the hearing or meeting and at this time there can be a collaborative discussion regarding a person's needs and supports. A CSS will never make an assumption about a person's abilities or needs without an **interactive dialogue** with the client. A CSS will always **presume competence**.

People often think communication just happens or better yet they don't think about communication at all. A CSS will help client's focus attention on the communication and their needs around the subject not just the content being presented at the meeting.



# NOTHING ABOUT US WITHOUT US

## a governing philosophy

People with disabilities have a voice that should always be at the table from the beginning of any planning process and should never simply be an after-thought. That is why our language matters, that is why presuming competence matters, that is why a functional approach and interactive dialogue matters. It can all be summed up in the phrase “Nothing About Us Without Us.”

“Nothing About Us Without Us” is so much more than a slogan, it should be a governing philosophy that guides the work of anyone working with people with disabilities of any kind.

“Nothing About Us Without Us, expresses the conviction of people with disabilities that they know what is best for them.

~James Charlton

Nothing About Us Without Us



“Nothing About Us Without Us” (Latin: “Nihil de nobis, sine nobis”) is a slogan used to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. The term in its English form came into use in disability activism during the 1990s.



“The VCSP’s services have been outstanding in quality and a great boon to the clients themselves, as well as to the fair administration of the legal system in their cases. With skill and understanding, the VCSP communication specialists help clients better understand the situations before them, which greatly support their navigation and communication with elements of the social and judicial systems.”


~ Jonathan Heppell, Esq.

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the work

# VCSP GOLDEN RULE

thou shall not...ever, ever



A CSS **NEVER** BRINGS IN  
NEW INFORMATION OR OPINIONS  
REGARDING A CLIENT'S CASE

**NOT** IN THE PRE-MEETING  
**NOT** IN THE MEETING  
**NOT** IN THE POST-MEETING



# CSS ASSIGNMENT

at a glance

## PRE-MEETING



Every assignment starts with a 30 min pre-meeting. It is during this time that a communication plan is developed with the client. If the meeting or hearing is remote the CSS will take the time to make sure that all technology is charged and the client is ready to connect.

## MEETING / HEARING

## POST-MEETING



Every assignment ends with a 30 min post-meeting. It is during this time that information is re-enforced and the client is directed to the best people to answer any follow up questions the client may have.

There are exceptions to the 30-minute rule for both pre and post and in the post meeting. As an accommodation there is often a need to work with the client to reinforce information or a need to refocus after escalation. This is an example of how a CSS always takes an individual approach to the accommodation being provided.

# TOOLS OF THE TRADE

## a css toolbox



## Verbal Supports

Most of the tools in a CSS toolbox are verbal strategies and techniques which is why we are able to provide valuable support in the remote world. These tools include but are not limited to:

- Client **commitment** to communication
- Review of the purpose of the meeting or hearing and who is likely to be present.
- Process and **etiquette** of the meeting and why it is important. Using metaphors like a business meeting or job interview.
- Support client comprehension
- Support **organization** of information
- Support client in making lists, prioritizing questions and information
- **Role-play**
- Clients needs around **de-escalation** and emotional support
- Steps required to connect remotely
- **Breaks**
- Deep breathing techniques to ease anxiety
- Agree on **verbal cues** to maintain focus



# CSS ESSENTIALS

never leave home without

## Physical Supports

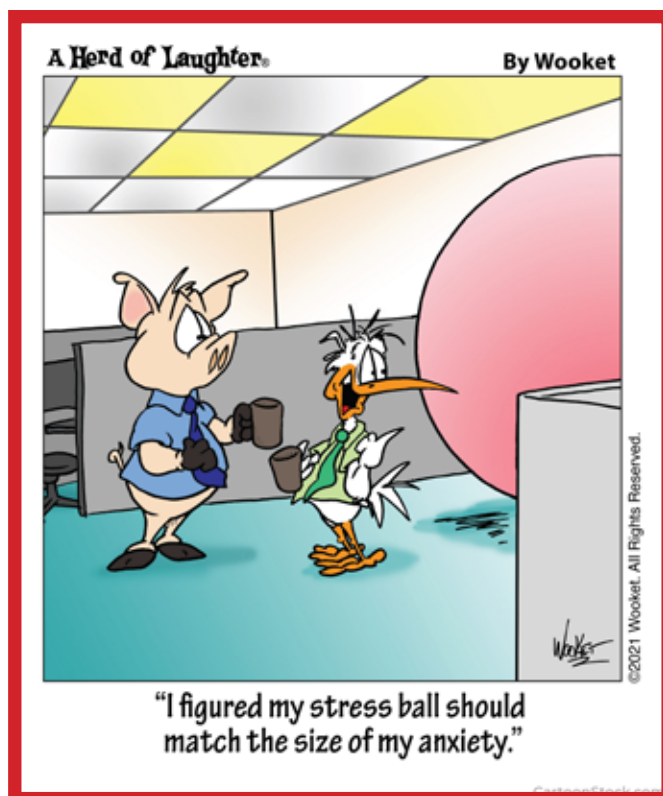
A CSS always is prepared with a bag of tools for in-person assignments. For remote assignments a CSS can encourage the client to make use of physical supports that they can find or create and use during the meeting. These supports include but are not limited to:

- Stress balls
- **Cue cards**
- Note pads and pens
- Water & snacks (full day hearing)
- An **open text line** for remote services
- A tablet or laptop for hybrid services

One of the most important “tools” in a CSS toolkit is **neutrality**. A CSS is not on anyone’s side. A CSS is always on the side of effective communication.

If you can share your passion and commitment to effective communication

with your client it will go a long way in improving the overall experience regardless of the outcome. Our main job is to make sure a client can participate in the proceeding **to the best of their ability**. If the client walks away feeling like they were given the space to say what they wanted to say and understood what was being said as best as they could everybody wins.





# COMMUNICATION PLAN

## building a plan

### PRE-MEETING



The pre-meeting is a time to develop a communication plan with the client. During a pre-meeting a CSS will do the following:

- The CSS will introduce themselves, put the client at ease and define their role
- The CSS will talk about a “Commitment to Communication” and what that means
- The CSS will discuss the importance of the post-meeting once the hearing/ meeting is done
- The CSS will check on the client’s understanding about what the meeting/ hearing is about and who will be participating and identify any questions the client may have and who the best person would be to answer those questions
- The CSS will explore with the client how the client’s disability affects their communication and what has worked well in the past

### WHAT IS THE GOLDEN RULE?

**NEVER** bring in new information or opinions regarding a clients case!



## A note about paperwork...

It is **not** a CSS's job to explain documents to a client. **Remember that rule about there needing to be interactive dialogue!**

- The CSS will help the client organize and focus on what they would like to say
- The CSS will discuss the process and meeting / courtroom etiquette and reinforce that everyone will get a turn to speak
- The CSS could offer to role play asking questions or politely speaking up during a meeting / hearing
- The CSS could ask about de-escalation techniques if the client escalates easily
- The CSS will talk about appropriate strategies they could employ as part of the communication plan such as deep breathing, breaks, using the client's name to focus attention, etc...
- If the meeting is remote the CSS will make sure that the client has what they need to connect to the meeting and that the batteries are charged or the device is plugged in
- The CSS could introduce the idea of a business meeting or job interview as a way of focusing on effective communication.
- The CSS will discuss physical supports such as cue cards, stress balls and note taking
- The CSS will set up a text line for use during the meeting, always with the understanding that the office not the CSS is to be contacted once the assignment is over

Every assignment is different and accommodations are different for each individual. Use the pre-meeting to explore with the client what will work best for them. Pre-meetings can happen with or without an attorney. It is always preferable to have time to talk about communication, process and a communication plan before talking about the case.

# THE ASSIGNMENT

## all about communication

### MEETING / HEARING

With a good communication plan it is not uncommon for a CSS to have a lesser role during the meeting or hearing itself. It is not unlike being a referee at a game, if all the players are communicating effectively our work is just to remain vigilant and address the parties only if someone steps out of bounds. Be prepared in the meeting or hearing to do the following **when needed**:

- Define the role of the CSS
- Present universal accommodations for effective communication. Sometimes others could benefit from explanation, clarification and simplifications not just the person with a disability
- Request consideration for accommodation needs that may be necessary such as frequent breaks, physical mobility, volume, large print, etc...
- CSS will take notes for the purposes of review during the post meeting. A CSS **does not** take notes to give to a client
- A CSS must stand to address the judge when giving in person services
- A CSS will ask a participant to clarify any complicated concepts or vocabulary



### A NOTE ABOUT SEATING...

It is a CSS's job to consider placement at a meeting. It is important to be able to see your client and to be able to touch them if needed. It is also important that a client not be seated directly next to or across from someone they dislike.

# DEBRIEFING

## POST-MEETING



It is important to stress the importance of a post-meeting during the pre-meeting. An attorney may or may not be present. During a post-meeting the CSS will:

- Debrief what took place in the meeting
- Employ de-escalation techniques such as encouraging physical movement, deep breathing or time to regroup
- Review the information shared at the meeting and reinforcing answers to any questions the client may have posed
- Supporting access to paperwork
- Identifying next steps
- Helping the client organize follow up questions with the people best suited to answer them
- Checking in with the client about CSS support



## DANGER ZONES

- Value statements about what took place. A CSS is neutral and does not offer opinions
- Problem solving. Remember the Golden Rule!!
- Scheduling. Direct all future scheduling to the office

# ETHICAL CODE OF CONDUCT

our standards are high

**1**

**CONFIDENTIALITY**

**2**

**PROFESSIONALISM**

**3**

**CONDUCT**

**4**

**RESPECT**

**5**

**BEST PRACTICE**

**6**

**DEVELOPMENT**

VCSP based the Ethical Code of Conduct for Communication Support Specialists on the Ethical Code written for Interpreters for the National Association of the Deaf. At the core of this code of conduct are six tenets:

- Communication Support Specialists adhere to standards of **confidential** communication.
  - Share assignment-related information only on a confidential and “as-needed” basis.
  - Manage data, invoices, records, or other situational or client specific information in a manner consistent with maintaining client confidentiality.
  - Inform clients when federal or state mandates require disclosure of confidential information.
- Communication Support Specialists possess the **professional skills and knowledge** required for the specific assignment.
  - Provide service delivery regardless of race, color, national origin, gender, religion, age, disability, sexual orientation, or any other factor.
  - Assess client needs and the situation before and during the assignment and make adjustments as needed.
  - Refrain from providing counsel, advice, or personal opinions.
- Communication Support Specialists **present themselves appropriately** in demeanor and appearance and avoid situation that result in conflicting roles or perceived or actual conflicts of interest.
  - Consult with the VCSP office regarding the assignment to determine issues such as placement and adaptations necessary to provide support effectively.

- Decline assignments when not competent due to physical, mental, or emotional factors.
  - Avoid performing dual or conflicting roles in interdisciplinary settings
  - Comply with established workplace codes of conduct, notify appropriate personnel if there is a conflict with this Code of Professional Conduct, and actively seek resolution where warranted.
  - Conduct and present themselves in an unobtrusive manner and exercise care in choice of attire.
  - Refrain from the use of mind-altering substances before or during the performance of duties.
  - Disclose to parties involved any actual or perceived conflicts of interest.
  - Avoid actual or perceived conflicts of interest that might cause harm or interfere with the effectiveness of VCSP services.
  - Refrain from using confidential information for personal, monetary, or professional gain.
  - Refrain from using confidential interpreted information for the benefit of personal or professional affiliations or entities.
- Communication Support Specialists demonstrate **respect** for clients and colleagues at all times.
- Always develop a communication plan based on what a client is telling you they need to communicate effectively.
  - Approach clients with a professional demeanor at all times.
  - Obtain consent from the client before bringing in another CSS in training.



- Facilitate communication access and equality, and support the full interaction and independence of clients.
  - Maintain civility toward colleagues and students.
  - Assist and encourage colleagues by sharing information and serving as mentors when appropriate.
- Communication Support Specialists maintain **ethical business practices**.
    - Accurately represent qualifications, such as certification, educational background, and experience, and provide documentation when requested.
    - Honor professional commitments and terminate assignments only when fair and justifiable grounds exist.
    - Promote conditions that are conducive to effective communication, inform the parties involved if such conditions do not exist, and seek appropriate remedies.
    - Inform appropriate parties in a timely manner when delayed or unable to fulfill assignments.
    - Reserve the option to decline or discontinue assignments if working conditions are not safe, healthy, or conducive to services.
- Communication Support Specialists engage in **professional development**.
    - Increase knowledge and strengthen skills through activities such as: yearly re-certification; seeking mentoring and supervision opportunities; communication with colleagues; engaging in independent studies.

# AFTER THE ASSIGNMENT

it isn't over until...

## Notes

Immediately after an assignment the CSS will text the office to notify that the assignment is over. After an assignment the CSS will draft a brief report. The report serves several functions, but primarily it is meant to let other CSS's that may be assigned to the client in the future, know what worked well or didn't work well with a given client. Reports should be submitted **within 48 hours of the assignment** even if it is just information of client participation if that is all a CSS can manage in that time frame. If a CSS has concerns about a given assignment the CSS should contact the office immediately with an account of what took place.

## Reporting Guidelines

- Reports are submitted via email in the body of the email (not as an attachment)
- Generally, reports should be brief and no longer than the equivalent of 2/3 of a page
- At the top of the report:
  - client name
  - docket number (if applicable)
  - date of service
  - type of meeting or hearing / location
  - Judge or Facilitator
  - Attorney if Represented
  - other individuals necessary for documentation (use discretion & minimize)

- All reports must include documentation and/or status for:
  - Pre-meeting
  - Hearing, Conference or Meeting
  - Post-meeting
- Reports should focus on communication support. Any case details reported should be brief and outcome based. "Play-by-play" reporting of the assignment is not necessary unless it is outlining the client's need for communication support and the CSS services being provided.
- Information included in the notes should be as objective and non-judgmental as possible. Recognizing a client's abilities and/or challenges is appropriate provided that there are no statements or opinions regarding case outcome.
- Receipt of notes are acknowledged when received. Review may not be immediate and therefore it is important to acknowledge if any specific action or input is needed on behalf of the VCSP
- Any information with regard to upcoming hearings or meetings should be e-mailed separately, preferably the same day as the assignment with "scheduling -- client initials" in the subject line.



## Notes should be:

- **BRIEF**
- **NON-JUDGEMENTAL**
- **HELPFUL TO OTHER CSS'S  
IN FUTURE ASSIGNMENTS**
- **ABOUT COMMUNICATION**



“Vermont is a national leader with regard to this work. There are many disabilities that can affect a person’s ability to communicate effectively during judicial or administrative processes. Communication Specialists are trained to provide support and necessary accommodations to ensure that people are being offered an equal and fair opportunity to participate. This respects the civil rights of people with disabilities and increases efficiency for all.”

~ Lynne C. Cardozo  
VCSP Senior Advisor, CSS

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**a-z**

# REFERRALS

starting at the beginning

Referrals can come from anywhere but our **main sources** are:

INDIVIDUAL

COURT REFERRAL

ATTORNEY

DCF

VICTIM ADVOCATES

DRVT / VLA

INTAKE

- Explain VCSP services
- Gather relevant information
- Ask about how their disability affects their communication
- Outline the qualification process

# QUALIFICATION FORMS

release & eon

VCSP only uses two forms to determine eligibility. One is a simple release to for the person seeking our services to sign so that a service provider (doctor, therapist, counselor, educator, case manager) can fill out the **Explanation of Need Form or EON** that gives the project insight into how that person's disability affects their communication. The four main questions on the form are:

- **How you know the client?**
- **Can you describe the person's communication-related disability and explain how the client's communication-related disability will affect their ability to communicate and understand court or administrative proceedings?**
- **Can you describe the types of accommodations that would assist the person in overcoming their disability-related communication and understanding barriers?**
- **Is there any other information that you would like to provide that is pertinent and related to this request for a Communication Support Specialist?**

VCSP will record any information from the EON and provide it to the CSS in the **Case Summary**. The CSS **always** refers new clients to the office for intake.

A CSS will take into account the information provided on the case summary but **will explore with the client** how their disability affects communication and any possible tools and strategies that would be helpful.



# SCHEDULING SERVICES

## dcf & the court

The entity that is providing the accommodation is responsible for requesting VCSP services. The VCSP Program Coordinator is solely responsible for all scheduling and CSS assignments. Should a scheduling request be made directly to the CSS during an assignment the CSS will refer the person to the office for scheduling and alert the office of the date.

## DCF & Other State Meetings

VCSP provides DCF with a scheduling handout. All requests for VCSP services **must come from DCF** not the client. We ask that DCF give us 10 days notice but we try to accommodate all requests.



## The Court

To receive VCSP services in Court the client or attorney must file a motion with the court for a CSS Specialist.

The office does have a sample motion they can share with a client or attorney but VCSP cannot file a motion on a client's behalf. DCF is not involved at all in any services the VCSP provides in court. A client can receive VCSP services in Court and not in DCF or vice versa.

Once a motion is granted a CSS can only be dismissed by the court. Court clerks alert the VCSP of any upcoming hearings for client's that receive VCSP services.

# VCSP ADMINISTRATION

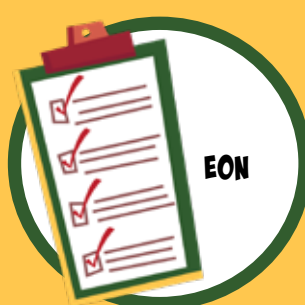
who pays for what?

Once a request for a CSS is sent to the office, a CSS is assigned and an estimate is sent to the Judiciary or Human Services Board (for hearings), to DCF (DCF meetings) or to the Office of the Defender General (attorney meetings).

Any state agency can request VCSP services as long as they are willing to pay and we know where to send an estimate.

Communication Support Specialists are **independent contractors** and are paid directly by the entity requesting our services, most commonly the State of Vermont. Once services are provided the CSS sends the office an invoice that they in turn forward onto the appropriate agency for processing. Once invoices are sent for processing and notes for the assignment have been received the assignment is considered closed.

## In Summary A to Z.....



# SERVICE SETTINGS

## in person, remote & hybrid

As with many organizations, 2020 definitely brought with it some challenges in how we were able to deliver services. The biggest lesson we learned is to never underestimate a person's ability to connect and participate remotely in their hearings or meetings; presume competence!

We were able to adapt and offer valuable CSS support remotely and for many clients this continues to be the option they prefer. For others in person services are a necessary accommodation. We offer 3 different models of CSS support:



### REMOTE

Everyone is virtual. The pre-meeting, meeting and post meeting is by phone or video.

### IN PERSON

Everyone is in the same room or some are virtual but the CSS and the client are together in the same room.





## HYBRID

The CSS is remote while the client is in person.

# THE VIRTUAL WORLD

## challenges & considerations

Every person is different and every assignment is different, with that said the remote world does present some common challenges and considerations. Here is list of some general pros and cons:

### Pros

Transportation challenges are eliminated

Not having to be in the same room with people perceived to be in adversarial role

Comfortable surroundings may limit anxiety

Lower cost to the court & state agencies by eliminating travel time and mileage costs

Less cancellations

Being able to turn off a camera to regroup can be useful \* (this can be both a pro and a con depending on the situation and how it is used)

# THE VIRTUAL WORLD (cont.)

## challenges & considerations

### Cons

Last minute difficulties with technology

Emotional support from the CSS can be more challenging by not being in the same room

Communication challenges such as focus and escalation can be harder to address remotely

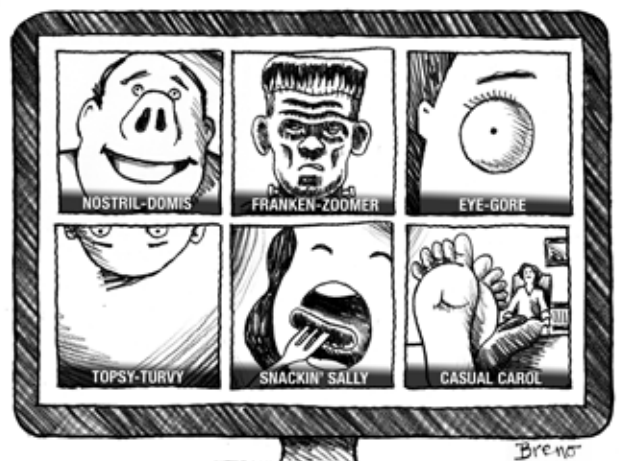
Body language, an important part of communication, can be more difficult to read on screen

## Considerations for Remote Services

### Physical Presence

Always consider your **background** and placement when offering remote services. A CSS is always dressed professionally, **centered on the screen** with a neat and professional background. Make sure to stay engaged and focused on the client during the entire meeting just as you would if you were in person by eliminating any possible distractions.

