Report to Governor Peter Shumlin

Actions to Strengthen the Department for Children and Families' Focus on Vulnerable Children and Families

Submitted by: **Acting Secretary Harry Chen, Agency of Human Services**

Commissioner Ken Schatz, Department for Children and Families

Date: **October 1, 2014**

VERMONT

Framing the Governor's Request

In response to the tragic deaths of two young children, Governor Shumlin requested that the Secretary of the Agency of Human Services (AHS) review the structure and operations of the Department for Children and Families (DCF) and make recommendations to improve the Commissioner's ability to focus on child protection and supporting families. This report summarizes the information the Secretary obtained from a variety of sources; describes steps taken to date; and provides recommendations for change within DCF. This report is also a testament to the lessons learned through the loss of Dezirae Sheldon and Peighton Geraw; we hope these first steps represent a shared vision for how we can and will do better for children and their families.

As the Secretary embarked on this task, the initial consideration was whether a large scale, comprehensive, reorganization of DCF would be beneficial in light of its prior history as separate organizations addressing economic services and child protection/family services. Input on the issue came from multiple sources, including the Governor's Council on Pathways from Poverty, public comment and input, testimony presented to the Legislative Panel on Child Protection, and comments from Agency staff and community stakeholders. The Secretary, convinced that a reorganization aimed at splitting divisions of DCF from the whole would weaken our ability to protect and support families, instead recommends a course of action which includes: enhanced staffing; updated policies and practices; increased collaboration and communication with community partners; increased transparency; and targeted alignment and enhancement of additional management resources from within the Agency. We are confident this course of action will improve and promote better integration of programs and systems to achieve the Governor's goal of strengthening the Department's ability to protect vulnerable children and families.

Inputs to the Report

The Secretary received input from a wide variety of sources, including:

- Vermont Citizens Advisory Board case reviews;
- State Police investigations;
- Legislative Panel on Child Protection activities, including special committee meetings and testimony presented to the panel at public hearings throughout the state;
- An internal review of 44 cases of serious physical harm to a child over the last 5 years;
- Internal critical incident reviews conducted by the Family Services Central office staff;
- AHS staff in various Agency positions, including Department Commissioners, Field Directors, Family Services Social Workers and Economic Service Benefit Specialists;
- The Governor's Council on Pathways from Poverty; and
- Unsolicited public comment.

In addition, in collaboration with the Governor's Council on Pathways from Poverty, public input was solicited and received through both an on-line survey and state-wide public meetings over Vermont Interactive Television on August 28, 2014 and September 5, 2014. The Governor's Council Co-Chairs provided their recommendations directly to the Secretary at a meeting on September 9, 2014 and offered a written report and summary of recommendations. (*see the report and summary of feedback from the Governor's Council on Pathways from Poverty attached as Appendix A and B*)

Although we will continue to comprehensively review the extensive feedback we have received, certain themes have emerged across the multiple sources of input. We have clearly heard that:

- There is a need for additional staff resources;
- The community wants to see the Department and the Agency better integrate service delivery;
- Public oversight and involvement is crucial to the health of the child welfare system;
- We need to support our supervisors to ensure that they can effectively support staff;
- Effective communication, both internal and external, is critical;
- We need to assess our current practices with an objective and critical eye to ensure they are the best practices for Vermont;
- Substance abuse is a complicating factor that must be considered when addressing the safety needs of children and;
- The culture of the organization must be developed and nurtured.

In addition to the information received to date, the Secretary expects to receive additional relevant information soon that may warrant further action. In the next few months, we expect that the Legislative Panel on Child Protection and the Vermont Citizens Advisory Board (VCAB) will offer analysis and suggestions for change and improvement. From a national perspective, Casey Family Programs is conducting a systems review to examine Family Services safety decision-making practices and will make recommendations for potential changes to policy or practice in this area. More specifically, we anticipate that the Casey Report will analyze the following areas:

- Family Services policies;
- Intake practice;
- Ongoing family support practice; and
- Custody and reunification practice.

A report from Casey Family Programs is due on 11/15/14.

Finally, the Family Services Division (FSD) is working with the National Center on Substance Abuse and Child Welfare and VDH's Division of Alcohol and Drug Abuse Programs to arrange

for technical assistance specific to the area of substance abuse practice in child protection cases. That technical assistance will focus on:

- The Family Services acceptance policy regarding substance abuse allegations;
- Safety planning with parents who use/abuse substances;
- Appropriate drug testing with parents; and
- Implementing evidence-based tools and training for FSD social workers.

It is clear that the scope and breadth of the feedback from the multiple sources we have invited to provide input will exceed the original charge from the Governor. In this report, the Secretary's recommendations identify actions that will improve the DCF Commissioner's ability to focus on child protection and family support. Given the broad scope of information this process has generated, the Secretary will continue to consider other steps that could be taken to address systems issues beyond the DCF structure and to further strengthen the Agency's services for children and families.