The same considerations should be discussed with a client as part of the



# REMOTE SERVICES

## tools of the trade

pre-meeting. When one looks professional one tends to feel more confident and in control. Encouraging a client to find a **comfortable** and **quiet** place to have the meeting and to dress as they would if they were attending in person, is an important part of remote services.

If providing in person services where others are appearing remotely placement on the screen can be a bit tricky. While it is important that the client be at the forefront, the CSS should be visible should they need to interject during the meeting.

## The Tools

It is important to make sure to address technology considerations during the pre-meeting with the client.

- Will the client be appearing via phone or video?
- Does the client have the information to connect to the meeting?
- Is the client's device fully charged?
- Is the client in a quiet space?

A CSS should have a **portable tablet or laptop** that they are familiar with for all in person and remote assignments.





The Vermont Judiciary supports the right of all persons, including those with disabilities, to enjoy access to the facilities and services offered by the judicial branch

~VT Judiciary website



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settings

# JUDICIARY

## vt courts

Each county in Vermont has a Family, Civil & Criminal Court. VCSP does not support defendants in criminal court at this time. The most common type of cases for VCSP services are:

- CHINS (Child in Need of Care or Supervision) cases & TPR (termination of parental rights)
- Child Support
- Parental Rights and Responsibilities
- Divorce
- Guardianship
- Probate
- Eviction
- Relief from Abuse & Stalking
- Small Claims
- State Administrative Hearings

### Family Court

There are no jury trials in family court. Instead, the presiding judge or magistrate makes the decision. Assistant judges may also sit with the presiding judge.

Each family division manages all family related legal matters. Decisions concerning divorce, separation, civil union dissolution, and parentage are decided in the family division. Child support and custody are also decided here. Many people come to the family division to change previous court orders. These usually involve child support, custody arrangements or visitation. When a child has been delinquent, or if they have been abused or neglected, the fam-

ily court judge decides what will happen to them. Family division determines how best to protect victims of domestic violence. Family division also decides how the state will care for people with mental illnesses and developmental disabilities.

## Civil Court

The Civil Division is a trial court where civil matters such as breach of contract, eviction, foreclosure, personal injury, land disputes, medical malpractice and wrongful death cases are heard. Appeals from the Probate Division are also heard in the Civil Division. While the Civil Division is not designed for pro se litigants (people representing themselves in court cases), there is no rule against it. People appearing in the Civil Division are expected to be familiar with the Vermont Rules of Civil Procedure and with the Vermont Rules of Evidence. The geographic jurisdiction for the Civil Division is the county in which it is located.

The Civil Division also includes Small Claims Court, which is designed for pro se litigants. Forms are provided in Small Claims Court. Cases asking for money up to \$5,000 can be filed there.

## Probate Court

The Probate Division of the Superior Court handles adoptions, correction and establishment of birth, death, and marriage records, emancipation, guardianships, non-resident clergy to perform marriage, probate of estates, trusts, and wills. There are 14 Probate Division judges who are elected for four-year terms.

### RELIEF FROM ABUSE ORDER

An RFA is heard in **Family Court** and is for:

- a family member
- a current or former sexual partner
- someone you date or used to date
- someone who lives with you or used to live with you.

VS

### NO STALKING ORDER

A No Stalking Order is heard in **Civil Court** and is **NOT**:

- a family member
- a current or former sexual partner
- someone you date or used to date
- someone who lives with you or used to live with you.

# COURT CALENDARS & MORE

www.vermontjudiciary.org



The Vermont Judiciary Website is a wealth of information and very easy to navigate. You will find court contact information, a glossary of legal terms, court guidelines and the court calendar.

## Court Calendar

There is a lot of information available on the **court calendar** that can be useful before and after an assignment. A CSS should check the judicial calendar to check if their assignment is showing as requested.

Navigate to the calendar for the given court, use control f (cmd f on a mac) and enter the docket # in the search field that appears in the top right hand corner. The calendar should take you to the hearing you are looking for. Names in juvenile cases are confidential but you will find the name of the judge, attorneys for all of the parties, guardian ad litem, as well as the date and time of the hearing.



Search function

Judge

Docket#

Attorneys

# REMOTE HEARINGS

## webex, controls & faq

Anything relating to participating in remote hearings can be found here <https://www.vermontjudiciary.org/about-vermont-judiciary/participating-remote-hearings> including a simple 2 minute youtube video.

## Frequently Asked Questions

### How do I make sure I can connect to a Webex meeting before it starts?

You can test your device to make sure it's ready for your hearing. You must have the WebEx meeting application. You will be prompted to provide your name and email address and then you click "join," by hovering over the bottom right hand corner on the speaker icon, it will turn into 'settings,' where you are then able to test your speakers and microphone.

### What if my client did not receive an invite or cannot find it?

You may forward the meeting invite or send the meeting number to anyone you need to join the hearing. You can also ask the court officer to send an invite to a specific e-mail, or call in a participant's phone number. When the participant picks up and presses 1, they will be directly connected to the hearing.

### How can I have a private conversation with my client?

Breakout rooms allow individuals to temporarily leave the meeting to join a 'smaller,' more personal meeting. You will receive a pop up window that notifies you when you are able to join a breakout session, which you can accept or deny. When leaving the breakout session, navigate to the red icon that looks like a door. This will allow you to return to the main meeting.

# HUMAN SERVICES BOARD

## fair hearings

The Board is a citizen's panel consisting of seven members created by the legislature pursuant to 3 V.S.A., §3090. Its duties are to act as a fair hearing board for appeals brought by individuals who are aggrieved by decisions or policies of departments and programs within the Agency of Human Services.

The Board has two hearing officers who **conduct hearings** on a regular basis in each district in which the Agency of Human Services maintains offices. The hearing officers issue written recommendations that include findings of fact and a proposed decision for the Board to act upon.

For information on fair hearing rules visit:

<https://humanservices.vermont.gov/sites/ahsnew/files/fair-hearing-rules-1.pdf>

Most fair hearings for the HSB are conducted by phone and a motion is not needed for a fair hearing, but approval of the services is indicated with the approval of the estimate.

**Departments** of AHS include:

- Department of Aging & Independent Living
- Department of Children & Families
- Department of Corrections
- Department of Mental Health
- Department of Vermont Health Access
- Department of Health



# DCF

## family services division

Most CSS assignments for support in state meetings are in the Family Services Division of DCF. The Family Services Division is Vermont's child welfare agency.

Child Safety Intervention typically begins with an investigation & assessment. After a child **safety assessment** is conducted dcf will determine one of the following safety decisions:

- **Safe**
- **Conditionally Safe:** A safety plan is put in place that addresses the identified dangers. If successfully carried out the child remains at home.
- **Unsafe:** A court order or voluntary care agreement with placement outside the home is the only way to protect the client from harm.

A **Family Risk Assessment** assess risk of future maltreatment. If DCF determines that the risk is low the case is closed. If DCF determines that there is a moderate risk the case is closed and the family is connected to services in the community. If DCF determines that the risks are high or very high a case is opened for ongoing services.

If a case is opened for ongoing services a social worker is assigned to the case. This social worker will work with the family to complete an initial Family Support Case plan.

Most CSS assignments in DCF meetings are usually once a child is in DCF custody. For a guide on the process download: <https://dcf.vermont.gov/sites/dcf/files/FSD/pubs/Parents-Guide-FSD.pdf>

# MEETING TYPES

## interactive dialogue

A CSS can be assigned for any meeting where there is interactive dialogue between the client and at least one other person. Administratively we have a streamlined process for payment with both DCF and the Judiciary so most CSS work at this time is done in those settings. Here is a list of the most frequent DCF meeting types that a CSS will encounter:

### Shared Parenting Meeting

This meeting usually includes the DCF social worker, the client, foster parents and other family members. The purpose is to talk about any safety concerns, share information about the child and progress that is being made and develop a plan going forward. At the end of the meeting everyone gets a copy of what was decided.

### DCF Team Meeting

Expanded from a shared parenting meeting to include all parties involved in the case and life of the child. The parties could include service providers, Guardian Ad Litem (GALs), school representatives, etc...

### Other Meetings

Safety Plan Meetings, One on One meetings, IEP meetings (that DCF is a part of), Family Time Coaching and Parenting classes (very rare), etc...



# CASE PLAN REVIEWS

dcf plans

## The Disposition Case Plan

Within the first six weeks of DCF custody, the caseworker will work with the client to develop a plan that outlines:

- Why the child is in DCF custody
- The changes that need to be made and services that are put in place
- The case plan goal

## Coordinated Services Plan

A coordinated Services Plan is a written plan developed by a team for a child/youth who requires services from more than one agency. It is designed to meet the needs of the child within his or her family or in an out-of-home placement, and in the school and the community.

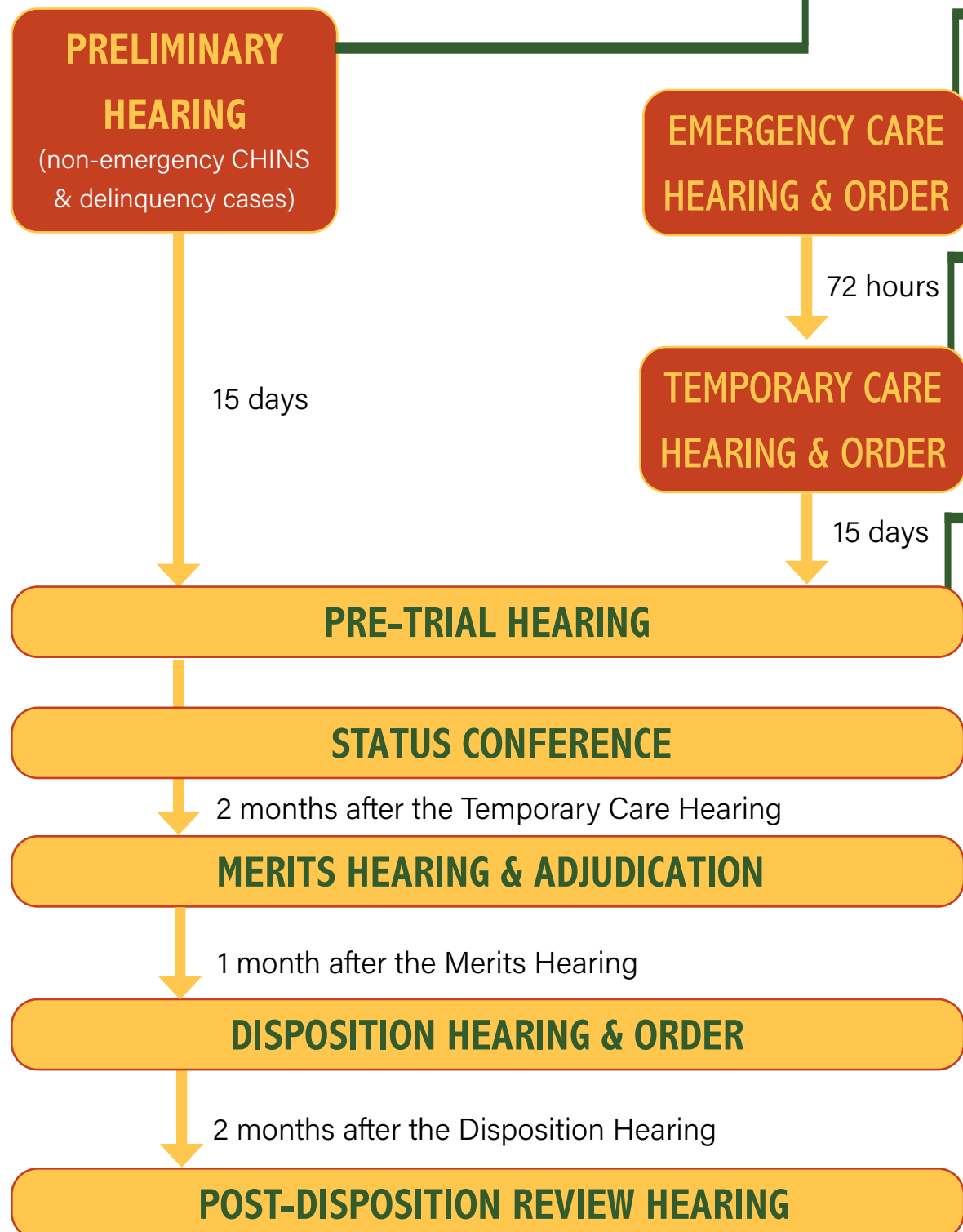
## The Case Plan Review


Case plan reviews are an hour long and are facilitated by a Case Reviewer that is not part of the DCF team. The role of the facilitator is to make sure everyone understands the plan and everyone's opinions and concerns are heard.

In both of these instances due to the density of information and the short timeline during the meeting for review the CSS is given a copy of the plan to go over with the client during the pre-meeting. Case plan reviews happen every six months while Coordinated Services Plans are much rarer.


# JUVENILE PROCEEDINGS

dcf & the judiciary







If the case doesn't begin as an emergency, it usually starts with a **Preliminary Hearing** — within 15 days of the State's Attorney filing a petition with the court. The judge reviews the information presented in the petition and hears from the parties.




Children may be taken into emergency custody if they are in immediate danger, have run away, or been arrested. Parents may not know about an **Emergency Care Hearing** before it takes place.




The judge decides who should have custody of the child/youth until the next hearing. All parties involved (e.g., parents, DCF, State's Attorney, and the child) will have the opportunity to voice their opinions. The judge will consider placing the child back in the home or with a non-custodial parent, relative or family friend.



The **Pre-trial hearing** should take place about 15 days after the Temporary Care Hearing. Hearing to discuss whether the allegations in the petition will be admitted to or denied. If the allegations are admitted to, it is called reaching the "merits" of the case and the next step is the Disposition Hearing. If the allegations are denied, the next step is the Merits Hearing.




A Status Conference is a court hearing that allows the judge and other parties to hear what is going on with the case. It may be held at any stage.




The **Merits Hearing** is similar to a trial. The case is presented to a judge without a jury. Witnesses may be called to testify under oath. Was there cause **at the time** the child came into DCF custody. Testimony may be presented by family members, teachers, doctors, mental health providers, friends, witnesses, police officers, Family Services workers, foster parents, the child/youth and others.

A judge can then either dismiss the case or find the child in need of care or supervision (CHINS) and the judge will order FSD to prepare a disposition case plan.



The plan for the child/youth and family will be decided at this hearing. All parties will receive a copy of the **Disposition Case Plan** before the hearing and have the opportunity to voice their opinions at the hearing. The judge will either accept or reject the case plan and make a final decision about custody at this hearing.



If your child is in DCF custody, the judge will hold a **Post-Disposition Review** within 60 days to check on the progress that you and your child are making.



If you can't explain it simply you don't know it well enough.

~Albert Einstein

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# glossary

# TERMINOLOGY

words, words, words

## **Acceptance of service**

A written acknowledgment that documents have been delivered

## **Affidavit**

A written statement made under oath and signed in the presence of someone who has the authority to administer an oath (for example, a notary public).

## **Allegation**

Something declared or asserted to be true, especially in a legal proceeding. In a juvenile case, an allegation is a statement made by the state's attorney in the petition that must be proven in order to find a juvenile either delinquent or in need of care or supervision.

## **Appeal**

A request that a higher court review a lower court's decision.

## **Appellant**

The party to an appeal who asked for the appeal.

## **Brief**

A written statement filed in an appeal explaining why the lower court's decision was correct or incorrect

## **Burden of proof**

A party's duty to prove or disprove a disputed fact. In criminal cases the burden of proof is placed on the prosecution, which must demonstrate that defendants are guilty before juries may convict them. In civil cases the plaintiff is normally charged with the burden of proof.

## **Case plan**

A document generally prepared by the Department for Children and Families indicating the long-term plan and goals for a juvenile.

## **Child support guidelines**

A formula which reflects the percent of combined available income which parents living in the same household in VT ordinarily spend on their children. The rule is based on the concept that children should receive the same proportion of parental income after the separation of their parents as they would receive if their parents were living together in one household.

### **Child support order**

An order requiring a parent or parents to pay child support to the other parent, a guardian, or state agency.

### **CHINS**

Child in need of care or supervision. This might be a child who has been abandoned or abused by a parent, guardian, or custodian; a child who is neglected, meaning without proper parental care or subsistence, education, medical, or other care necessary for the child's well-being; a child who is without or beyond the control of parents, guardians, or other custodians; or a child who is habitually and without justification truant from compulsory school attendance.

### **Claim**

a demand or request for something that one believes he or she is due, such as property, money, or a legal remedy.

### **Complaint**

A court document in which a person filing a lawsuit states who is being sued, why, and what relief the complainant wants.

### **Conditional custody order**

Temporary order issued by the court giving legal custody of a child to a parent, guardian, relative, or person with a significant relationship with the child subject to such conditions and limitations as the court may deem necessary to provide for the safety and welfare of the child.

### **Contempt**

A willful disregard or disobedience of the court's order or of a public authority.

### **Contest**

To call into question or to challenge; to deny an adverse claim or assert a defense to it in a court proceeding.

### **Continuance**

A request made by a party to postpone a scheduled hearing.

### **Court order**

A legally binding ruling issued by a magistrate, judge, or properly empowered administrative officer.



### **Custodial parent**

Parent who has the right and responsibility to provide routine daily care and control of the child.

### **Custody**

Actual care and control of a child.

### **Decision**

A court's conclusion after applying governing law to the facts as determined by a jury or judge.

### **Default judgment**

An official decision that a court issues in favor of the claimant because the other party failed to answer the complaint or take some other required step.

### **Defendant**

The person, state entity, or business accused or sued in a court case (by the plaintiff).

### **Discharge**

A release from a court-ordered obligation; to cancel or vacate a court order or decision.

### **Discovery**

The procedures available to a party to a lawsuit to learn relevant facts that are known to other parties or witnesses, in order to enable the party to prepare for trial. It can be oral, depositions, or written interrogatories.

### **Disposition case plan**

A report prepared by a Department for Children and Families social worker that contains information about a child's background, the resources available in the community, a treatment plan, and goals of treatment.

### **Disposition hearing**

After the merits hearing, the disposition hearing decides a plan for a child, including a permanency goal. At this hearing testimony or evidence may be presented by the parties and a disposition plan is submitted by the Department for Children and Families for the court's consideration. The judge determines the appropriate care, treatment, or supervision for a child found to be delinquent or in need of care or supervision and issues a disposition order.



## **Disposition order**

A court order determining the appropriate care, treatment, or supervision for a child found to be delinquent, in need of care or supervision, or under youthful offender status.

## **Docket**

A formal record in which a judge or court clerk briefly notes all the proceedings and filings in a court case. A docket may also refer to a specific type of court case, such as the “criminal docket”. Also called case numbers.

## **Docket number**

The identifier that a court clerk assigns to a case to associate all documents and activities pertaining to that case.

## **Emergency care order**

In delinquency cases the court may issue an emergency care order to place a juvenile in the custody of the Department for Children and Families (DCF) temporarily when there are reasonable grounds to believe that the child committed a delinquent act and must be removed from the current home for the child’s immediate welfare or the protection of the community or both. In a child in need of care or supervision (CHINS) case, a court may issue an emergency care order to place a juvenile in DCF custody temporarily when the court determines that the child’s continued residence in the home is contrary to the child’s welfare.

## **Entry order**

A docket entry of verbal orders the judge states on the record.

## **Evidence**

Any kind of proof legally presented at a hearing or trial and accepted by the court. A party can introduce evidence in the form of testimony from a witness, a document, or an exhibit.

## **Exhibit**

A document, record, or other object formally introduced as evidence in court.

## **Ex parte**

Ex parte may refer to: (1) hearings or motions held at the request of or with the participation of only one party; (2) orders issued after the court has heard from one party but before the court has had an opportunity to hear from the other party; or (3) contact between a judge and a party or the party’s representative outside the presence of the other party.

## **Final order**

A written decision or judgment of the court that disposes of all the issue in a case and results in a decision for one of the parties.

**Garnishment**

A legal proceeding under which part of a person's wages or assets are withheld for payment of a debt.

**Guardian**

A person who has the authority to make decisions on behalf of another person.

**Guardian ad litem**

A court-appointed volunteer who pursues the best interests of children involved in court proceedings.

**Interested persons**

People who must receive notice of various matters during the administration of an estate.

**Interrogatories**

Written questions served as part of the discovery process that must be answered in writing, under oath, and by a certain date.

**Judgment**

A court's decision regarding the rights and responsibilities of parties in a case.

**Jurisdiction**

Jurisdiction refers to the power and authority of a particular court to hear and decide certain kinds of cases.

**Limited appearance**

Short-term assistance by an attorney to a person who is representing themselves in court; the assistance is for a specific purpose, such as filing a complaint or a motion

**Magistrate**

A judicial officer who determines child support cases (including UIFSA and contempt cases), determines parentage, establishes temporary parental rights and responsibilities and parent-child contact orders, establishes, modifies, and enforces temporary spousal maintenance orders, and modifies and/or enforces parent-child contact orders.

**Mediation**

A process in which a neutral third party helps people communicate and negotiate with each other.

**Merits hearing**

In juvenile cases, including delinquency cases, a hearing at which the state has to establish that a child is in need of care and supervision. 33 V.S.A. § 5315.

## **Motion**

A document asking the court to take an action.

## **Motion for judgment on the pleadings**

A party's request that the court rule in its favor based on the documents on file, without accepting evidence.

## **Motion for summary judgment**

A request that the court enter judgment without a trial because the evidence is insufficient to support a verdict in the other party's favor.

## **Nisi period**

A 90-day waiting period before a divorce or civil union dissolution decree becomes final.

During the nisi period parties may ask the court to change an order. After the period expires, the order becomes final if no party has requested any changes to the order, and all terms in the order except those pertaining to the parties' minor children and spousal maintenance are final and cannot be relitigated or changed by the court or parties. The nisi period can be shortened on request of the parties and approval of the judge.

## **Noncustodial parent**

A parent who does not have the right and responsibility to provide the routine daily care and control of the child.

## **No-stalking order**

Sometimes called a restraining order or a protection order, intended to protect a person from abuse or harm.

## **Notice of appeal**

The document that a party files to begin an appeal.

## **Notice of appearance**

Formal written notice from a lawyer that the lawyer is representing a party.

## **Oath**

A solemn promise that a statement is true. If someone makes a statement under oath and knows it is false, that person commits perjury. Written documents as well as spoken testimony may be made under oath.



## **Office of Child Support**

An office within the Department for Children and Families which provides services to any litigant requesting child support services. These services can include filing for establishment, modification, and enforcement of child support. OCS provides assistance with locating noncustodial parents or alleged fathers. OCS is responsible for collecting and distributing child support money.

## **Opinion**

A court's formal statement explaining why the court reached its decision.

## **Order**

A written direction issued by a court.

## **Parentage**

The legal determination of who is the child's father. Parentage must be established before a court can decide issues regarding parental rights and responsibilities and parent-child contact, and before child support or medical support can be ordered.

## **Parental rights and responsibilities**

This phrase refers to parents making decisions affecting their children. It has two components. "Legal responsibility" refers to the right and responsibility of parents to determine and control matters regarding a child's welfare and upbringing on issues such as education, nonemergency medical and dental care, religion, and travel. "Physical responsibility" refers to the right and responsibility of parents to determine and control matters of routine daily care of the children. Both legal and physical parental rights and responsibilities may be held solely by one parent, shared by the parents, or divided. Formerly known as custody.

## **Parent-child contact**

Time that children will spend with their non-residential parent. Formerly known as visitation.

## **Party**

A person who has appeared in court in regard to an action and whose rights are subject to the court's jurisdiction.

## **Permanence**

The status of a child who is no longer under the Family Division's jurisdiction because the child has turned 18 years old or because the child is no longer in the custody of the Department for Children and Families due to reunification, adoption, or permanent guardianship.

## Permanency hearing

A hearing in which a judge determines where a child should live based on the best interests of the child. Possible outcomes include returning the child to a parent, guardian, or relative; continuing to keep the child in foster care; or starting proceedings to terminate parental rights so that the child is eligible for adoption.

## Permanent guardianship

When circumstances prevent a family division judge from returning a child to the care of the parents, a permanent guardianship allows a child to be placed in a stable and nurturing home until the child turns 18. The creation of a permanent guardianship offers the additional benefit of permitting continued contact between a child and the child's parents.

## Petition

A formal written request to the court that asks either the court or another party to take or not take a specific action.

## Petitioner

The party who files a petition asking a court to do something.

## Plaintiff

The person, state entity, or business filing a lawsuit against a party (the defendant).

## Pro bono

Services donated for the public good, without expectation of payment. A lawyer who does pro bono work does not charge the client for those services.

## Pro se

Representing yourself in court without a lawyer. Also known as "self-represented."

## Protective order

An order restraining or otherwise controlling the conduct of another person if the court finds that such conduct is or might be detrimental or harmful to a child.



### **Public defender**

A lawyer paid by the state to represent people who cannot afford to hire a lawyer.

### **Putative father**

The person alleged to be but not yet legally declared the father of a child. Also referred to as the "alleged father."

### **Reasonable efforts**

The Department for Children and Families (DCF) must make reasonable efforts to prevent a child's unnecessary removal from the child's home and later to finalize a permanency plan for the child. A judge must decide whether DCF's efforts were reasonable.

### **Rent escrow**

In any eviction action you can be ordered to pay rent into court while your court case is awaiting a final decision. This is called rent escrow.

### **Respondent**

A party who appears in response to a case that began when a petitioner filed a petition.

### **Return of service**

A statement filed by one party indicating that the party served a complaint or other document on another party.

### **Ruling**

An authoritative decision, especially one made by a judge.

### **Service**

Providing a named party with the pleadings (the summons and complaint or a petition) and putting that party on notice that a court will decide a matter affecting that party's rights or responsibilities.

### **Spousal maintenance**

A court-ordered payment that a spouse (or former spouse) makes to the other to financially support her/him while they are separated or divorced. The payment can be either rehabilitative or permanent in nature. The recipient must show that s/he lacks sufficient income, property, or both to provide for his/her reasonable needs AND that s/he is unable to support themselves through appropriate employment at the standard of living established during the marriage or civil union. Also known as alimony.

### **State's attorney**

The locally elected lawyer who represents the interests of the state of Vermont.

## Status conference

A proceeding in which the court and the parties discuss how to proceed with any motions that have been filed or the status of a case. A status conference helps the court gather more information about a case and might result in the court's deciding unresolved issues.

Statute

A law enacted by a legislature. All of Vermont's statutes are published in the Vermont Statutes Annotated (V.S.A.). Statutes are grouped together in titles and chapters, and each individual statute is assigned a section number. In a citation (cite) to a statute, such as 33 V.S.A. § 5201, the number of the title (here, 33) appears before "V.S.A." and the number of the section (5201) appears after the section symbol (§).

## Stipulation

An agreement between two or more parties.

## Subpoena

A document ordering an individual to appear at a hearing or to produce a requested document.

## Temporary care orders

Orders that temporarily determine the custody of a juvenile and that are crafted to protect the safety and welfare of the juvenile and the community.

## Temporary order

A written decision or judgment of the court lasting for a limited period of time; not permanent

## Termination of parental rights

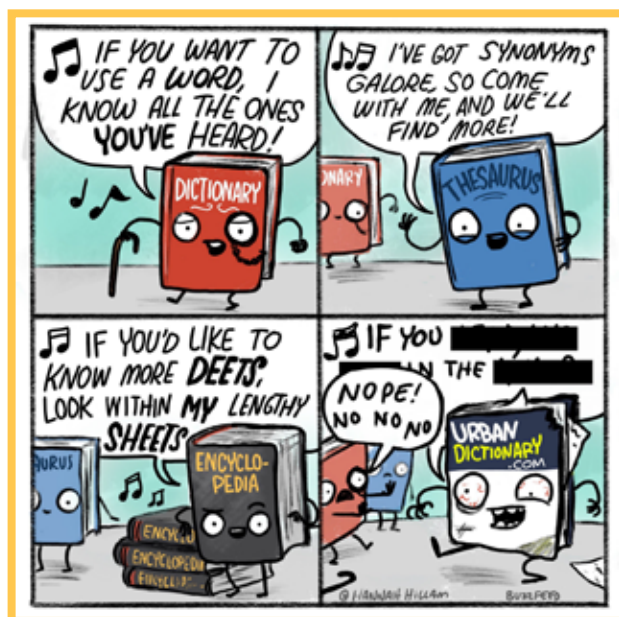
An order ending a parent's legal rights and responsibilities in relation to a child, including the right to visit the child and the responsibility to support the child.

## Writ of execution

A court document, addressed to a sheriff and issued after judgment, directing the sheriff to collect money or other goods from the defendant.

## Writ of possession

A written order from the court issued to recover the possession of land or property.





The work and expertise of  
a certified Communication  
Specialist ensures that  
people are being offered an  
equal opportunity.

~ Havah Walther,  
VCSP Communication  
Support Specialist



8

# appendices

# SCHEDULING REQUESTS

check email regularly

VCSP Request -- 6.22.22 -- RW

← ↶ ↷



VCSP <csp@disabilityrightsvt.org>

Monday, June 6, 2022 at 1:03 PM

To: Kathy Armstrong

**In Person**

Wednesday, June 22, 2022 @ 3:00 PM (30 min)  
Windham Family Court

██████████  
21-JV-1650

Status Conference

CSS must add and account for pre and post-meeting times.

**Important! Please let me know if you are available for this assignment.**

Cheers,  
Jen

VCSP Inquiry -- 6.14.22 -- JG

← ↶ ↷



VCSP <csp@disabilityrightsvt.org>

Thursday, June 9, 2022 at 1:18 PM

To: Kathy Armstrong

**I am trying to confirm this but Nicole (DCF) has been on vacation...  
Remote**

Tuesday, June 14, 2022 @ 2:00 PM (1 hour)  
Barre DCF (Remote)

██████████  
DCF Team Meeting

CSS must add and account for pre and post-meeting times.

**Important! Please let us know what your flexibility is for this.**

Thanks!  
Jen

# SAMPLE CASE NOTES

## always about communication

### Pre-meetings:

This client had an extended Zoom pre-meeting including 30 minutes the day prior to the hearing and 30 minutes the day of the hearing. This was in part to determine whether the client was going to appear in person or remotely. The client was mostly relaxed and willing to engage in conversation with the CSS. It was necessary to remind him of the parameters and role of the specialist. While the CSS did not observe escalation, that issue and challenge was discussed. The CSS offered insight to “effective communication,” terminology, techniques for non-accusatory/judgmental language, and court etiquette. The CSS mentioned the importance of making a commitment to communication. There was also some clarification regarding court and DCF process. The CSS reinforced the importance of speaking slowly and clearly in order to be heard. There was discussion regarding strategies for being able to communicate with the CSS during the hearing. On the day of the hearing, the topics already introduced the day prior were reinforced, and tech information was checked. The client did become slightly escalated at the end of the pre-meeting, but self-corrected for the hearing.

### Hearing:

The CSS was not able to gain access to the hearing at the start. Upon entry, the Judge was calling for a private conference with the attorneys and Guardian (who has been assigned to DD). It was noted that the client’s attorney had filed a motion to withdraw. Prior to participants being moved into a breakout room, the CSS respectfully requested from the Judge a summary and update on what had transpired since the start of the hearing and in the absence of the CSS. The Judge was pleasantly willing. Once the participants were removed from the courtroom, I asked the client whether he would like to speak with me privately and suggested that we could mute and do that by telephone. The clerk offered to put us in a separate breakout room, and we were able to have a private conversation. The CSS

supported the communication strategies that had been suggested to the client and encouraged him to recognize that there was no information to react to until the breakout sessions were over. When the breakout sessions were complete, Judge allowed the client's attorney to withdraw (she was dismissed) and stated that a new attorney would be assigned. The CSS noted to the Judge that the court may want to inform the new attorney that a CSS can be requested, through the office, or attorney-client meetings if the client would like services. The Judge asked the client if he would be willing to participate in a competency evaluation (one had been scheduled and the client did not participate), the client responded appropriately and expressed that he did not want to participate in a competency evaluation and did not think it was necessary. The Judge noted that the next step would be a merits hearing on August 2.

**Post-meeting:**

The client participated in a full post-meeting by telephone. The CSS reviewed the content of the hearing and offered some additional explanations regarding some of the terminology that was used as well as process. The client communicated appropriately throughout. Occasionally the client would start talking about his case and issues and the CSS allowed a minimal amount of venting and then required refocus. Although not being discussed at the time, prior to completing the call, the client apologized for his brief moment of escalation and phone hang-up at the end of the premeeting. The CSS reviewed the role of the specialist with the client and reinforced the different meetings and hearings at which he can request services. The client stated that he did want services and was grateful.

# CASE SUMMARY

## VCSP Case Summary

[REDACTED]

**Age:** 26

**Description for in person services:** 5'3", brown, very short hair with glasses

**Disability:** Learning Disabilities

**Lawyer:** [REDACTED]

**DCF Caseworker:** [REDACTED]

**Case Number:** 22-JV-138

**Case Type:** CHINS

**Court:** Caledonia Family Court

**DCF Office:** St. Johnsbury DCF

### Intake Notes

[REDACTED] said that she has a Learning Disability that effects everything. However, she did have a bit of difficulty elaborating on the disability affects her communication. She did say that she struggles with court terminology and sometimes finds it difficult to read information. She had no known strategies for helping with these issues. [REDACTED] stated that she gets short tempered, especially when it comes to kids. She feels that it should be "my way or no way" and that this case is not warranted. She has a 3-year-old daughter who was removed from her custody after she was diagnosed with PPD and eventually adopted out. She is very upset that her 2-year-old son, [REDACTED] has been removed from her care and said that her anger about the situation affects her ability to listen to reason. [REDACTED] said she feels that this case is not warranted. She said case may move toward a PACA, but she feels like it's too hard a decision to make. RS observed that [REDACTED] was very escalated when talking about her kids and had difficulty staying on topic. She wanted to talk about past events and what led her to this place, but was very erratic and used foul language. She was willing to come back to the topic at hand and focus when asked to pause and refocus. She said she would like support at DCF meetings and gave permission to reach out to her DCF caseworker, who she said she strongly dislikes.

Update 11.25.20: Per [REDACTED]'s EON, Shania has poor concentration and usually will only focus on the first few words of a conversation before tuning out. [REDACTED] also has difficulty with comprehension and it may be best to speak in slow and simple terms, asking [REDACTED] to reflect back what was stated. She also has a tendency to explode or lash out or shutdown if she feels cornered or put on the spot.

# INVOICE

**VCSP Communication Specialist Services    Invoice #**

**Communication Specialist:** CSS To Be Assigned

**Address:**

**Email:**

**Phone #:**

**For Finance Office Processing:**

Supplier #

Account #

Project #

**Client Name:**

**Case Number:**

**Location:**

**Assignment Type:**

Date of Service	Service	Hours Billed
	Pre-meeting	
	Select	
	Post-meeting	
	Travel	

Mileage Start Location	Mileage Destination	Miles

Total Miles <u>0.00</u> Reimbursement Rate = \$0.655	Mileage Due:    \$ 0.00
--	-------------------------

<b>Total Service Hours</b>	0.00
<b>Direct Service Hours (\$25 hr)</b>	\$ 0.00
<b>Travel Hours (\$15 hr)</b>	\$ 0.00
<b>Total for Services</b>	\$ 0.00
<b>Mileage Reimbursement</b>	\$ 0.00
<b>Total Due</b>	\$ 0.00

Signature

Date

# DISPOSITION CASE PLAN

## CASE PLAN

Date: 9/16/2020

### CASE INFORMATION

Child/Youth's Name: [REDACTED]

Date of Birth: 10/7/2019

Child/Youth's Age: 11 months

District Office: TDO

Case Type: CHINS

Custody Status: DCF Custody

SSMIS Family Number: 72236-3

Parentage Established? ☒ Yes ☐ No

Parentage Docket Number: [REDACTED]

Date Parentage Established: 12/31/2019

Parent/Legal Guardian (LG) #1's Name:

Parent/Legal Guardian #2's Name:

[REDACTED]

[REDACTED]

Parent/LG #1's Town/State:  
Bennington, VT

Parent/LG #2's Town/State:  
Bennington, VT

Family Services Worker: [REDACTED]

Supervisor: [REDACTED]

Child's Current Living Situation: [REDACTED] is living with licensed foster parents, [REDACTED], in Bennington, VT.

Native American? ☒ Yes ☐ No Date Asked: 11/7/2017 ([REDACTED] 2/18/2020 ([REDACTED])

Reported By: [REDACTED] and [REDACTED]

Affiliation / Tribe: [REDACTED]

Registered Member? ☐ Yes ☒ No ☐ N/A

Date Native American Heritage reported to AAG: [REDACTED]

AAG Name: [REDACTED]

Native American heritage is reported by [REDACTED] explored Native American Heritage by contacting the aforementioned tribes pertaining to [REDACTED] prior to [REDACTED] birth. The response from each tribe was that [REDACTED] child was not a Native child.

Case Plan / Review Type: ☐ Initial (60 day) ☒ Disposition ☐ Administrative (6 Month)  
☐ Permanency (11 Month) ☐ Subsequent Permanency Plan  
☐ Amended Disposition Plan ☐ Amended Permanency Plan  
☐ Interim ☐ Subsequent Family Plan (CF or CS)

Please note: This case plan is not used for post-disposition reviews/updates.

### COURT INFORMATION (TO BE COMPLETED FOR COURT-INVOLVED CASES ONLY)

Docket Number: [REDACTED]

Date of Custody: 10/7/2019

Date of Hearing: Juvenile Disposition Hearing, 10/1/2020, 3:00pm

Date of Case Plan Review: Not yet scheduled

Child/Youth's Attorney: [REDACTED]

GAL: [REDACTED]

Parent #1's Attorney: [REDACTED]

Parent #2's Attorney: [REDACTED]

**Case Planning Participants Chosen by the Youth:** N/A

**CHINS Findings / Findings of Fact?** ☒ Yes ☐ No *If yes, list them below:*

On 6/30/2020, [REDACTED] entered an admission through her attorney that [REDACTED] was a child in need of care and supervision based on the following facts: "Mother suffers from untreated mental health and substance abuse and does not recognize hunger cues. She has difficulty keeping appointments, has no safe place to live, has continued exposure to sexual offenders, a history of explosive outbursts and assaultive behaviors. All of which pose a risk to an infant." On 7/2/2020, Judge McDonald-Cady signed a Merits Order which states, "The Court finds that the child is a child in need of care or supervision pursuant to 33 VSA §5102(3) in that the child is without proper parental care or subsistence, education, medical or other care necessary for his or her well-being."

**Child Support:** *If DCF custody is ordered at disposition, DCF-FSD requests that the Court delegate to the Office of the Magistrate its authority to hear matters of child support to make and enforce an order of child support to be paid by the parent of a child, in order that such matters may be heard at the request of any party or by the Child Benefits Unit of the Department for Children and Families (DCF) as authorized pursuant to V.S.A. 33 § 5316 (b) (8) and § 5116 (d).*

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**CASE GOAL(S)**

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**Notice for Non-Court Involved Cases:** Failure to accomplish the recommended goals, behavioral changes, or services within the timeframes described in this case plan may result in the filing of an affidavit to seek court involvement in this case.