AHS/DCF Action To-Date

Concurrent with the public process to gather input and feedback, the Secretary encouraged DCF to move ahead with immediate actions to improve child safety and protection policies and practices within the Family Services Division. Actions to date include review, revision and/or development of new policies and the addition of staff resources.

Policy Revision and Development

Leadership within the Family Services Division began an immediate review of current policies and has newly developed or revised five policies related to child welfare, safety and protection. Social work staff across the state is being trained on these revisions and new practices are already being implemented.

The goal for revising and developing FSD policies was to ensure that policies specific to assessment and investigation of serious physical abuse are clear, concise and provide staff the level of direction necessary to achieve the highest possible level of safety.

To that end, the following policies have been revised or developed:

Policy 68: *Serious Physical Injury* now includes language making it mandatory for staff investigating or case planning in serious physical injury cases to consult with central office. This revision addresses the relative infrequency of these cases (only 44 cases of serious physical abuse over a five year period) and the consequent lack of experience among social workers in assessment and safety planning in these cases.

Policy 98, *Placing Children and Youth in Custody at Home* was revised to specify that children placed in a residential facility with their parent are not considered to be reunified until the parent is living independently. This revision ensures that reunification decisions are based on an accurate assessment of parenting abilities and the overall safety of children after the parent leaves a program where there is additional support and oversight.

Policy 55, *Unaccepted Reports on Open Cases* was developed to create clarity and consistency of practice to address a new report of abuse, neglect or exploitation which does not meet the threshold for investigation or assessment received on a family that already has an open case with Family Services. The policy calls for these reports to be forwarded to the existing social worker within 24 hours for follow-up with the family.

Policy 57, *Risk of Harm/Sexual Investigations* was developed with language taken from Policy 52 in order to ensure that the information related to investigative practice for risk of harm and sexual investigation is highlighted and clearly accessible for social workers in the field.

Policy 52, *Child Safety Interventions: Investigations and Assessments* was revised through removing two areas of focus (Risk of Harm/Sexual Investigations and Serious Physical Injury) to ensure that the remaining information related to practice for investigations and assessments is clear, direct and more accessible to staff.

Staffing Resources

Utilizing the Agency of Administration position pilot program adopted by the Legislature this past session, the DCF Commissioner announced the addition of new staff, deployed strategically across the State, to increase FSD staff resources available to protect children.

The additional 27 staff includes18 social workers to reduce child protection caseloads, as well as new staff to focus on domestic violence, child safety, medical services for children in care, foster care placements, permanence for children not returning to families, and juvenile justice. Additionally, DCF added two supervisor positions to enhance supervisory support for new and existing staff. (*see a summary of action to-date in the Strengthening DCF Family Services: Policy and Practice Focus document attached as Appendix C*)

Proposed New Actions

In reviewing the information, feedback and input related to our charge from the Governor to improve the focus on child protection and family support, we identified five main areas of focus. Those areas are:

1. Add Supports and Staff Resources to DCF
2. Improve DCF Policies, Practices and Training
3. Enhance DCF Collaboration with other State Agencies and Community Partners
4. Address DCF Transparency and Improve Communication
5. Align and Enhance Additional Management Resources

In response to those areas of focus, the Secretary recommends the following specific actions:

1. *Add Supports and Staff Resources to DCF*

    A. Add essential DCF operational support staff immediately
    B. Add additional DCF operational support staff as possible

2. *Improve DCF Policies, Practices and Training*

    A. Increase efforts to address the risk of substance use and its impact on child safety
    B. Continue to analyze FSD policies and practices and make warranted changes
    C. Create a workforce development plan for Economic Services (ESD) and Family Services staff and supervisors
        i. Assess and target specific competencies in ESD and FSD
        ii. Assess and enhance supervisory training in ESD and FSD
    D. Address prevention through assessing and enhancing parent education efforts

3. *Enhance DCF Collaboration with other State Agencies and Community Partners*

    A. Re-purpose and use multi-disciplinary teams (MDT) statewide to support child protection decision-making
    B. Increase integration and teaming efforts across DCF through new practice guidance, new initiatives and support in training and supervision.