**Notice for Court Involved Cases:** Failure to accomplish the recommended goals or services within the timeframes described in this case plan may result in the filing of a termination of parental rights (TPR) petition. 33 V.S.A. § 5316 (b)(9)

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DCF-FSD always explores multiple options to attain permanency for children and youth. This is called concurrent planning. **Currently, the main permanency goal for this child is:**

<b>Case Plan Goal (check one box only)</b>	
<b>Family Support &amp; Non-Custody</b>	<input type="checkbox"/> Child/youth safely remains in the home <input type="checkbox"/> Successful completion of juvenile probation <input type="checkbox"/> Successful completion of youthful offender probation
<b>Conditional Custody Orders (CCOs)</b>	<input type="checkbox"/> Child/youth safely remains in the home <input type="checkbox"/> Reunification with _____ <input type="checkbox"/> Transfer guardianship, permanent guardianship, or custody to: _____ <input type="checkbox"/> Adoption <input type="checkbox"/> Reinstatement of parental rights with _____  <i>Date of Current CCO Order:</i> _____ <i>Date of Expected CCO Expiration (does not apply pre-disposition):</i> _____ <i>Conditional Custodian:</i> _____ <i>Relationship of Custodian to the Child:</i> _____  <i>List of DCF-FSD's requested conditions:</i>  <i>If CCO conditions have already been established, include a summary of the CCO conditions:</i>



<b>Children &amp; Youth in DCF Custody</b>	<input checked="" type="checkbox"/> Reunification with [REDACTED]
	<input type="checkbox"/> Transfer guardianship, permanent guardianship, or custody to: _____
	<input type="checkbox"/> Adoption
	<input type="checkbox"/> Reinstatement of parental rights with _____
	<input type="checkbox"/> Another Planned Permanent Living Arrangement (APPLA) [prohibited for youth under 16]

**Estimated Date for Achieving the Case Plan Goal:** 5 months from the date of Disposition.

### CASE PLAN GOAL NARRATIVE

- For all case and custody types, describe why this goal is in the child/youth's best interests. Briefly describe the case plan goal history. If the case plan goal has changed since the last case plan, document the reasons.
- Describe concurrent planning efforts and the options being considered to attain permanency for the young person.
- If the child/youth has been in out-of-home care for 15 out of the last 22 months, describe compelling reasons why a petition to terminate parental rights has not been filed.

It is in [REDACTED] best interest to reside with her mother, [REDACTED] and/or father, [REDACTED] if this can happen safely and within a reasonable time frame. [REDACTED] entered DCF custody at birth. [REDACTED] voluntarily relinquished her parental rights to [REDACTED] sibling, [REDACTED], only 2 ½ months prior to [REDACTED] birth. Prior to [REDACTED] voluntary relinquishment, she worked with DCF in an attempt to reunify with [REDACTED], and was unsuccessful, due to not engaging with service providers and continuing to display unsafe behaviors. Since [REDACTED] birth, DCF has been conducting initial assessments and gathering information from [REDACTED] service providers, for the purpose of making a recommendation regarding the case plan goal for [REDACTED]. It is with careful thought and consideration that DCF believes it is in [REDACTED] best interest to recommend a case plan goal of reunification with [REDACTED]. [REDACTED] has begun to demonstrate some changes in her life, including her cooperation with service providers, attendance to visits, attendance to appointments, meaningful engagement in therapy, securing housing, and securing income.

The 6 Month Administrative Case Plan recommended a timeline of 9 months from the date of Disposition for [REDACTED] to be reunified with her mother, however, that is no longer appropriate. [REDACTED] is now 11 months old, she has been in DCF Custody since birth, and the date of Disposition has been postponed for several reasons including court closures due to the Vermont Supreme Court's Administrative Order No. 49 and the restriction on the cases that can be scheduled by the Court. [REDACTED] has been working to address the Action Steps of the Case Plan since [REDACTED] removal and so DCF believes it is now in [REDACTED] best interest to recommend a timeline of 5 months from the date of Disposition in an effort to ensure [REDACTED] has timely permanency and to align DCF's recommendation with the next internal Administrative Case Plan Review. It should also be noted that by recommending 5 months from the date of Disposition will result in [REDACTED] being in DCF custody for more than 15 months. The compelling reason for why this additional time is being recommended is the result of limitations in [REDACTED] ability to see her daughter due to COVID-19.

If DCF cannot recommend for [REDACTED] to be reunified with her mother in 5 months from the date of Disposition, the Department intends to change the case plan goal to permanency through adoption.

Initially, [REDACTED] reported he was not in a place to parent [REDACTED] and was not interested in working with DCF to reunify with her. On 2/11/2020, [REDACTED] contacted DCF to report he has changed his mind and would like to work with DCF in order to reunify with his daughter. Through initial assessments, DCF has identified several child safety risks associated with [REDACTED] including his history of sexual assault, history of violence, mental health concerns, parenting concerns, and living in unsafe housing. [REDACTED] will need to engage in meaningful treatment with service providers to address these concerns and demonstrate he has made changes in his life for the purpose of reunifying with his daughter, prior to DCF making a change to the case plan goal.

At the time of writing this Disposition Case Plan, [REDACTED] has made minimal progress toward addressing the child safety concerns associated with him. Despite several reminders to re-engage in therapy, [REDACTED] did not schedule an appointment with his mental health provider, Felipe Stetson, until August 2020. Due to [REDACTED] lack of progress, and the incredibly high risk associated with him, DCF will not be adding [REDACTED] as a reunification option. DCF plans to continue to work with [REDACTED] on the recommended Action Steps of the Case Plan and may

choose to change the Case Plan Goal to include him as a reunification option in the future.

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## CUSTODY RECOMMENDATION

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- *In addition to selecting a custody recommendation by checking a box below, briefly describe why the custody recommendation is appropriate. This explanation should briefly describe what has happened since the original filing, last hearing, or last case plan to justify the recommendation.*
- *For custody cases, explain why continued DCF custody is needed.*

- ☐ Not Applicable (In-Home Case)
- ☐ Legal custody to custodial parent(s)
  - ☐ Custody is subject to a conditional custody order (CCO)
- ☐ Temporary custody to noncustodial parent, relative, or person with a significant relationship with the child
  - ☐ Custody is subject to a conditional custody order (CCO)
- ☐ Legal custody transferred to noncustodial parent
- ☒ Legal custody to (or continued with) the Commissioner of the Department for Children and Families (DCF)
- ☐ Legal custody to (or continued with) the Commissioner of the Department for Children and Families (DCF) without limitation as to adoption, with termination of residual parental rights (TPR)
- ☐ Permanent guardianship to: \_\_\_\_\_

Continued DCF custody is recommended, until the parents have demonstrated they have made changes in their lives through meaningful engagement in treatment with service providers for the purpose of minimizing child safety concerns.

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## CURRENT DCF-FSD INVOLVEMENT

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*This section is required for all case and custody types. State the current reasons for DCF-FSD involvement. Discuss safety and risk factors as follows:*

- *For children and youth at home, include safety and risk factors identified, including but not limited to, those identified by the SDM Safety Assessment, SDM Risk Assessment, and/or YASI.*
- *For children and youth placed out-of-home with court involvement, discuss the safety and risk factors that led to placement. Describe the circumstances that make it unsafe for the child to remain at home, and efforts made to prevent removal from the home. Summarize affidavit allegations.*

██████ was ordered into emergency custody on 10/7/2019 due to significant concerns for her safety and well-being in her mother's care. ██████ has two other biological children, for both of whom her parental rights have been terminated. ██████ had recently made attempts to reunify with her daughter ██████, and was unsuccessful. Disposition for ██████ took place in May 2018 recommending 6-9 months for ██████ to reunify. In March 2019, after ██████ lack of involvement with service providers, and ██████ continuing to display unsafe behavior, DCF changed the case plan goal for SC from reunification to adoption. During that time DCF identified several child safety risks pertaining to ██████ as a parent including untreated mental health, untreated substance abuse, inability to recognize hunger cues, a lack of understanding of developmentally appropriate behaviors in her child, not having a safe place to live, a lack of understanding of the risks associated with someone who has sexually offended on children, inability to attend/schedule appointments, as well as having explosive outbursts and a history of assaultive behavior. ██████ did not engage in meaningful treatment to address any of these issues prior to her parental rights being terminated on 7/18/2019.

On 9/10/2019, DCF received a report from SVMC OBGYN, which indicated ██████ was due to have a baby on 10/10/2019 and that she has a history of involvement with DCF and termination of parental rights of her older children. ██████ was assigned to conduct an assessment with ██████. The assessment resulted in an affidavit being written to request emergency DCF custody of ██████ as there were significant concerns for her safety and well-being in her parent's care. ██████ relies on her caregivers to ensure that all of her basic needs are met for food, clothing, and shelter as well as to ensure her safety and wellbeing. ██████ sought out prenatal care late into her pregnancy. At the time of the assessment, ██████ was beginning to work with service providers, but her attendance to appointments and engagement was short lived and inconsistent. Given ██████ inability to

engage effectively in services during the course of her most recent DCF case, it was unreasonable to assume that she had made any meaningful changes or progress that would fully ensure the safety and wellbeing of [REDACTED] in her care.

At the time of [REDACTED] removal, [REDACTED] was the purported father as paternity had not yet been ordered by the Court. On 10/23/2019, genetic testing showed that [REDACTED] is [REDACTED] biological father and paternity was established with the Court on 12/31/2019. On 1/22/2020, [REDACTED] met with DCF and reported he is not in a position to parent [REDACTED] at this time. On 2/11/2020, [REDACTED] contacted DCF to say he has changed his mind and would like to work with DCF toward a plan of reunification. DCF is concerned regarding [REDACTED] extensive criminal history including sexual assault and violent crimes, his mental health, parenting concerns, and unsafe housing.

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## RELEVANT HISTORY

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*This section is required for all case and custody types.*

- *For this section, speak to the relevant history of both parents. Ensure the information contained in this section is relevant to case planning with the family today.*
- *Indicate whether the family has a child protection history and how the family's history informs current case planning. Summarize prior child protection or youth justice involvement, number and findings of reports, number of referrals, length/dates of involvement, dispositions, and any services provided including placements.*
- *This section may include descriptions of trauma histories, pertinent family history, information about criminal histories, patterns of intimate partner violence/domestic violence, stalking, or RFAs.*
- *For youth over 18, in-depth history of the young adult's parents is not required but should be included if it is relevant.*

[REDACTED] parental rights have been terminated in 2017 for her son, [REDACTED], in Massachusetts and her daughter on 7/18/2019, [REDACTED], in Vermont. MA DCF reported concerns about [REDACTED] inability to provide basic care for her child including feeding, diapering, bathing, providing adequate supervision, other basic needs such as using a car seat, not having a place to live, not having a place for the child to sleep, and having no financial means. MA DCF reported [REDACTED] has significant mental health issues, cognitive delays, and "no parenting capacity."

Vermont DCF has observed several concerns pertaining to [REDACTED] ability to parent. Previously, [REDACTED] struggled to identify her daughter, SC's, hunger cues and had been slow to respond to SC's crying when she was hungry. This consequently led to [REDACTED] becoming so upset that she was difficult to soothe. [REDACTED] had also made statements to DCF and Easterseals to indicate she does not understand developmentally appropriate behaviors for a child [REDACTED]'s age. For example, on 8/31/2018, [REDACTED] reported that SC was speaking in full sentences. SC was 10 months old and although she was making sounds and was beginning to say words such as "bubba" when she was hungry, she was not speaking full sentences. During the reunification process with [REDACTED], [REDACTED] was asked to engage in parenting education to understand developmentally appropriate behaviors, which she did not do. DCF is concerned that if [REDACTED] does not understand age or developmentally appropriate behaviors she will not be able to provide age appropriate care for [REDACTED].

[REDACTED] living environment has not been consistently stable. In November 2017, [REDACTED] was living with a friend, [REDACTED], who asked her to leave after approximately two weeks. After being asked to leave [REDACTED] home [REDACTED] chose to sleep on the street when the shelter was a viable option. Additionally, it should be noted that at that time [REDACTED] had a Condition of Release through her criminal proceeding that she is to live at the shelter in Bennington. [REDACTED] was also previously in a romantic relationship with a man, [REDACTED], who she reported was her fiancé and was living in his home on [REDACTED]. [REDACTED] has been substantiated for sexual abuse on six children who range in age from 3-15 years old, and the most recent incident happening in 2011. [REDACTED] had stated that she did not believe [REDACTED] was a child safety risk. On 7/8/2018 [REDACTED] filed for a Relief from Abuse Order from [REDACTED]. The Affidavit in Support of Complaint states, "[REDACTED] has been threatening me with bodily harm for the last several months." [REDACTED] was not present for the RFA hearing on 9/13/2018, [REDACTED] was present, and the RFA request was dismissed for failure to appear. On 9/15/2018, an Easterseals employee observed [REDACTED] with [REDACTED] at the Bennington Farmer's Market.



██████ also has the following criminal charges in Vermont:

- ██████, Assault-Agg Domestic-2<sup>nd</sup> Deg Prior Conviction Under S.1042, felony, plea guilty
- ██████ Bncr, Disorderly Conduct-Fight, Etc, misdemeanor plea guilty
- ██████, Contempt of Court, misdemeanor Plea guilty
- ██████ Simple Assault, misdemeanor, Plea guilty
- ██████, Domestic Assault, misdemeanor, Plea guilty
- ██████, Unlawful Mischief, misdemeanor, Plea guilty
- ██████ w/child, felony, Plea nolo contendere

The information pertaining to ██████ sexual assault on children was given to ██████ on 2/27/2018 by DCF and she responded that she did not believe this information to be true and stated ██████ never committed those acts. At that time, ██████ said she would not consider moving out of ██████ home and she did intend to still marry him. DCF spoke with ██████ about the risks that living with a sex offender has on children, and that it increases the risk to a child of being sexually abused. ██████ reported that ██████ is not a sex offender, and that he is not a risk to any child.

On 6/4/2018, ██████ reported to DCF that she moved out of ██████ home and was instead living with ██████ and ██████, who DCF has information to believe were not safe as a result of allegedly having violent criminal histories and ██████ allegedly having been substantiated for the sexual abuse of a child. ██████ was not able to give detailed information about where she lived or the people who she lived with, and therefore DCF was not able to verify the validity of ██████ and ██████ histories.

On 9/5/2018, DCF spoke to ██████ about her living situation. ██████ reported she did not know her address, and she did not know her roommates' birthdays, or their criminal history. DCF provided the information regarding their criminal and child welfare histories and stated that concern that ██████ could again be living with someone who has been substantiated for sexual abuse of a child. DCF had encouraged ██████ to work with BROCC to find housing, however, ██████ did not do this.

██████ disclosed she was previously living with ██████ in his apartment on Main Street in Bennington. This was approximately around December 2018. It is unclear when she moved out. ██████ is on the Vermont Sex Offender Registry and is currently under the supervision of the Department of Corrections (DOC). ██████ has an extensive criminal history in Vermont including Lewd-Lascivious Conduct, Domestic Assault, and Vulnerable Adult-Sexual Abuse-No Consent. ██████ disclosed to DCF that her pregnancy with ██████ was due to having been sexually assaulted by ██████ who she had been residing with at the time. ██████ did not want to pursue the matter with law enforcement at the time of this disclosure.

DCF is also concerned that ██████ has a history of being unable to follow through with scheduling appointments. There is information from MA DCF indicating ██████ was not scheduling appointments for her son ██████ to be seen by the pediatrician. With regards to missing appointments for her son ██████, ██████ states that her sister was responsible for driving her however her sister was unreliable. DCF expects that ██████ would be responsible for attending appointments herself, including waking up on time and using reliable forms of transportation. Additionally, during the reunification process with ██████, ██████ did not follow through with scheduling or attending appointments for herself in Vermont. In April 2018, ██████ did establish medical care for herself with a Primary Care Physician, through Shaftsbury Medical. Prior to that ██████ did not have any service providers in Vermont. DCF recommended that she schedule an intake appointment for mental health and substance abuse evaluations, ██████ was provided with the phone number in writing, and was unable to follow through with scheduling an appointment on her own. With the help of DCF and Easterseals, ██████ was able to follow through with getting an appointment scheduled, and after several reminders, she successfully attended the appointment.

On 7/24/2018, ██████ completed a mental health and substance abuse intake with UCS. ██████ was diagnosed with posttraumatic stress disorder, attention-deficit/hyperactivity disorder, and major depressive disorder. ██████ has self-reported having bi-polar disorder, but there is no documentation to support this diagnosis. ██████ also reported that at the time she smoked one bowl of marijuana in the morning and at night as a way to "manage her anxiety and depression." UCS had previously recommended outpatient treatment for ██████ to focus on her mental health symptoms and reduce her THC use.

On 9/3/2018, [REDACTED] reported to DCF that she was seeing a counselor at UCS but could not remember the counselor's name. She also reported she was going to a parenting education class every Friday at Sunrise but could not remember the name of the person who ran the class. On 9/5/2018, DCF called UCS who confirmed [REDACTED] is not a patient. [REDACTED] had not been returning phone calls and has not engaged in treatment. That same day DCF spoke to Sunrise who confirmed [REDACTED] was not enrolled in any parenting education classes and was not receiving any services from their office. On 9/5/2018, DCF spoke with [REDACTED] about concerns regarding not giving truthful information. [REDACTED] reported that she does not think she should have to engage in services with treatment providers, as she believed she could get similar information at the library by renting DVD's. [REDACTED] also reported she did not intend to stop smoking marijuana and stated, "Once I get a green card there is nothing you can do about it." DCF explained the importance of her child having a sober caregiver to which [REDACTED] responded she would be able to take care of her child as there was nothing dangerous in her home "as long as there are no weapons or anything illegal."

[REDACTED] history of assaultive behavior was also noted as an area of concern and is indicated by an incident that occurred on 10/18/2012 in which it is reported that [REDACTED] hit her sister, [REDACTED] in the head with a pan resulting in a concussion. Another incident which occurred on 6/17/2017 resulted in [REDACTED] facing criminal charges for Assault-Agg Domestic-1<sup>st</sup> Degree with Weapon. The details in the police affidavit describe an altercation that took place between [REDACTED] and her sister, [REDACTED], and [REDACTED] boyfriend at the time, [REDACTED], in which [REDACTED] was holding a knife and stated "I could slit both your throats right now!" It was reported the kitchen table was flipped over and a glass cup struck [REDACTED] in the face.

[REDACTED] had also been observed several times at the DCF office to become verbally aggressive requiring the DCF Social Worker to end appointments or cancel visits. In April 2018, during a visit [REDACTED] encountered a woman who she recognized and began to antagonize this person by saying, "your boyfriend got me pregnant", and then was observed blowing the woman kisses. The Easterseals worker was holding [REDACTED] child and reported there was a risk of this escalating into an argument. On 4/27/2018, prior to the Disposition Hearing, [REDACTED] spoke with DCF outside of the courtroom in the hallway. During the conversation, [REDACTED] became very upset and began to raise her voice to the point that she was escorted by a court officer into an attorney/client meeting room to calm down. During the time she was in the meeting room she could be heard yelling and pushing the furniture in the room. [REDACTED] could not calm down long enough to participate in the court hearing. On 7/2/2018, [REDACTED] became upset during an appointment with the DCF Social Worker and began yelling, cursing, and slammed her water bottle on the table requiring the Social Worker to end the meeting early. On 8/31/2018, during a Shared Parenting Meeting with DCF, Easterseals, and the foster parent, [REDACTED] became angry and began to yell and curse. She screamed, "We keep talking about what is in the best interest of [REDACTED], when are we going to talk about what is in the best interest of me!?" After several attempts to redirect her to calm down [REDACTED] was unable to de-escalate, and the meeting was ended early. At the end of the meeting [REDACTED] yelled, "I'll just move to another state and produce more children!" DCF is concerned that [REDACTED] inability to control her anger presents as a risk to children.

On 7/18/2019, [REDACTED] voluntarily relinquished her parental rights to her child, [REDACTED]. [REDACTED] was not successful in the reunification process, despite DCF intervention.

[REDACTED] has the following Vermont criminal history:  
540-6-17 Bncr, Assault-Domestic, misdemeanor, plea guilty  
834-9-17 Bncr, Petit Larceny \$900 or less, misdemeanor, plea guilty  
1070-10-18 Bncr, Violation of Conditions of Release, misdemeanor, plea guilty

[REDACTED] has been supported for neglect of a child, [REDACTED], in the state of Massachusetts. [REDACTED] has not been substantiated for child abuse or neglect in the state of Vermont.

On 10/5/2007 (approximately 13 years ago), [REDACTED] engaged in a Psychosexual Evaluation while he was incarcerated at the Marble Valley Regional Correctional Facility. DCF reviewed the evaluation and learned the details of some of [REDACTED] criminal charges as well as observations and recommendations made by licensed psychologist, [REDACTED], Ph.D. It was reported that [REDACTED] was charged with Sexual Assault-No Consent but plead down to Lewd-Lascivious Conduct due to having sexual intercourse with an 18-year-old woman while she was either asleep or unconscious. According to the report, after assaulting the victim [REDACTED] asked her, "are

you the type of person who goes to the cops?" [REDACTED] reported he did not agree with the allegation that the victim was unconscious, but [REDACTED] also told Dr. [REDACTED] that he believed he should be placed in a "home for sex offenders." [REDACTED] had also accrued two other criminal charges for furnishing alcohol to minors. One of the minor children, 17-years-old, disclosed in an interview that [REDACTED] assaulted her while she was under the influence of alcohol and Vicodin.

The Psychosexual Evaluation also found that [REDACTED] has a history of suicidal ideation and self-injurious behavior including an incident when he sliced his own arm with a razor blade approximately 1-2 years prior. [REDACTED] also reported to Dr. [REDACTED] that he had attempted to hang himself in his bedroom when he was six or seven years old. [REDACTED] reported that "off and on" throughout his life he has attempted to harm himself in other ways and on one occasion he took nine Vicodin at one time because he "didn't want to live anymore." [REDACTED] reported that since he was younger, he had experienced hearing things that others did not, but said that he does not want help dealing with these experiences and that he does not pay attention to them when they occur.

[REDACTED] developmental and academic history was also assessed, and he was found to be significantly below average at the 2<sup>nd</sup> percentile with regards to his overall General Intellectual Ability (as measured by the Woodcock-Johnson Tests of Cognitive Abilities). In 2004, [REDACTED] was found to meet criteria as a student with a Learning Impairment and Speech Impairment.

[REDACTED] disclosed to Dr. [REDACTED] having a history of substance abuse, specifically with abusing marijuana, Percocet, Vicodin, and "a couple other things."

With regards to sexual attitudes and behavior, Dr. [REDACTED] found that [REDACTED] is confused and does not understand all of the issues related to consent. However, he does demonstrate a good understanding of clearly aggressive sexual assault and that the aggressor is responsible for the harm done in these situations.

Dr. [REDACTED] recommended that [REDACTED] engage in specialized sex offender treatment that focuses on consent and how to determine the appropriateness of a potential sexual partner. Respecting refusal and general issues regarding sexual behavior should also be taught. Dr. [REDACTED] recommended that [REDACTED] receive more testing as it relates to his symptoms of PTSD and ADHD and whether medication may be helpful. She recommended he find coping mechanisms to deal with stress outside of smoking marijuana. Lastly, Dr. [REDACTED] recommended that [REDACTED] interactions with youth in the community should be restricted and/or supervised as he has shown extremely poor judgment by allowing underage individuals consume alcohol in his apartment.

On 10/11/2007, DCF Centralized Intake received a report of suspected abuse or neglect and identified [REDACTED] as an "out of home perpetrator." The report alleged that [REDACTED] had non-consensual sex with a 17-year-old. The report was accepted for investigation and resulted in [REDACTED] being unsubstantiated due to there being insufficient information to substantiate the allegations. During the course of the investigation the victim reported she could not remember what had happened because she "blacked out" from drinking alcohol.

[REDACTED] has the following Vermont criminal history:

- [REDACTED], Leaving Scene of Accident, misdemeanor, plea guilty by waiver
- [REDACTED], Lewd-Lascivious Conduct, felony, plea guilty
- [REDACTED], Alcohol-Sale/Furnish to Minor, misdemeanor, plea guilty
- [REDACTED] cr, Alcohol Sale/Furnish to Minor, misdemeanor, plea guilty
- [REDACTED], Violation of Conditions of Release, misdemeanor, plea guilty
- [REDACTED], Violation of Conditions of Release, misdemeanor, plea guilty
- [REDACTED], Assault-Domestic, misdemeanor, plea guilty
- [REDACTED], Unlawful Mischief Greater than \$250, misdemeanor, plea guilty
- [REDACTED], Violation of Conditions of Release, misdemeanor, plea guilty
- [REDACTED], Violation of Abuse Prevention Order 2<sup>nd</sup> or Subsequent, felony, plea guilty
- [REDACTED], Vulnerable Adult-Sexual Abuse-No Consent, felony, plea guilty
- [REDACTED], Unlawful Mischief Greater than \$250, misdemeanor, plea guilty

[REDACTED] has not been substantiated for child abuse or neglect in the state of Vermont.



## FAMILY & YOUTH PERSPECTIVES

*This section is required for all case and custody types.*

- Indicate how the family would like to be referenced throughout this case plan. This section of the case plan should be done **WITH THE FAMILY**. Conversations should occur with all custodians, children/youth, siblings, and may occur with extended family as relevant to case planning. State the views of the child/youth and parents. Indicate if a family member decided against participating in the case plan or family narrative.
- Provide the family's view of their strengths, commitment to the child(ren), motivation and barriers, current involvement with DCF-FSD, their family's history, and supports or people important to the family. When possible, the priorities in the case plan should reflect the family's view of the most pressing issue facing them.
- Include the family's perspective on what success will look like when the case plan goal is achieved.
- For youth over 18, the perspective of the young adult's parents is not required but should be included if it is relevant. The perspective of the young adult is required.

DCF completed a family find and sent letters to family connected to [REDACTED] child, [REDACTED] DOB: [REDACTED] ( [REDACTED] parental rights have been terminated as to [REDACTED] ). DCF spoke to [REDACTED] [REDACTED] who is [REDACTED] uncle. [REDACTED] lives in Arizona and said that he is willing to be contacted by [REDACTED] children in the future and supports the current placement with the foster family. Other family members who responded to the family find include [REDACTED] [REDACTED], [REDACTED], and [REDACTED] [REDACTED] is an extended family member through marriage with her now ex-husband, and [REDACTED] does not want any involvement with [REDACTED] children. [REDACTED] reports she does not know how she is related to [REDACTED] and does not want involvement with [REDACTED] children. [REDACTED] is [REDACTED] cousin and also does not want any involvement with her children. DCF will need to conduct another family find to include family connected to [REDACTED] now that parentage has been ordered by the court.

[REDACTED] is strongly motivated to reunify with [REDACTED] When [REDACTED] first learned of her pregnancy, she reported she wanted to give birth to the baby and then have the baby adopted. [REDACTED] has since changed her mind, and when asked what changed [REDACTED] stated, "I changed my mind after seeing the baby on the first ultrasound." DCF has met with [REDACTED] with the help of the Vermont Communication Support Project (VCSP), several times since [REDACTED] has been in DCF custody. [REDACTED] reports she understands the information regarding child safety concerns, and she understands what DCF's recommendations are, which would help support reunification. [REDACTED] reports she believes she will be successful this time and stated she is doing much better, "especially with my anger."

[REDACTED] continues to express her interest in being reunified with her daughter. On 8/26/2020, [REDACTED] reported, "I just want [REDACTED] home with me." On 9/9/2020, during an Administrative Case Plan Review [REDACTED] reported she and [REDACTED] "have a pretty good bond" and "I'm noticing more of her cues."

[REDACTED] has recently changed his mind about wanting to be a father, although on 2/18/2020, [REDACTED] reported he is still not in a position to parent. [REDACTED] believes housing is the major barrier in his life, as well as his criminal history. [REDACTED] has had several discussions with DCF stating he believes it will be difficult for him to reunify with his daughter, but he has also said, "I want to try." On 7/28/2020, [REDACTED] reported that he does not like his neighborhood and stated, "that is not a place to raise a child." On 9/9/2020, during an Administrative Case Plan Review [REDACTED] stated, "I know how to raise a kid. I don't hit them. I don't raise my voice. I'm not going around punching people." Also, on 9/9/2020, [REDACTED] stated he was upset he was not receiving phone calls from service providers and stated, "It makes me want to knock someone out."

## CONNECTIONS & SUPPORTS TO THE FAMILY

- For all cases involving children and youth under the age of 18, complete all prompts below.
- For youthful offender cases (YO) or delinquency cases (DP) involving youth over the age of 18, complete the list of people connected to the young adult and team members/service providers. The list of people connected to their parents is optional.

**List of people who are connected to or important to the child/youth  
(according to the young person if age and developmentally appropriate to ask):**

[REDACTED] – Mother  
[REDACTED] – Foster Parent

██████████ – Foster Parent

**List of people who are connected to or important to parent #1 (from their perspective):**  
 ██████████ – Daughter  
 ██████████ – Mother  
 ██████████ – Fiancé

**List of people who are connected to or important to parent #2 (from their perspective):**  
 ██████████ – Adopted Mother  
 ██████████ – Adopted Father  
 ██████████ – Adopted Brother  
 ██████████ – Jay's Fiancé  
 ██████████ – Dede's ex-husband, ██████████ prior guardian

List of team members and/or services providers working with the family:			
Name	Role	Service	Date Service started/provided
██████████	UCS mental health counselor	Mental health treatment for ██████████	4/29/2019 to July 2020
	UCS mental health counselor	Mental health treatment for ██████████	July 2020 to present
	Pediatrician for ██████████	Medical care for ██████████	10/7/2019 to present
	GAL and educational surrogate	Advocate for ██████████ best interest in court and responsible for educational decisions.	10/7/2019 to present
	Easterseals	Family Time Coach for ██████████ and ██████████	10/7/2019 to present
	Visiting Nurse Association	Visiting nurse for ██████████	10/7/2019 to present
	DOC Probation Officer	Probation Officer for ██████████	December 2018 to present
	DOC Probation Officer	Probation Officer for ██████████	Prior to 10/7/2019 to present
	Mental health counselor	Group mental health facilitator for ██████████	Prior to 10/7/2019 to present
	DCF Social Worker	Social Work/Case Management	10/7/2019 to present

**CURRENT ASSESSMENT OF CHILD/YOUTH'S STRENGTHS AND NEEDS**



*This section is required for all case and custody types.*

- Describe the process used to assess the child's needs and determine strengths and protective/promotive factors (and risk factors if applicable). The assessment process may include a formal evaluation conducted by service providers, or assessment may include informal methods such as interviews, observations, and conversations with the child/youth, family, safety network, or service providers. Include service recommendations to address the child/youth's needs, risk factors, and the status of such services.
- Every child has basic needs that need to be met; every child also has specialized needs. This narrative should include the child's basic needs and needs associated with what is developmentally appropriate based on the age of the child. Needs that should be assessed in this narrative include those related to social and emotional development that are not connected to physical health or mental health needs. These may include permanency needs, social competencies, attachment, caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills.
- For delinquency or youthful offender cases, in addition to the narrative described above, include YASI information in this section about the youth's strengths and needs. Indicate proposed conditions of probation (which may include a recommendation regarding the term of probation) to address the identified risks and protective factors. Include an assessment of the impact of the delinquent act on the victim and the community, including, whenever possible, a statement from the victim. Indicate what is needed to repair the harm to victims and the community.

██████ is 11 months old and is an empathic, stoic, and a determined baby. She feeds off the emotions of the people who surround her. ██████ loves to be attached to her caregivers and is overall easy to make happy. She is eagerly learning to become self-sufficient; it seems like her current mission in life is to be able to get around wherever she is on her own so her caregivers cannot get away. She enjoys playing with her foster sisters and they are almost always able to make her belly laugh. ██████ enjoys playing peekaboo and really loves to be sung to. She likes to dance to music and often claps when the songs are over. She is cautious in who she trusts and makes you work for a smile if you are a stranger but once she knows you, she loves blowing kisses and snuggling her head into your shoulder. ██████ struggles with eating solid foods currently and her foster parents have successfully scheduled a doctor appointment for her to have a lip and tongue tie revision scheduled for 9/25/2020 at SVMC Hospital.

██████ relies entirely on her caregivers for all of her needs including food, clothing, shelter, and nurturing. She will continue to need a safe and stable home with sober caregivers, free from violence and people who are a risk to children.

## **CURRENT ASSESSMENT OF PARENT'S STRENGTHS AND NEEDS**

*This section is required for most case and custody types. Exceptions include cases where the parent's rights have been terminated and youthful offender or delinquency cases serving youth over the age of 18. This section is applicable in all other scenarios.*

- Describe the parent's strengths that support the case plan goal. Describe the process used to assess the parent's needs and determine strengths, protective factors, and risk factors. The assessment of the parent's needs refers to a determination of what the parent needs to provide safe and appropriate care and supervision and to ensure the safety and well-being of the child(ren).
- Describe the family's safety network and additional supports which may be needed.
- This section may include mental and physical health needs if those needs impact the parent's capacity to care for the children.
- This section may also include an assessment of needs related to supporting a parent's relationship with the child if they did not have an established relationship prior to the child's involvement with DCF-FSD.
- Include service recommendations to address the parent's needs, risk factors, and the status of such services.

██████ is a resourceful young woman who easily makes friends. She knows where to go for food in Bennington and enjoys socializing with others. Since ██████ birth, ██████ is showing that she has made some changes in her life and has begun to address underlying child safety concerns. She needs to continue to engage with service providers to address concerns related to mental health, parenting education, having a safe place to live, scheduling and attending appointments, having a history of assaultive behavior, and having a history of associating with people who have sexually offended on others.

██████ support network currently includes her fiancé and his parents. DCF has been very concerned regarding the people ██████ has chosen to associate with in the past, and this continues to be a concern, as her fiancé's step-

father has been convicted of a violent sex crime. DCF continues to support [REDACTED] engagement in mental health therapy to address these concerns, however, it is imperative that [REDACTED] is honest during therapy, otherwise she will not be making meaningful or genuine progress toward addressing safety concerns.

[REDACTED] has been working to address child safety concerns for the past 11 months and has minimally been able to demonstrate change. Although DCF is encouraged that [REDACTED] appears much more engaged in services now than in the past, there remains numerous concerns regarding [REDACTED] providing inaccurate information, not following recommendations to meet her own medical needs, continued concerns around child safety, and demonstrating an inability to manage money and food assistance.

[REDACTED] has responded to DCF and met with the DCF Social Worker to discuss this case. Initially, [REDACTED] reported that he feels it would be in [REDACTED] best interest to be adopted, as he is not in a position to parent, and he does not believe [REDACTED] is safe to parent. [REDACTED] has since changed his mind, and has reported he would like to try to parent. [REDACTED] appears to have a good understanding of the child safety risks associated with him, and he has reported that he believes it would be difficult for him to reunify as a result of his past and current concerns. DCF is especially concerned about [REDACTED] violent criminal history which includes sex crimes, resulting in him being on the sex offender registry, as well as parenting concerns, mental health concerns, and unsafe housing.

[REDACTED] also has a support network which includes his adopted family, who he believes are helpful. [REDACTED] needs to begin reaching out to service providers so he can begin to prove safety for the purpose of being reunified with his daughter. He needs to engage in mental health treatment with [REDACTED] and follow recommendations for treatment, engage and complete a psychosexual evaluation, engage in parenting education, and find safe and stable housing.

[REDACTED] has not shown much progress in addressing child safety concerns associated with him and waited until August 2020 to re-engage in mental health therapy with [REDACTED] to address his history of sexual assault.

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## ACTION PLAN

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*Action plans are applicable to all case and custody types. The action plan should support individuals in understanding what they need to do – as opposed to “what not to do”. The action plan should include a risk statement, objective statement, and action steps.*

- The risk statement details current or future worries of harm. Risk statements include who is worried, who could be harmed, and includes the context in which harm has/nearly has occurred in the past.*
- The objective statement is the behavior change that is needed to accomplish the permanency goal, in positive terms, based on the identified needs, danger, and risk. The objective statement details “what needs to be done” and describes an end state.*
- Action steps describe “how it needs to be done”. Action steps describe the specific actions to be taken by a person to achieve the objective or change in behavior. Action steps should be ‘SMART’ – specific, measurable, action-oriented, realistic, and time-sensitive. Action steps describe a person’s role in completing the step and the time frame in which action must be taken. Action steps can include services for individuals to participate in or attend but should be focused on the behavioral change needed to meet the stated objective.*

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**Notice for Non-Court Involved Cases:** Failure to accomplish the recommended goals, behavioral changes, or services within the timeframes described in this case plan may result in the filing of an affidavit to seek court involvement in this case.

**Notice for Court Involved Cases:** Failure to accomplish the recommended goals or services within the timeframes described in this case plan may result in the filing of a termination of parental rights (TPR) petition. 33 V.S.A. § 5316 (b)(9)

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**Parent/Youth:** [REDACTED] [REDACTED]

**RISK STATEMENT:** DCF is concerned that [REDACTED] will be abused or neglected while in the care of her mother unless she addresses these underlying issues: her mental health, inability to recognize hunger cues, not understanding developmentally appropriate behaviors in her child, maintaining a safe place to live, not

understanding child safety risks associated with someone who has sexually offended on children, inability to schedule or attend appointments, having explosive outbursts, and having a history of assaultive behavior.

**OBJECTIVE STATEMENT:** ■■■■ needs to engage with service providers to address concerns related to mental health, parenting, housing, how to protect her child from sex offenders, scheduling appointments, explosive outbursts, and having a history of assaultive behavior.

<b>Action Steps</b> <i>Expected and Demonstrated Behavioral Changes &amp; Recommended Services to Achieve those Behavioral Changes</i>	<b>Timeline to Achieve Action Steps</b>
1. Follow recommendations for mental health treatment per the most recent assessment completed by United Counseling Services (UCS). This could include individual mental health and or substance abuse treatment, and individual case management services.	5 months from the date of Disposition
2. Engage with Easterseals through the Family Time Coaching program to receive individual parenting education pertaining to safe caregiving. ■■■■ will meet with the Family Time Coach before and after visits with her daughter for pre and post meetings. ■■■■ will be sober and on time for all visits with her daughter.	5 months from the date of Disposition
3. Work with a qualified service provider, such as Sunrise Family Resource Center, to receive parenting education in an individual or group setting to supplement the individualized parenting education through Easterseals. Parenting education should include information on basic parenting skills such as feeding, supervising, and knowing developmentally appropriate behaviors. ■■■■ will demonstrate these skills through her interactions with her daughter and during her conversations with the Easterseals Family Time coach during pre and post meetings.	5 months from the date of Disposition
4. Maintain safe and appropriate housing for herself and her daughter. The home environment will be free from any person who has been substantiated for child abuse or convicted of crimes to indicate they are a risk to children. The home should include a safe place for her child to sleep and play.	5 months from the date of Disposition
5. Not incur any additional criminal charges, particularly those of a violent nature.	5 months from the date of Disposition
6. Work cooperatively with service providers including but not limited to UCS, Easterseals, Sunrise Family Resource Center, and DCF. Working cooperatively means not escalating to the point of yelling or cursing at others and maintaining open communication with providers.	5 months from the date of Disposition
7. Sign releases for all service providers so that DCF may exchange information to monitor attendance and progress on goals.	5 months from the date of Disposition
8. Immediately inform DCF of any change in address, phone number, or household composition.	5 months from the date of Disposition

**Parent/Youth:** ■■■■

**RISK STATEMENT:** DCF is concerned that ■■■■ will be abused or neglected while in the care of her father unless he addresses these underlying issues: his violent criminal history including sex crimes, parenting concerns, mental health concerns, and unsafe housing.

**OBJECTIVE STATEMENT:** ■■■■ needs to engage with service providers to address concerns related to his history of violence, sexual assault, parenting concerns, mental health concerns, and unsafe housing.