4. *Address DCF Transparency and Improve Communication*

    A. Develop a legislative oversight committee for child protection
    B. Build a mechanism for ongoing input and feedback to DCF
    C. Create better public access to information about statutory and regulatory guidelines for DCF

5. *Align and Enhance Additional Management Resources*

A. Enhance additional management resources for the Health Access Eligibility Unit (HAEU)
B. Align additional management resources for the Integrated Eligibility Project

Action Details

1. *Add Supports and Staff Resources to DCF*

A. Add Essential DCF Operational Support Staff Immediately

In addition to the staffing resources already added within Family Services (27 positions), DCF has identified 8 more positions across both Economic Services and Family Services as essential. These positions represent additional capacity to support the operational, policy development and implementation, staff training and direct supervision needs of both of these divisions of DCF. They are critical to the ability of the Deputy Commissioners in those divisions to function effectively and thereby to support the DCF Commissioner to focus on the protection of children and support of families. The eight positions can be added by utilizing a second round of the legislatively-designed position pilot within DCF, with savings expected to be identified in October, 2014.

B. Add Additional DCF Operational Support Staff as Possible

An additional 4 positions, 3 in ESD and 1 in FSD, will be added through the state budget process. These positions in both Family Service and Economic Services will continue to enhance adequate structure, support and supervision for the operational work of the two Divisions and ensure support for the consistent implementation of policy in district offices. Strengthening operational capacity within the divisions will also strengthen the alignment of policy across the divisions and enable the Commissioner to focus on policy and practice related to the safety of children and families. (*see Appendix D for the DCF Needs Assessment document and a complete list and description of the proposed positions*)

2. Improve DCF Policies, Practices and Training

A. Increase Efforts to address the risk of substance use and its impact on child safety

Clearly the increase in opiate use and abuse in the state is a significant issue. The impact of this epidemic on child protection issues cannot be ignored. Family Services intends to expand the DCF initiative which locates contracted substance abuse staff in district offices, increasing the number of districts covered from two to six. During investigations, these staff will offer their expertise and participate in planning to increase security for children. This action will be undertaken immediately.

Additionally, DCF is anticipating provision of technical assistance from the National Center on Substance Abuse and Child Welfare. That assistance, as stated earlier, will focus on improving current practice and identifying changes that can be made to enhance child safety.

B. Continue to Analyze FSD Policies and Practices and Make Warranted Changes

Senior leadership in Family Services and the Department, with the support of a newly created position, will immediately begin a systematic and thorough review of Family Services policy and practices and revise, adjust and develop as necessary. This will be informed by the input from those sources assisting FSD with this effort. As indicated, Family Services has already revised or developed five policies related directly to child protection practice. One of the proposed FSD positions will be dedicated to policy review and revisions to ensure that FSD policies are maintained, aligned with best practice and implemented appropriately.

C. Create a Workforce Development Plan for Economic Services and Family Services

Both ESD and FSD staff are confronted daily with issues related to trauma, substance abuse, cultural competency and interdisciplinary teaming. As part of a larger AHS workforce development effort taking place over the next six months, a targeted plan to assess and address the need for these specific competencies across the ESD and FSD workforce will be developed and implemented.

Additionally, ESD and FSD will review their current staff training plan for supervisors, assess gaps, and develop strategies to address those gaps specifically

related to supervisory training and support. This focus on supervisory training will ensure that supervisors competently offer guidance and support to direct service staff.

D. Address Prevention through an Assessment and Enhancement of Parent Education Efforts

DCF will initiate a comprehensive assessment of current Parent Education efforts across all AHS departments over the next 12 months to ensure we are implementing best practices and that current efforts are aligned for maximum impact.

Parent Education is an important facet of strong and resilient families and building communities with a common understanding of child safety and appropriate child development. An assessment will identify populations that don't currently have access to parent education, geographic areas that offer few or no opportunities for parent education, and options for collaboration with other services across the Agency. Those options might include partnering with Reach Up, Vocational Rehabilitation, the Department of Corrections, and others to leverage resources and opportunities for parent education.

3. *Enhance DCF Collaboration with other State Agencies and Community Partners*

A. Re-purpose and Use Multi-Disciplinary Teams (MDT) Statewide to Support Child Protection Decision Making

MDTs are teams that maximize collaboration between state and community partners in a given community. Although not currently functioning consistently in each Family Services district office, MDTs have been used successfully in several districts to support case planning and decision making around complex families. When functioning optimally, MDTs build communication and community involvement in the lives of our most vulnerable children and families.

DCF proposes to begin immediately re-purposing and developing these teams across the state so that each FSD district office has access to a MDT. The MDTs will be utilized to develop recommendations at crucial decision points in the case planning process for children involved with Family Services. By involving cross-agency and community partners in that deliberation, the MDTs build communication and shared responsibility for the decisions impacting child safety and protection. At least two crucial decision points will be considered for this

MDT support: case closure for open family support cases and reunification with families for children in custody.

B. Enhance Integration and Teaming Efforts across DCF

In order to achieve an integrated service delivery model for all individuals and families served by DCF, we must provide training and support to implement research based principles of teaming and collaboration. Effective, integrated teams for the planning and provision of services should include an identified lead and membership from both state government and community partners.