<b>Action Steps</b> <i>Expected and Demonstrated Behavioral Changes &amp; Recommended Services to Achieve those Behavioral Changes</i>	<b>Timeline to Achieve Action Steps</b>
1. Engage in and successfully complete sex offender treatment with a qualified service provider such as Felipe Stetson. He will provide DCF with any documentation of previous sex offender treatment. ██████ will engage in a psychosexual assessment, to specifically address the risk level of re-offending or acting out sexually in the future.	5 months from the date of Disposition
2. Engage in and successfully complete a mental health evaluation with a qualified service provider and follow all recommendations for treatment. The mental health evaluation should address any underlying concerns associated with ██████ history of violence and sexual assault, as well as his past and current suicidal ideation. He will provide a copy of this evaluation and recommendations to DCF.	5 months from the date of Disposition
3. Engage with Easterseals through the Family Time Coaching program to receive individual parenting education pertaining to safe caregiving. ██████ will meet with the Family Time Coach before and after visits with his daughter for pre and post meetings. ██████ will be sober and on time for all visits with his daughter.	5 months from the date of Disposition
4. Obtain and maintain safe and appropriate housing for himself and his child. The home environment will be free from all safety concerns including bug and rodent infestation. The home environment will also be free from any other person who has been substantiated for child abuse or convicted of crimes to indicate they are a risk to children. The home environment will include a safe place for ██████ to sleep and play.	5 months from the date of Disposition
5. Work with a qualified service provider, such as Sunrise Family Resource Center or Caring Dads, to receive parenting education in an individual or group setting to supplement the individualized parenting education through Easterseals. Parenting education should include information on basic parenting skills such as feeding, supervising, and knowing developmentally appropriate behaviors. ██████ will demonstrate these skills through his interactions with his daughter and during his conversations with the Easterseals Family Time coach during pre and post meetings.	5 months from the date of Disposition
6. Not incur any additional criminal charges, particularly those of a violent nature.	5 months from the date of Disposition
7. Sign releases for all service providers so that DCF may exchange information to monitor attendance and progress on goals.	5 months from the date of Disposition
8. Immediately inform DCF of any change in address, phone number, or household composition.	5 months from the date of Disposition

The Family Services Worker will provide case management and support to the family to achieve the case plan goal. The Family Services Worker will assess risk, danger, and protective capacities on an ongoing basis. The Family Services Worker will make referrals for services, be in contact with the family via phone and through in-person visits, be in contact with the family's safety network regarding progress and updates, and make recommendations for strategies to achieve action steps and the case plan goal. The Family Services Worker will provide information about the behavioral change(s) that need to occur to safely close the case and achieve permanency for the child.

## PROGRESS TOWARD MEETING CASE PLAN GOALS

*This section is required for all case and custody types, unless this is the initial case plan.*

- *Discuss the progress and strengths to date on each identified action step above.*
- *Briefly summarize the results of any assessments used with the family (SDM Safety Assessment, SDM Risk Reassessment, SDM Reunification Assessment, or YASI if applicable).*
- *Identify any ongoing dangers or risks. Identify obstacles to action step achievement or barriers to service delivery and how adjustments were made to address the family's needs.*
- *Describe services/activities offered, used, provided or engaged in to advance or facilitate movement toward the goal. State if any service is court ordered. Address relative and community supports (natural supports and*



- Indicate what needs to be accomplished or demonstrated to achieve the case plan goal. Describe why it is necessary for DCF-FSD to continue to be involved with the family.

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engagement in mental health treatment was not consistent until [REDACTED] birth, at which time [REDACTED] began to attend her therapy appointments consistently. On 1/22/2020, Daniel Merges reported that [REDACTED] "behavior seems to be stable and, in many ways, improved over the last six months." [REDACTED] is diagnosed with posttraumatic stress disorder, attention-deficit/hyperactivity disorder, and major depressive disorder. Daniel reports, "those diagnoses can give meaningful context to a wide range of behaviors, particularly if she were in an elevated emotional state and especially if she did not feel safe. Based on my experience with [REDACTED] her past problematic behavior and impaired functioning in relationships can be attributed to those diagnoses, the family context she was raised in and her learning impairment. I don't see any symptoms of other disorders." With regards to [REDACTED] learning disability, Daniel reports he himself attempted to get [REDACTED] into developmental services in 2019 for case management and other supports but she does not qualify. [REDACTED] engaged in various testing and assessments when she was in school, which UCS obtained copies of and reviewed with supervisor, [REDACTED], who does evaluations for Developmental Services. On the tests, [REDACTED] reading comprehension was slightly higher than UCS expected. UCS does not believe the issue is reading or what is called "receptive language skills". Daniel Merges reports he has years of experience with students with learning disabilities and people with developmental disabilities. Daniel reports, "[REDACTED] appears to have an impairment in the area of adaptive behaviors, which correlate to self-sufficiency. However, that particular area was not tested for when she was in school. The gaps were probably not as apparent when she was in school. For example, she can read and comprehend a list of things asked for her to do but may not be able to prioritize items or develop and implement plans to complete tasks. Also, it is unclear if she can adjust plans and follow through if things do not go as she planned for any reason, such as like lack of transportation, ran out of time, forgot, etc. The directive approach which has been used with her and tied to her values, i.e. parenting her child, appears to work."

On 5/21/2020, [REDACTED] engaged in a Shared Parenting Meeting with DCF, Easterseals, and the foster parent. During the meeting [REDACTED] reported she is getting all of her food from donations made directly to her motel room. DCF later learned that [REDACTED] provided inaccurate information in that she gave her food assistance card to her fiancé's mother, [REDACTED]. [REDACTED] reported to DCF that she manages [REDACTED] food stamps card entirely, [REDACTED] does all of [REDACTED] grocery shopping, and cooks all of [REDACTED] meals. DCF later asked [REDACTED] about her rationale in providing inaccurate information about how she is getting food for herself, and she reported she "forgot" she gave [REDACTED] her food stamps card. DCF expressed concern to [REDACTED] about providing inaccurate information and she agreed to follow up with her therapist about that concern.

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longer lasting outcomes. █████ recommended that █████ have the opportunity to grow, learn and heal in the safety of supportive relationships that are consistent over time, non-judgmental, encouraging, and emotionally safe. Daniel reported he believes █████ engagement in therapy is sincere and he is impressed with the changes she has made in her life in the past year.

On 7/29/2020, █████/UCS, █████ new therapist, reported she has been able to minimally review DCF concerns and challenges but will continue to reflect on those when needed. She is currently working to build trust, rapport, and a therapeutic alliance with █████. In August 2020, █████ learned that █████ will be transitioning her to a different therapist. On 9/16/2020, █████ reported she does not know who her new therapist is and she has not followed up with UCS to get this information.

Previously, UCS determined that █████ would benefit from outpatient substance abuse treatment to reduce her THC use. This appears to be no longer a concern, as █████ has stopped smoking marijuana. On 11/6/2019, █████ self-reported she stopped smoking marijuana, and also reported she does not drink alcohol. Additionally, on 11/14/2019, 12/3/2019, and 1/24/2020, █████ provided urine drug screens upon DCF's request, and tested negative for all substances for each screen. DCF believes this is no longer a concern, and therefore, it is not included as an action step in the case plan. If circumstances change, and DCF learns that substance abuse may be a concern, an additional action step will be added to the case plan.

With regards to parenting education, █████ is engaged in Family Time Coaching with █████/Easterseals. █████ and █████ work together three days a week. █████ attendance continues to be very good and she is engaging in pre and post meetings to discuss parenting techniques and strategies. Easterseals has written a goal which is being tracked for █████ to, "engage with services and develop a plan to meet █████ needs for safety, permanency, and well-being." In October 2019, Easterseals reported, "Mom has been engaging in the full model with Easterseals Coach. Coach has offered many styles of learning and has been working in pre-meeting with Mom to discuss what works best for her. Mom has been receptive of the Coaching help. Coach reminds Mom often to support █████ neck appropriately and to hold her entire body- not just try to hold her up by her neck/upper back. This looks like Coach helping Mom to move her other hand to support her bottom." Easterseals did note a concern that █████ was not eating well with █████ during visits and this was beginning to affect her after visits and at home, as displayed by █████ being more difficult to soothe and not eating well for the remainder of the day. Over time, this appeared to be consistent on days that █████ had visits with her mother. After consulting with the pediatrician, Easterseals and DCF created a verbal Safety Plan in November 2019, to prevent █████ from having a feeding aversion. A feeding aversion is when a baby who is physically capable of feeding and eating begins to exhibit partial or full food refusal based on having a conditioned response to food. Feeding aversions can be very harmful for babies. The Safety Plan included that when █████ would show signs of being hungry, █████ from Easterseals would be the primary person to feed her and also would be actively teaching █████ how to feed the baby. Over time, █████ transitioned all feeding back to █████ once █████ had displayed that she can do so. It also appeared beneficial that the baby has become more independent with taking the bottle on her own.

Also in February 2020, █████/Easterseals began assisting █████ with paperwork to obtain a Primary Care Physician. █████ reported to █████ that she submitted the required paperwork, but that she believes it was "lost in the mail." █████ has continued to recommend that █████ do the paperwork again, and as of August 2020, █████ has reported she is "almost done with the paperwork but needs some help." █████ and DCF both have noticed that █████ tends to be shaky during her visits with █████. █████ reports she has "sugar issues" and has reported to █████ that she "needs to eat a chocolate bar at breakfast" to make sure she does not get shaky. █████ and DCF both continue to stress the importance that █████ be seen by a doctor right away, especially if she is concerned about having issues with her blood sugar levels.

On 3/4/2020, █████ with Easterseals began to provide an additional service to █████ called Care Coordination. This is essentially case management, and the expectation is for █████ and █████ to meet weekly for the purpose of ensuring █████ is following case plan goal expectations. █████ has been engaged in this service, and is meeting with █████ weekly, however significant concerns remain regarding █████ efforts toward goals such as housing, following recommendations for her own medical care, and money management. █████ reported that despite several reminders to submit housing applications, provided to █████ by Easterseals, she did not do this. In April 2020, █████ reported to █████ that she was on the wait list for a housing choice voucher, but after further investigation █████ learned this was not accurate and reminded █████ about the importance of being



honest. On 5/25/2020, [REDACTED] arranged for another housing application to be delivered to [REDACTED] and after the application was completed, [REDACTED] herself brought the application to the Bennington Housing Authority.

[REDACTED]/Easterseals has expressed concern about [REDACTED] ability to follow through with appointments, and so she has asked [REDACTED] to call her every Tuesday at 2:30pm as a way to improve this skill. [REDACTED] has not shown that she can follow through with this request in that she has not consistently called [REDACTED] on Tuesdays at 2:30pm.

As of 4/3/2020, [REDACTED] had still not successfully participated in parenting education outside of Easterseals. In January 2020, [REDACTED] intended on engaging in the Rocking Horse parenting education class through UCS, however, the class was cancelled due to low attendance.

In May 2020, [REDACTED]/Easterseals referred [REDACTED] to Nurturing Parents through Prevent Child Abuse Vermont. On 7/24/2020, DCF spoke with [REDACTED] from Prevent Child Abuse Vermont who reported [REDACTED] has successfully completed Nurturing Parents. [REDACTED] stated that [REDACTED] did participate in classes which were held by video chat. [REDACTED] did not observe any issues or concerns. [REDACTED] reported she will be referring [REDACTED] to a "parenting circle" which is more of a support group for parents. [REDACTED] could not make any recommendations about [REDACTED] understanding or her benefit from the information she learned during the class.

[REDACTED] housing situation has greatly improved over time, however, this is an area that still needs some attention. [REDACTED] is renting a motel room at the [REDACTED] Motel in Bennington with her fiancé, [REDACTED]. [REDACTED] does not have a criminal or child welfare history in the state of Vermont. [REDACTED] parents are [REDACTED] and [REDACTED], who are also the managers of the [REDACTED]. It appears that [REDACTED] and [REDACTED] rely heavily on [REDACTED]' help, especially with regards to food. On 11/6/2019, DCF went to the motel room and did not observe much food in the room or any way to cook food such as a microwave, crock pot, or hot plate. At that time, [REDACTED] and [REDACTED] reported that [REDACTED] cooks all of their meals. They stated they will go to [REDACTED]'s apartment to get the food, and will bring it back to their room to eat. Concerns have arisen previously with DCF regarding [REDACTED] due to a police affidavit dated 7/30/1980 that had been obtained by DCF during [REDACTED] previous case, which outlined [REDACTED] having been charged with Sexual Assault for raping a woman who was 19 years old at the time when he was also 19 years old. DCF is concerned that [REDACTED] continues to associate with someone who has a history of sexual abuse.

On 4/1/2020, [REDACTED] Briggs reported that [REDACTED] has not made any progress toward working with BROCC, Applegate Apartments, or Willowbrook Apartments. [REDACTED] reported she offered to complete housing applications for [REDACTED] and offered to send the applications to [REDACTED] for her to review and sign, however [REDACTED] declined and has chosen to not follow through on filling out the applications on her own. Currently, [REDACTED] is spending the majority of her income on the rent for her motel room and is relying on others for all of her other needs, including food. Easterseals is concerned that [REDACTED] lacks the capacity to care for herself, including cooking and scheduling appointments as displayed by [REDACTED] currently relying entirely on others, specifically [REDACTED] and [REDACTED], for these tasks.

On 6/12/2020, DCF spoke to the Social Security Administration to learn more about [REDACTED] needs. According to Social Security, [REDACTED] disability began in 2009. Her primary disability is documented as ADHD and her secondary disability is documented as "learning disability." [REDACTED] will be due for a medical review "any time now." It was reported that [REDACTED] would receive paperwork in the mail informing her of the review. Social Security reports [REDACTED] receives \$835.04/month and this is the amount she receives as a "single adult." Social Security encouraged DCF to request a copy of her medical CD, which was done via fax on this same day.

On 7/17/2020, DCF spoke to the Social Security Administration who reported they cannot burn any CD's at this time due to COVID-19 and all staff working from home. The Social Security representative said they would be able to look for specific records. DCF requested information specifically as it pertains to [REDACTED] disabilities, ADHD and her learning disability, as well as any adaptive functioning tests. DCF has not received any further information but will continue to follow up.

On 8/4/2020, DCF spoke to SVMC Obgyn, as this is the only medical provider for [REDACTED] and is the provider who is prescribing [REDACTED] medication to treat her mental health. It was reported that [REDACTED] is being prescribed 1/2 tablet of Zoloft daily, and she was originally prescribed 3 months' worth of Zoloft, with 3 refills, on 9/3/2019 (a total of 9 months). SVMC Obgyn reported that if [REDACTED] was taking the medication as it is prescribed, she would have run

out of the medication in May or June 2020. █████ self-reports to DCF that she takes the medication every day. SVMC Obgyn reported █████ cancelled her annual appointment and has not yet rescheduled this, which is concerning, because if she does not have an annual appointment, they will not be able to continue treating her. SVMC Obgyn reported, “she really needs to establish herself with a primary care physician.” Generally, SVMC Obgyn reports they do not treat patients for more than 1 year after a child is born, and it is highly likely they will also stop prescribing █████ Zoloft as well. On this same day, DCF spoke to █████ on the phone to express the urgency that she calls SVMC Obgyn to reschedule her annual appointment.

On 8/5/2020, DCF spoke to The Pharmacy, who fills █████ Zoloft prescription. The Pharmacy confirmed they filled █████ 3-month supply of Zoloft in September 2019, however, she did not refill her medication again until April 2020 (7 months later). █████ called in a 30-day refill on 8/4/2020, and her medication is due to expire in September 2020.

On 8/21/2020, DCF spoke to █████ who reported she did not reschedule her annual appointment with SVMC Obgyn. DCF expressed concern that it seems possible she may be dropped as a patient and her Zoloft medication may be stopped in September. DCF again encouraged █████ to call right away.

On 8/24/2020, █████/Easterseals reminded █████ to call SVMC Obgyn, as she had not yet done this, and they did so together. █████ has scheduled another annual appointment with SVMC Obgyn for October but forgot to get another prescription for Zoloft.

On 8/26/2020, DCF reminded █████ to call SVMC Obgyn for another Zoloft prescription. █████ reported she successfully called the doctor, who did refill the medication.

On 8/27/2020, █████/Easterseals reported she spoke to Sandy from BROCC who informed her █████ is not following through with scheduling appointments and she has not talked to █████ since June. █████ reports that BROCC received an email from Economic Services that █████ is currently receiving Reach Up in the amount of \$456/month since at least January 2020. This is highly concerning, as █████ does not qualify for Reach Up based on her daughter being in DCF Custody for 10 months. Sandy reported that it appears █████ is receiving Reach Up based on providing inaccurate information to Economic Services saying she is caring for her daughter. According to BROCC, based on █████ receiving Reach Up, and also seeing that █████ included three people on her housing application (herself, her fiancé, and █████ she will qualify for subsidized housing right away. The concern is that █████ has provided inaccurate information, in that she should not be receiving Reach Up, and █████ is not currently in her care. It is also concerning that █████ fiancé, █████, would not qualify for subsidized housing as he does not have a valid identification nor does he have a social security card, making it so he cannot live in a subsidized home.

On 8/21/2020, █████, █████ Probation Officer reported she has been compliant with supervision and has satisfied all requirements. █████ term for probation is set to expire 12/10/2020.

On 8/27/2020, DCF completed a Reunification Assessment through the Structured Decision Making (SDM) System. The SDM Reunification Assessment tool is used to help inform DCF Administrative Case Plans. The tool generates a recommendation for next steps. The assessment completed on this day determined the risk level as “high” for █████ reunification with █████ The tool also found that █████ and █████ family time as “acceptable” and generated a recommendation that DCF “continue reunification efforts.”

On 8/31/2020, DCF confirmed with Economic Services that █████ was overpaid for Reach Up, based on her providing inaccurate information. When Economic Services became aware that she was being overpaid, they stopped her Reach Up. Economic Services report █████ will be asked to pay back the money she was overpaid, which would come out of any future payments she was to receive if she becomes eligible for Reach Up again in the future.

████████████████████

On 1/22/2020, █████ met with DCF and reported he is not interested in working with DCF for the purpose of parenting █████ █████ reported he is not in a position to parent at this time. █████ stated that he and █████ lived together in December 2018. █████ understands █████ has reported he sexually assaulted her. According to



██████ during the time they lived together, he and ██████ engaged in consensual sex several times. ██████ reported one incident in which he and ██████ were hanging out with a man named ██████, who is also on the sex offender registry. ██████ reported that ██████ came out of a room without a shirt on and asked the two men if they wanted to have sex with her. ██████ stated that ██████ left as he felt uncomfortable and ██████ told ██████ he would be getting lucky that night. ██████ stated that ██████ was telling people in the community that he was her boyfriend, although he did not believe they were in a relationship. ██████ also reported that ██████ moods would change quickly when they lived together, “one moment she’s nice, the next she’s mean as hell.” He stated that during an argument in December 2018, she cut him on his left arm with a knife. ██████ showed DCF the scar on his arm from the cut. ██████ reported he went to the hospital during which time he told hospital staff he cut himself. ██████ explained he did not want ██████ to go to jail, so he lied about what happened. ██████ strongly believes that ██████ is not safe to parent from his observations while living with her.

On 1/24/2020, DCF discussed ██████ concerns directly with ██████. ██████ denied all of the information ██████ reported. ██████ reported she never engaged in consensual sex with him, she never considered him a “boyfriend”, and she did not cut him on his arm. ██████ reports she does remember getting into an argument with ██████ specifically over whose turn it was to take out the trash, ██████ became angry and cut himself on his arm. ██████ added that ██████ has several cut marks on his other arm, which are all covered with tattoos, as he has a history of cutting himself.

On 2/18/2020, DCF met with ██████ again at the DCF office, during which ██████ stated his intention to work with DCF to see if he could be considered a reunification option for his daughter. DCF asked to see both of ██████ arms per ██████ report that he has several cut marks covered with tattoos. ██████ showed the DCF Social Worker both of his arms. ██████ has zero tattoos on his arms, and only one cut mark, which ██████ reports was given to him by ██████. On 3/4/2020, DCF informed ██████ about the inconsistency in her story. ██████ reported she does not remember saying that ██████ has cut marks or tattoos on his arm. DCF is concerned about ██████ pattern of giving inaccurate information, and asked ██████ to address this with her therapist. ██████ agreed.

On 2/18/2020, ██████ reported he does not want ██████ to ever come to his current apartment because it is infested with bed bugs and cockroaches. ██████ reports that his landlord has informed him it is his responsibility to care of this problem. ██████ reports he has no option but to stay because he lacks resources to move.

With regards to income, ██████ receives approximately \$800/month through Social Security Disability Income (SSDI). ██████ reports his rent is \$650/month and he does not qualify for low income housing because of his criminal record and being on the sex offender registry.

With regards to his criminal history ██████ reported that he chose to plea guilty to felony sexual assault charges against him because he was told he was going to serve “99-1,000 years in jail” if he didn’t. ██████ reports his biological father, ██████, sexually assaulted him from when he was 4-17 years old. ██████ told a camp counselor about the abuse, his father was criminally charged, and sent to jail. ██████ reports he was also sexually assaulted by his brother when he was a child. ██████ reports he no longer associates with his biological family.

██████ currently lives in the community and is required to check in weekly with his Probation Officer, ██████. On 2/18/2020, ██████ reported he had to give his Probation Officer his cell phones because he violated his probation by watching pornography on his cell phone. ██████ was given his cell phones back on 3/10/2020.

On 3/5/2020, DCF spoke to ██████, who is the facilitator for weekly group therapy to address concerns related to sex crimes. ██████ previously attended these groups every Tuesday and ██████ reports it is safe to go forward with supervised visitation between ██████ and ██████. Felipe also reported that very recently, ██████ has changed his attitude about life, and this is directly related to him wanting to parent ██████. ██████ previously had an “I don’t care” attitude, in that he could care less if he went back to jail, and that state of mind would lead him to a lot of trouble. ██████ is now making better decisions in an effort to not go to jail, which is an improvement. Felipe also recommends that ██████ engage in individual therapy, but ██████ has to be open to working with a therapist, which he has not been open to in the past. ██████ has information to believe that ██████ has worked with clinician, ██████, in the past and believes this would be a beneficial recourse to him.

Going forward ██████ will be continuing to assess ██████ safety, specifically as it pertains to his intellectual

limitations and how those may affect reunification with [REDACTED] DCF is particularly interested in the outcome of [REDACTED] therapeutic services with [REDACTED] as well as the results of a psychosexual evaluation, to determine if he may ever be able to safely live independently with an infant female child. If [REDACTED] is able to make progress in therapy, DCF would be sure to work with providers to create an after care plan, to ensure he continues to address child safety concerns, even after successful completion of therapeutic interventions.

On 3/6/2020, DCF received a copy of a Psychosexual Evaluation which [REDACTED] successfully completed. The date of the evaluation is 11/4/2007, therefore, DCF will be recommending [REDACTED] to engage in another Psychosexual Evaluation for more current information. At the time of the 2007 assessment, recommendations included for [REDACTED] to engage in specialized sex offender treatment that focuses on consent and how to determine the appropriateness of a potential sex partner. It was additionally recommended that [REDACTED] would benefit from a psychopharmacological evaluation in an effort to determine whether he might benefit from medication to address symptoms of PTSD and ADHD. Additionally, it was recommended that [REDACTED] find alternative strategies to marijuana for the purpose of managing stress, for [REDACTED] to be provided with incentives for learning to read, and for his interactions with youth in the community to be restricted and/or supervised.

On 3/10/2020, [REDACTED] reported he did not complete his SSDI paperwork on time, and so he was concerned his income would stop. [REDACTED] explained that if he loses his income, he has to stop paying rent, and if he loses his housing, he will go back to jail as this would be a violation of his conditions due to being on the sex offender registry.

On 3/10/2020, DCF asked [REDACTED] if he has any history of mental health concerns, to which [REDACTED] replied, "I hung myself once when I was a kid, so yes." [REDACTED] could not remember how old he was when this happened. [REDACTED] was asked if he currently feels that he wants to harm himself. He replied that he does not want to harm himself right now, but there are days that he does feel suicidal.

On 3/10/2020, Easterseals met with [REDACTED] with the intention to start Family Time Coaching. Shortly after, the Vermont Department of Health recommended that all parent-child contact be restricted to happening by phone or video chat due to COVID-19. DCF spoke with [REDACTED] on 3/20/2020, to which he stated he would like to wait to start visits with [REDACTED] until after COVID-19 restrictions are lifted. This is especially considering [REDACTED] does not know what will be happening with his income and housing, or whether he will be going back to jail.

On 5/8/2020, DCF spoke to [REDACTED] on the phone. He reported he continues to live in the same apartment, which continues to have the same problem with roaches and bed bugs. [REDACTED] reported he is hoping to move. [REDACTED] also stated that he is not in therapy and he has not talked to Felipe Stetson about re-engaging in therapy. DCF strongly encouraged him to call [REDACTED] to re-engage. He did not do this.

On 5/11/2020, DCF mailed [REDACTED] a release of information form required for the Vermont Communication Support Project. [REDACTED] did not sign the release.

On 5/27/2020, DCF referred [REDACTED] to parenting education through Prevent Child Abuse Vermont. DCF informed [REDACTED] of this referral. He did not participate.

On 5/27/2020, DCF reached out to Dr. [REDACTED] to inquire whether he can help complete a psychosexual evaluation for [REDACTED]. Dr. Glazer called DCF the next day to say he no longer completes psychosexual evaluations and will not be able to do this. It was suggested that the Vermont Forensic Assessment team be considered in Burlington, specifically Thomas Powell. The issue with this is related to payment. DCF will be following up with [REDACTED] around his work with [REDACTED] and recommendations for any further assessments.

On 7/28/2020, DCF spoke to [REDACTED] on the phone. He reported he is still not in therapy. DCF encouraged him again to call and schedule an appointment. DCF learned later that [REDACTED] did do this and re-engaged in therapy in August. DCF will be following up with [REDACTED] about his progress in therapy. On this day, [REDACTED] reported he has not made any progress in his goal to move, and he is struggling financially because of having to pay back money owed to Social Security. [REDACTED] reported the roach and bed bug problem has resolved in his apartment because of his landlord following through with extermination efforts. [REDACTED] reported that he continues to want to be a part of his daughter's life but that the neighborhood he lives in "is not a place to raise a child."

On 8/5/2020, [REDACTED], [REDACTED] Probation Officer reported he is following all his conditions and there are no concerns to report.

In August 2020, [REDACTED] and [REDACTED] both report he is engaged in individual therapy once a week. On 9/17/2020, [REDACTED] reported that although [REDACTED] attendance to therapy is inconsistent he is “making an attempt” and is doing the best he can. Felipe reported that [REDACTED] has experienced a lot of trauma in his life and so there is a lot that will need to be addressed in their sessions together. [REDACTED] reports he is currently working with [REDACTED] on teaching him about safe people to associate with. He is also working with [REDACTED] on addressing suicidal ideations, which is an on-going concern. [REDACTED] reports that although [REDACTED] tends to be easily influenced and can make some bad decisions, he is not “the malicious type.” Felipe reports that [REDACTED] understands it is possible he may not have a parenting role in [REDACTED] life, and [REDACTED] has expressed during therapy that he “just wants to be involved.”

On 9/15/2020, [REDACTED] began engaging in Caring Dads, which is scheduled to take place once a week.

On 9/15/2020, DCF submitted a referral to PAVE Family Time for the purpose of beginning once a week supervised parent child contact. PAVE Family Time has not yet accepted the referral.

**For family support cases, non-custody delinquency or youthful offender cases, and CCOs with parents, the case plan ends here. The appendices do not need to be completed.**

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## APPENDIX 1 | PLACEMENT INFORMATION

*This section is applicable to DCF custody cases and out-of-home CCOs.*

- *Indicate the number of placements the child/youth has experienced since becoming involved with DCF-FSD. If the child's placement has changed since the last case plan, describe the impact on the child.*
- *Describe efforts to place siblings together. If siblings were not placed together, explain why the separation was necessary and efforts to maintain the sibling relationship if appropriate.*
- *Describe concurrent planning efforts. Indicate whether the child is placed in a potentially permanent home. Discuss child's adjustment to the placement and the caregiver's commitment to the child – now and in the future.*
- *Indicate whether the young person feels safe and comfortable in the current placement. Include an assessment of the safety and appropriateness of current placement. Discuss how the placement is consistent with the child's needs and actions the caregiver takes to meet the child's needs. If child has special needs, address how those needs are being met.*
- *Briefly describe the process used to assess and identify the caregiver's needs to enhance their capacity to provide appropriate care and supervision to the child in their home, such as respite care or assistance with transportation.*
- *Describe the child's community connections and supports as it relates to placement.*
- *If the young person is placed in a residential treatment program, discuss the discharge plan.*
- *If the child has been missing from placement, describe the factors that led to the young person being absent from care, and to the extent possible how those factors will be addressed in subsequent placements. Describe what is known of the child's experiences while absent from care, including whether the child was a victim of sex trafficking or at risk of such victimization – and if so, what services will be offered.*

[REDACTED] has lived with licensed foster parents, [REDACTED] and [REDACTED], since March 2020. [REDACTED] is a stay at home parent, and per the recommendation from [REDACTED]/Myers Prouty Childcare, [REDACTED] is staying home full time with Valarie as it appears she benefits from one to one attention. [REDACTED] move to the [REDACTED] coincidentally aligned with the restrictions recommended by the Vermont Department of Health to reduce the spread of COVID-19. Therefore, [REDACTED] has been spending all of her time at home with [REDACTED] and their biological children and is creating healthy bonds and attachments to this family.

[REDACTED], first and foremost, are supportive of the plan regarding reunification, if it is safe and appropriate to do so. In the event [REDACTED] cannot safely be reunified with her mother, [REDACTED] have voiced they are willing and able to be [REDACTED] forever home. They live in Bennington which is close to [REDACTED] pediatrician and both parents. It is the opinion of DCF that continued placement with [REDACTED] continues to be in [REDACTED] best interest.



## APPENDIX 2 | FAMILY TIME, CONTACT & COMMUNICATION SCHEDULE

*This section is applicable to DCF custody cases. This section should include DCF-FSD's recommendation on family time.*

- *Describe both the quality and quantity of family time. Describe family time progress and/or setbacks.*
- *Indicate if family time has progressed toward unsupported time or extended time. Similarly, indicate if increased monitoring or support has been needed due to worries for the child's safety.*
- *Indicate if and how parents demonstrate acts of protection and supportive behaviors toward the child. Indicate if and how parents model appropriate roles and boundaries.*
- *Specify how parents are demonstrating their parental role, responding appropriately to the child's verbal and non-verbal signals, and showing empathy towards the child.*
- *Consider parents' knowledge of the child's development and signs of putting the child's needs ahead of their own.*
- *Indicate if and how parents are demonstrating interest in the child's medical and dental appointments, school, or other child activities.*
- *Include the child or youth's perspective on family time.*

Initially, [REDACTED] was scheduled to visit with [REDACTED] three days a week, for an hour and fifteen minutes. DCF added a fourth day to the visitation schedule, however, [REDACTED] had been sick with the flu since 1/28/2020, and was not able to participate in visits for some time. [REDACTED] provided DCF with a doctor's note to DCF and maintained excellent communication regarding her well-being. [REDACTED] has had almost perfect attendance to visits, and is often early.

On 2/11/2020, [REDACTED] began having four day a week visits, three of those visits were with the support of Easterseals Family Time Coach [REDACTED], and the fourth visits was supervised by DCF Case Aid, [REDACTED].

During the week of 3/16/2020, the Vermont Department of Health recommended that all parent child contact be restricted to phone or video chat per COVID-19. DCF discussed this recommendation with [REDACTED] and she was in agreement to phone or video contact with [REDACTED] until COVID-19 restrictions are lifted. [REDACTED] currently video chats with [REDACTED] twice a week. [REDACTED] and the foster parents also send pictures and videos to and from each other in an attempt to maintain the bond.

In June 2020, the Vermont Department of Health lifted the restriction on their recommendation for all parent child contact to happen remotely. Therefore, after a Shared Parenting Meeting discussing expectations such as face masks (not for [REDACTED] handwashing, and other ways to reduce the spread of COVID-19, in-person visits resumed.

As of August 2020, [REDACTED] is now visiting with [REDACTED] three days a week, all in-person. [REDACTED] attendance and engagement in visits with her daughter is excellent. She responds very well to [REDACTED] Easterseals who is providing on the spot parenting education to [REDACTED] during her visits. [REDACTED] has observed that when [REDACTED] becomes upset [REDACTED] has a tendency to "freeze"; [REDACTED] has reported to [REDACTED] that when [REDACTED] becomes upset, she does not know what to do.

[REDACTED] is also attending [REDACTED] doctor appointments with the support of [REDACTED]/Easterseals. During [REDACTED] 9-month well check on 7/8/2020, [REDACTED] herself became upset and reported this was due to thinking about the possibility that she may not reunify with [REDACTED]. While in the doctor office, [REDACTED] began to become upset as well. [REDACTED] reported [REDACTED] was unable to calm herself down, and therefore, [REDACTED] Pediatrician held [REDACTED] to help her calm. Later, [REDACTED]/Foster Parent was asked to come into the room to help soothe [REDACTED]. Pediatrician also spent time with [REDACTED] to help her calm herself. Easterseals and DCF have both discussed with [REDACTED] the importance of putting [REDACTED] needs first.

On 8/26/2020, the DCF Social Worker began observing [REDACTED] during visits with [REDACTED] without the support of [REDACTED]/Easterseals. On this day, the visit took place at the Deer Park, and [REDACTED] showed benefit from the parenting education taught to her by [REDACTED]. She showed the DCF Social Worker she understands how to help [REDACTED] walk by holding her hands, how to hold [REDACTED] safely, read books to her, and sing songs.

On 9/16/2020, the DCF Social Worker observed [REDACTED] during a trip to Walmart. The DCF Social Worker asked [REDACTED] to take full responsibility for all of [REDACTED] care, as though she were there with [REDACTED] alone. While [REDACTED]

was packing up to leave for Walmart, she had trouble watching [REDACTED] and [REDACTED] put a leaf inside her mouth without [REDACTED] noticing. [REDACTED] was prompted by the DCF Social Worker to take the leaf out of [REDACTED] mouth as this is a choking hazard. Upon arrival to Walmart, [REDACTED] asked for help with holding [REDACTED] so that she could adjust her backpack, but when prompted to try and do it alone, she was able to do so. [REDACTED] was prompted to pick out a snack for [REDACTED] and she again asked for help and specifically asked if [REDACTED] was allowed to eat a certain food. [REDACTED] was asked to look closely at the different options and to try her best to decide on her own if a food was safe for [REDACTED] to eat. She was unable to do this without assistance from the DCF Social Worker. When it was time to get back into the car to leave, [REDACTED] chose to buckle [REDACTED] into her car seat and then leave [REDACTED] in the car while she put the cart back in the corral, putting [REDACTED] out of her line of sight. All of these concerns were addressed with [REDACTED] by the DCF Social Worker. [REDACTED] reports that she understands the concern, and she is hoping to learn and improve her parenting skills.

After [REDACTED] voiced his intention to parent [REDACTED] on 2/11/2020, DCF followed up with [REDACTED] who reports it would be safe for [REDACTED] to have visitation with [REDACTED] only if visitation is strictly supervised. DCF then made a referral to Easterseals for the purpose of providing such supervision as well as Family Time Coaching. Easterseals accepted the referral and intended to begin visits the week of 3/16/2020, at which time all visits were restricted to phone or video chat per COVID-19. [REDACTED] has spoken to DCF and believes it would be best to start visits with [REDACTED] after COVID-19 restrictions are lifted.

DCF has significant concerns regarding introducing [REDACTED] to [REDACTED] including his history of offending on others, his mental health concerns including suicidal ideation, his lack of attendance in therapy, and non-participation in parenting education. Now that [REDACTED] has re-engaged in therapy (as of August 2020), and the Vermont Department of Health lifted the restriction on their recommendation for in-person contact to resume (as of June 2020), DCF has referred him to begin in-person visits with [REDACTED] supervised by PAVE Family Time. In the interim, DCF has mailed [REDACTED] two pictures of [REDACTED] and intends to continue to keep him updated with pictures until in-person visits begin.

Family Time & Communication Schedule	
<b>Participants</b>	[REDACTED] Easterseals Family Time Coach and/or DCF
<b>Frequency, Length, &amp; Location</b>	3 days a week, 30 minutes-1 hour, State Building/Deer Park.
<b>Special Instructions or Parameters</b>	Follow Vermont Department of Health recommendations regarding COVID-19
<b>Transportation or Supervision Arrangements</b>	Easterseals continue to supervise visits. [REDACTED] is responsible for her own transportation, and the foster parents are transporting [REDACTED]
<b>Change or Cancellation Procedures</b>	[REDACTED] must call in advance to cancel a visit and must have a valid excuse for cancelling. If the reason for missing a visit is illness, [REDACTED] must provide a doctor note. Visits may also be cancelled for reasons pertaining to COVID-19.
<b>Goals &amp; Focus of Family Time</b>	Maintain the bond between [REDACTED] and [REDACTED] and teach parenting skills to [REDACTED] through Family Time Coaching.

### APPENDIX 3 | PHYSICAL HEALTH, DEVELOPMENTAL, MENTAL HEALTH, AND DENTAL

*This section is required for DCF custody cases. This section may be completed for other case types if the child's physical health, developmental needs, mental health, and/or dental needs are relevant to case planning with the family.*

- Describe the child/youth's medical, dental, mental health, and developmental needs.
- Indicate whether an initial health care screening or other comprehensive medical examination was completed for the child/youth upon becoming involved with DCF-FSD. Indicate whether ongoing preventive physical and dental health screenings to identify and avoid potential problems occur according to medical recommendations. Indicate whether there are any known medical conditions and the plan to address them. Include any other relevant health information as applicable. Indicate whether the young person is up-to-date on medically recommended immunizations. If not, describe the plan and the primary care provider's recommendation.
- If the child or youth is on medication, indicate whether the young person understands the purpose of the medication, knows the pros and cons of the medication, and agrees with taking it. Indicate whether the young person is seen regularly by a physician to monitor the effectiveness of the medication, assess any side effects and/or health implications, consider any changes needed to the dosage or medication type, and determine whether medication is still necessary and/or if alternative treatment options may be appropriate.



- Indicate if the child is at an age-appropriate developmental level, has developmental skills that are above expectations for chronological age, or has developmental delays.
- Describe how the child/youth's mental health, psychological, and behavioral needs are assessed, including consideration of any trauma the individual may have experienced.
- If the young person is a victim of sex trafficking or at risk of becoming a victim of sex trafficking, include a description of necessary services.

██████ is up to date on all doctor appointments and immunizations. In December 2019, a referral was made to Early Intervention.

On 2/12/2020, ██████ was assessed by Early Intervention and was found to have observable and measurable delays in her physical/motor skills as well as her adaptive and self-help skills/feeding. As a result of this assessment, ██████ engaged in physical therapy and successfully completed treatment.

During the Early Intervention assessment, it was also recommended that ██████ receive services through a Speech and Language Pathologist, specifically as it pertains to ██████ difficulty with swallowing. At 10 months old, ██████ should be able to tolerate food with some texture, however, she cannot. Medical providers have noted that ██████ appears to have a lip tie, but they are not recommending surgery at this time. Unfortunately, the Speech and Language Pathologist assigned to ██████ through Early Intervention was unable to meet her needs. Due to scheduling conflicts, the Speech and Language Pathologist was unable to schedule appointments to treat ██████. Therefore, the foster parent, DCF, and guardian ad litem/educational surrogate, all agreed that Early Intervention Services can stop with knowing Valarie will be following through with the recommendations made within the assessment.

Provider	Name	Address	Date of Last Exam/Visit
Primary Care Provider	Dr. Gunn/SVMC Pediatrics	140 Hospital Dr., Suite 210 Bennington, VT 05201	7/8/2020
Dentist			
Mental Health Practitioner			
Optometrist			

Child/Youth's Medications (if applicable)		
Dose	Reason Taken	Prescribing Physician

#### APPENDIX 4 | EDUCATIONAL INFORMATION

*This section is required for DCF custody cases. This section may be completed for other case types if the child's educational needs are relevant to case planning with the family.*

- Describe the plan for ensuring the educational stability of the child/youth. Describe the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled. If applicable, indicate whether there are conflicts between required travel to support educational stability and the young person's ability to participate in after-school activities. Describe the key factors that contributed to the best interest determination for school placement. Indicate if the child changed schools due during a placement change.
- Describe the student's academic performance, progress, accomplishments, and strengths. Indicate whether there are any school attendance issues, and if so, the plan to address them. Describe the student's educational needs and services or supports put in place to address them.
- If the child or youth is served through an Educational Support Team (EST), 504 Planning Team, or an Individualized Education Planning (IEP) Team, indicate whether the young person feels the educational supports are helping them learn. Indicate the basis for the IEP or 504 Plan and the student's academic goals. Document any known trauma triggers at school and accommodations or plans around them. Describe any unmet educational needs and the plan to address them.
- Indicate activities the child/youth has participated in to assist with identifying and exploring their talents, strengths,

and interests. Indicate the youth's projected date of graduation. Describe any vocational needs or plans (Vocational Rehabilitation or VSAC). Include the youth's aspirations and future plans.

<b>Child/Youth's Grade Level</b>	
<b>School Name</b>	
<b>Program Name, if applicable</b>	
<b>School Address</b>	
<b>School Phone Number</b>	
<b>LEA</b>	
<b>Educational Surrogate</b>	
<b>IEP or 504 Plan?</b>	

██████████ is a stay at home parent and is meeting ██████████ developmental needs at home full time.

## APPENDIX 5 | NORMALCY, INTERESTS, RELIGION, AND COMMUNITY/CULTURE

*This section is required for DCF custody cases.*

- Provide an overview of the child/youth's interests and activities in this narrative. Include social and extracurricular activities, recreation activities, sports, clubs, and religious or cultural activities. List all activities or events, the date ranges and scheduling of the activities, and any supports or services needed for the young person to be able to participate in the activities.
- For young children, the description of their normalcy activities may include peer interactions during child care, their "favorites" (toys, games, activities, music, etc.), or a summary of their creativity and imagination in daily play.
- Describe the encouragement and support the child's caregivers are providing to participate in activities and pursue their interests. Indicate whether the youth is connected with the Youth Development Program and, if not, identify plans to make this connection.
- Describe the young person's connections with their community. Describe the child's religious and cultural experiences. Indicate whether the parent(s) have identified, or the youth has self-identified, a specific religious denomination they would like the young person to remain connected to. If so, indicate if the youth has regularly attended services or activities. Detail any holidays, celebrations, or traditions that should be preserved while the youth is involved with DCF-FSD. Indicate whether the young person speaks, writes, or understands a language other than English. Indicate how the child will remain connected to others who speak the language. Describe any hair or skin care needs that require specific care instructions. Indicate whether the youth follows a culturally-specific diet.

██████████ participates in all activities with her foster family. She has been fully integrated into their routine, and this appears to be going well.

Activity or Event	Date Range	Services or Supports Needed to Participate	Person Responsible for Providing Support Identified	Parent(s) Views or Concerns (if applicable)	Action Steps

## APPENDIX 6 | RIGHTS OF YOUTH AGES 14 AND OLDER IN DCF CUSTODY

The Department for Children and Families (DCF), Family Services Division (FSD) recognizes the following rights of children and youth in their custody. This list is intended to help youth to understand their rights and to guide the division and its providers in the delivery of care and services to youth with the commitment to safety, permanency, and well-being. This list of rights must be reviewed with youth in custody annually, beginning at age 14. Family Services Workers must provide the list to youth and retain a signed copy for the DCF-FSD record.

You have the right:

- To be treated with respect by FSD staff, foster parents, and providers without regard to race, ethnicity, sexual orientation, gender identity or expression, religion and/or disability.
- To be informed in an understandable manner of the reasons FSD became involved with your family and why you are in care.
- To have family and relatives explored first as potential placement providers.
- To be provided with information about a foster family or program and, whenever possible, have an opportunity to meet the foster parent or program staff before placement occurs.
- To live in family and placement settings that provide a safe, affirming, and nurturing environment while supporting your physical and emotional safety, permanency and well-being, including encouraging your goals, interests, social and school activities. You will have access to personal possessions and privacy, with allowance for safety.
- To have reasonable access to a Family Services Worker or Supervisor who makes case plan decisions. Reasonable access includes being informed of the Family Services Worker and Supervisor's office telephone numbers and email addresses as well as a monthly visit by the Family Services Worker. You will have the opportunity to have private conversations with your Family Services Worker on a regular basis. You will also be made aware of the process for contacting the Supervisor and attorney regarding any questions or concerns. You will be informed of the names and phone numbers of your assigned attorney and Guardian ad Litem.
- To participate in the development and review of your case plan and have input into changes made to the plan. If you are age 14 or older, you will be presented with your case plan for review and signature. You will be included in case plan reviews and permanency hearings unless you chose not to or it has been determined that participation would not be safe for you. If you are unable to attend in person, you have the right to submit a written statement to be considered at the meeting.
- To be involved as appropriate with family members and siblings and to participate in the development of family time plans. You will receive support from your Family Services Worker and foster family/placement provider in maintaining positive and meaningful contact with significant people (relatives, teachers, friends, and community supports).
- To be supported to access medical, dental, vision, mental, and behavioral health services regularly and as needed.
- To have access to information contained in medical and educational records held by FSD as well as personal documents (your social security card, original birth certificate, green card, etc.). When you leave care, you will be given these personal documents and copies of medical and educational records held by FSD.
- To receive assistance in acquiring life skills, education, training, and career guidance to accomplish personal goals and prepare for the future. You will be informed of resources and case management supports available to youth ages 14-22 through the Youth Development Program.

This list has been provided to me and explained in an understandable manner.

Youth signature:	Date:
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### My Contact List

Team Members:	Phone number:	Email:
████████████████████ ██████████	██████████	████████████████████
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Your Counselor:		
Your DOC Probation Officer (if applicable):		
Important Person:		
Important Person:		
Important Person:		

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#### APPENDIX 7 | OVER 14 FINANCIAL SELF-SUFFICIENCY INFORMATION (IF APPLICABLE)

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*This section is required for DCF custody cases involving youth ages 14 and older.*

- Describe the youth's plan for money management and financial self-sufficiency.
- Indicate the financial responsibilities the young person has been taught (understanding of basic credit and loan information, knowledge of how to open a bank account, write and deposit a check, and use online/mobile banking).
- Describe the supports provided by the adults in the youth's life, and what additional support or knowledge is needed.
- Indicate whether a credit check has been completed to ensure there has not been unauthorized use of the youth's social security number. Indicate whether there are any concerns that need to be resolved.

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#### APPENDIX 8 | TRANSITION TO ADULTHOOD INFORMATION (IF APPLICABLE)

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Will the young person turn 18 within the next 3 months (90 days)? ☐ Yes ☐ No  
*If yes, complete the Transition to Adulthood (90-Day) Plan.*

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#### SIGNATURES

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*Signing this document does not signify agreement with all aspects of the case plan. Providing a signature means that the parent(s) and child/youth were involved in developing this case plan.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Child/Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Services Worker Signature: \_\_\_\_\_

Family Services Supervisor Signature: \_\_\_\_\_

Family Services District Director Signature: \_\_\_\_\_

*For Youthful Offender Cases:*  
DOC Case Manager \_\_\_\_\_



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

# DCF SCHEDULING HANDOUT



## VERMONT COMMUNICATION SUPPORT PROJECT

### How To Request A Communication Support Specialist

If your client is eligible for VCSP services a Communication Support Specialist can be requested for any meeting in which there is interactive dialogue (team meetings, evaluations, case plan reviews, shared parenting meetings, one on one, safety plan meetings, etc). The Communication Support Specialist will provide accommodations to address challenges and barriers to effective communication as a result of disability.

**When scheduling, always consider that there will be a 30 minute pre-meeting & post-meeting for a client with CSS services!**



### How to Schedule CSS Services

10 day notice is requested but VCSP will make a best effort to accommodate all requests

Email [csp@disabilityrightsvt.org](mailto:csp@disabilityrightsvt.org) and include:

- Client Name
- Type of Meeting
- Date, time and length
- Remote or in Person
- Location

CSS Services are available in person and remotely by telephone or video. A change of appearance or participation from remote to in person may affect the availability of the specialist.

**Any questions contact 1-888-686-VCSP (8277) or 1-802-636-7229**

**Please Contact the VCSP Office Regarding New Referrals**

**For more information visit [www.vermontcsp.org](http://www.vermontcsp.org)**

# EON FORM

## **Vermont Communication Support Project** Explanation of Need for Communication Support Services

The Vermont Communication Support Project (VCSP) has Communication Support Specialists available to assist people with disabilities with their communication and comprehension of judicial and administrative proceedings. Communication Support Specialists have training and experience in communicating with persons with cognitive disabilities, learning disabilities, developmental disabilities, intellectual disabilities, traumatic brain injuries, autism spectrum disorders, and some mental illnesses.

The Communication Support Specialist works with the client and their treatment professionals to determine any accommodations and assistance needed in order for the person to understand and communicate meaningfully in the proceeding. The Communication Support Specialist will create a plan to provide the accommodations and then support the individual in requesting the necessary accommodations from the court or the administrative agency. The Communication Support Specialist provides the identified accommodations in the administrative or judicial proceeding. Examples of accommodations are: requesting that questions and terminology be simplified, checking in with the person with the disability repeatedly about their level of understanding, obtaining breaks when necessary, and using alternative means of communication such as charts, diagrams, and colored calendars, when necessary, to allow the individual to understand and communicate.

In order for a person requesting the services of a Communication Support Specialist through the VCSP to receive them, the person must demonstrate that: a) they are a person with a disability; b) they need accommodations to effectively communicate and understand the proceedings; and c) the VCSP services are able to provide accommodations to assist the person in overcoming the communication barriers resulting from their disability.

To assist the person requesting the Project's services, please answer the following questions:

Client's Name: \_\_\_\_\_

Person Submitting Form: \_\_\_\_\_

Your Profession or Relevant Employment:

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How you know the client:

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Please describe the person's communication-related disability and explain how the client's communication-related disability will affect their ability to communicate and understand court or administrative proceedings:

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Please describe the types of accommodations that would assist the person in overcoming their disability-related communication and understanding barriers:

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Is there any other information that you would like to provide that is pertinent and related to this request for a Communication Support Specialist?

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

Print Name: \_\_\_\_\_

**Provider Contact Information:**

Telephone:

E-mail:

Other:

**Please e-mail this form to: [esp@disabilityrightsvt.org](mailto:esp@disabilityrightsvt.org)**

**OR**

**Fax to: 802-229-1359 Attn: VCSP Director**



June 2022

Volume 1, No. 1

# Newsletter

VCSP Overcoming Barriers to Effective Communication

## Changes for VCSP in 2022

Our longtime director, Lynne Cardozo, after celebrating her 10th anniversary as the VCSP Director, has transitioned from that position to start a new chapter in her life and career. Her last day as director was May 1st. Along with pursuing creative endeavors, she remains connected to the VCSP as our Senior Advisor and will continue to offer communication support services as needed. Lynne also remains committed to the national and international development of communication support programs. This leadership transition had been in the works for quite some time, and these changes have been completed while maintaining uncompromised service to our clients.

Jen Le Scouezec stepped into the position of VCSP Program Coordinator on March 1st and additionally has also trained and certified as a practicing CSS. She is well-qualified and excited to have this opportunity to manage the Project. Lindsey Owen, Esq. who was promoted into the position of DRVT Executive Director in 2021 provides strong leadership for the entire organization, including the VCSP.

We are very proud of the growth and development that the VCSP has experienced over the past decade and are confident that our work will continue to make an important difference and offer equal opportunities. We are grateful for excellent leadership with Lynne at the helm for all these years and Jen now taking the reins.



PROVIDING SPECIALIZED COMMUNICATION ACCOMMODATIONS FOR PEOPLE WITH DISABILITIES TO ASSURE EQUAL ACCESS TO OUR SYSTEM OF JUSTICE AND STATE SERVICES



## What is a Communication Support Specialist a.k.a a CSS?

A Communication Specialist is an individual specifically trained to understand the communication needs of people with disabilities such as learning disabilities, developmental disabilities, traumatic brain injuries, mental health disorders, psychiatric disabilities, autism spectrum disorders, aphasia and others, including stroke and disease related disabilities.

They understand the challenges and barriers to effective communication and can help to overcome those barriers with effective accommodations.

Communication Specialists can assist individuals in their efforts to effectively

participate in court, administrative proceedings, and meetings.

### What Can They Do?

Assess the communication strengths and challenges of the person with a disability.

Assist in developing a plan for accommodations that will support participants with communication and comprehension at hearings or meetings.

Model effective communication techniques, as well as strategies and tools for all individuals involved in administrative or judicial proceedings.



## The CSS Team Has Grown!

The VCSP has recruited and certified an incredible team of Communication Support Specialists in 2022.

The VCSP can assign a Communication Support Specialist to provide support in court, administrative proceedings and/or meetings that may include attorneys, state personnel or providers across the state of Vermont.

The professional CSS team understands the challenges and barriers to effective communication that can be experienced because of a broad spectrum of disabilities, as well as the effects of multiple disabilities. While never providing advice or case advocacy, there is a clear and consistent goal on the part of the Communication Support Specialists to offer people with disabilities the support and accommodations needed to have a fair opportunity to communicate as effectively as they are able.

## Frequently Asked Questions

### Who qualifies for VCSP services?

The person who qualifies has a disability (an impairment that limits a major life function) that impacts their ability to communicate and is involved in a judicial or administrative process.

### How does VCSP describe "communication"?

Communication may include comprehension, ability to express thoughts and feelings, ability to manage behavior in a way that may allow for effective communication, ability to understand written documentation, or any other variable involved with imparting or exchanging information in an interactive setting such as a DCF meeting or Court hearing.

### Where are services offered?

VCSP assigns Communication Support Specialists (CSS) who offer services to qualified individuals at State administrative meetings/hearings and in all Courts in Vermont, except VCSP services are not available to criminal defendants in criminal proceedings. The hearing or meeting must be interactive.

### What meetings/hearings can VCSP assist at?

A CSS may be authorized to assist a qualified individual at any interactive DCF, or other State administrative meeting/hearing or judicial proceeding. The individual must request the use of a CSS through the VCSP as an accommodation, and obtain the approval from a DCF District Director, appropriate State Director/Manager or Vermont's Chief Superior Judge. An estimate for the cost of a Communication Specialist's services must be approved for every meeting/hearing prior to accommodations being provided.

### Who refers potential clients to the VCSP?

Anyone can refer a potential client to the VCSP, but typically referrals come from the individual with a disability, family members, case affiliated State employees, lawyers, judges, court clerks, court operations managers, and service or health care providers.

### Does the client have to agree to the appointment of a Communication Support Specialist?

Yes. The VCSP will only assign a CSS to a person who requests VCSP services. The VCSP is a reasonable accommodation and cannot be forced upon a person with a disability.

### What are some of the disabilities that make a person eligible for services?

There is a broad range of disabilities that have potential to qualify a person for VCSP services. The most important qualifying factor is that the disability affects the person's ability to communicate effectively. Many people who qualify for VCSP services have more than one documented disability. Some of the most common disabilities that we encounter that affect communication are Learning Disabilities, Developmental Disabilities, Psychiatric Disabilities, Mental Health Disorders, TBI -- Traumatic Brain Injuries, Intellectual Disabilities, PTSD -- Post Traumatic Stress Disorder, Stroke, MS -- Multiple Sclerosis, and many others.

### Who submits the Motion for a Communication Support Specialist to the Court?

In order to be provided services in Court, a qualified individual must have a motion approved by the Court. The VCSP does not serve as an advocate and therefore does not submit motions for potential clients. It is usually the potential client, their



lawyer, or a service provider. A sample motion is available from the VCSP.

### Who pays for VCSP assigned Communication Support Specialist services?

The organization responsible for providing reasonable accommodations to the VCSP client pays for the time and mileage used by the CSS to provide their service. The VCSP staff is responsible for securing the approved funding by providing cost estimates and requesting approval from the entity responsible for payment. If it is a court appearance, funding is requested from the Judiciary. If it is a DCF meeting, funding is requested from DCF. If it is a meeting with a client requested by a Public Defender, funding is requested from the Defender General's office.

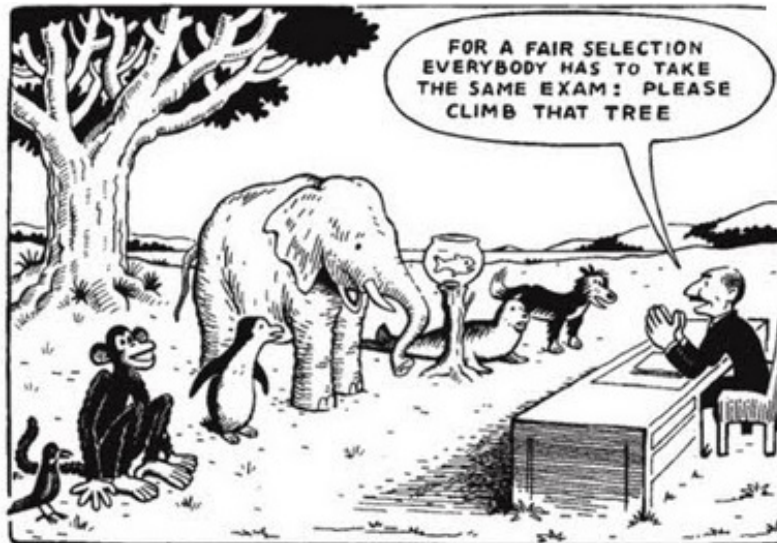
The Communication Support Specialists are independent contractors who bill directly to the responsible entity for payment of their services.

### How does the VCSP determine a communication plan for a client?

Every person is considered individually when determining how best to offer communication support. By the time the VCSP appointed CSS meets with a client, there has usually been enough discussion to have a sense of some of the tools and support strategies that may be helpful and/or necessary. Often information about effective accommodations is obtained from the individual's treatment providers with the individual's consent. Some of the most important communication planning happens when the Communication Support Specialist meets with the client prior to the hearing or meeting and at this time there can be a collaborative discussion regarding a person's needs and supports. A 30 minute pre-meeting and post-meeting is scheduled before and after every hearing and or meeting.

### What to do if there are questions or concerns regarding VCSP services?

The Program Coordinator can be contacted to address any questions or concerns.



## In Person, Remote & Hybrid

As with many organizations, 2020 definitely brought with it some challenges in how we were able to deliver services. The biggest lesson we learned is to never underestimate a person's ability to connect and participate remotely in their hearings or meetings; presume competence!

We were able to adapt and offer valuable CSS support remotely and for many clients this continues to be the option they prefer. For others in person services are a necessary accommodation. We offer 3 different models of CSS support:

#### Remote

Everyone is virtual. The pre-meeting, meeting and post meeting is by phone or video.

#### In person

Everyone is in the same room or some are virtual but the CSS and the client are together in the same room.

#### Hybrid

The CSS is remote while the client is in person.

## Need to Connect Someone with VCSP Services?

Call  
888-686-8277

or

Email  
[csp@disabilityrightsvt.org](mailto:csp@disabilityrightsvt.org)

VCSP Services  
are free and  
confidential

[Learn More](#)

VCSP is a project of Disability Rights Vermont. For more information:  
[www.disabilityrightsvt.org](http://www.disabilityrightsvt.org)

This project is made possible by a grant from the Vermont Agency of Human Services and with support from the Vermont Judiciary





Communication may include comprehension, ability to express thoughts and feelings, ability to manage behavior in a way that may allow for effective communication, ability to understand written documentation, or any other variable involved with imparting or exchanging information in an interactive setting such as a DCF meeting or Court hearing.

**VCSP**

## Disabilities that can impact communication

There is a broad range of disabilities that have potential to make someone eligible for VCSP services. The most important factor is that the disability affects the person's potential ability to communicate as effectively as they are able.

Many people who qualify for VCSP services have more than one documented disability. Some of the most common disabilities that have qualified an individual for services include:

- Attention Deficit Hyperactivity Disorder (ADHD)
- Agoraphobia
- ALS
- Anxiety Disorder
- Aphasia
- Asperger Syndrome
- Autism
- Bipolar Disorder
- Borderline Personality Disorder
- Cerebral Palsy
- Cognitive Processing Disorder
- Depression
- Developmental Disability
- Dyslexia
- Epilepsy
- Hearing Impairment
- Intellectual Disability
- Learning Disability
- Mental Health Disorder
- Multiple Personality Disorder
- Multiple Sclerosis
- Neur-ocognitive Disorder
- Obsessive-Compulsive Disorder (OCD)
- Panic Disorder
- Postpartum Mood Disorder
- Post-traumatic Stress Disorder (PTSD)
- Schizophrenia / Schizoaffective Disorder
- Stroke
- Stutter
- Substance Abuse
- Temporal Lobe Seizures
- Traumatic Brain Injury (TBI)
- Tourette Syndrome
- Vision Impairment

With so many ways to communicate, and with so many factors in play that influence our ability to communicate effectively, it is easy to see how disabilities could create challenges and barriers for communication to be effective.

**50-60%**  
**Of people that are**  
**eligible for VCSP**  
**services have more**  
**than one documented**  
**disability**