Work to achieve this seamless service delivery model is a priority in the Agency and is reflected in the development, planning and procurement RFPs dedicated to revamping our eligibility and Medicaid management systems. The promise of this model is exemplified in the Integrated Family Services (IFS) initiative for children and families, currently piloting in Addison and Franklin/Grand Isle.

In addition to ongoing work with the IFS initiative, we intend to work with community partners in the North East Kingdom over the next six to eight months to develop a pilot to bring an integrated teaming model to services for adults across DCF. Once the pilot is fully functional and has demonstrated success, we will apply the model to other districts across the state.

Finally, operations managers in ESD, FSD and the Child Development Division (CDD) will immediately form a working group to develop and align policies and practices, training, and operational decision-making to further enhance integrated planning and service delivery for families served by multiple DCF divisions.

4. *Address DCF Transparency and Improve Communication*

A lack of transparency in decision making and a need for stronger communication are core issues driving public concern and fueling the questions around the structure and functioning of DCF. In fact, a breakdown in communications across the wider child welfare system was identified as an issue in at least one of our recent tragedies.

Specific actions to improve communication are detailed above. Additional staff and supervision, enhanced training, re-purposing MDTs, and support of teaming will all address points of communication amongst our staff and with our community providers.

We must also address communication and the transparency of decision making in relation to the general public and to the legislature as a representative of that public. The actions listed below are first steps in building a sustainable, two-way channel of communication and information sharing to address those core issues.

Additionally, the DCF Commissioner and Family Services staff are researching national trends regarding public access to child welfare information to identify best practices that appropriately balance the risk of stigmatizing children with public accountability. They will provide the compiled information and their recommendations to the legislature.

A. Develop a Legislative Oversight Committee for Child Protection

To establish appropriate, independent oversight and accountability for the work of Family Services, we propose an authorized legislative oversight committee. With the background and ability to engage in systems discussions with the Department, this committee would be an important addition to our current resources and would allow an opportunity to balance the competing interests of public accountability with the privacy and confidentiality interests of the children served by FSD. A legislative oversight committee, in addition to the Vermont Citizens Advisory Board (VCAB), would create a comprehensive link between systems analysis, recommended changes and enactment in law. Family Services will work throughout the upcoming legislative session to develop and enact this oversight committee

B. Build a Mechanism for Ongoing Input and Feedback to DCF

The scope and breadth of the input DCF and the Agency received to inform this report made it clear that DCF needs to develop an ongoing way to solicit, review and respond to feedback about the practice and service delivery systems of the entire Department.

In order to partner effectively with our wide net of stakeholders, we must create a mechanism that, on an ongoing basis, allows interested individuals and organizations to offer feedback on the work we do, make suggestions for improvement, and have collaborative conversation about systems to keep children safe and improve the lives of the people we serve.

The recent tragic deaths have focused the entire Vermont community on protecting children and supporting families. We want to ensure that we keep that conversation vital and use it to create a continuous cycle of improvement. Options include a website for comments, regular community forums, a dedicated email box or a combination of multiple strategies to ensure ongoing opportunities for meaningful public input. DCF will create a plan to address this need.

C. Create Better Public Access to Information about Statutory and Regulatory Guidelines for DCF

The work that DCF does, particularly in Family Services and Economic Services, is often defined by both federal and state statutes and regulations. What information is confidential, what constitutes child abuse or neglect, eligibility for General Assistance and other benefits and services, are all governed by federal and state statutes and regulations. In order to ensure educated conversations and robust public engagement about those statutes or rules, it is important that the public is aware of them and knows how to access them for review and discussion.

DCF will expand their current website over the next six months to include information on applicable state statutes and rules related to the work of the Department. An understanding of the law that governs decision-making is an essential step in ensuring public engagement and healthy communication.

5. Align and Enhance Additional Management Resources

In 2004, AHS undertook a significant reorganization, essentially creating the structure that exists today. In that reorganization, DCF was newly formed with six distinct divisions. The merger of those six divisions was deliberately intended to create integration and synergy. The same children and families were often served in multiple divisions of the Department; building a single infrastructure and culture across the Department was a functional way to ensure that services would also be integrated. Almost 10 years later, DCF continues to work on its integration and culture.

In considering the appropriate response to the Governor's charge to the Agency, the Secretary recognized that although a wholesale restructuring of the Department to separate functions joined in 2004 would be counter-productive, some targeted alignment and enhancement of management resources was necessary and would enable the DCF Commissioner to focus more effectively on child protection and family support.

A. Enhance additional management resources for the Health Access Eligibility Unit (HAEU)

The Health Access Eligibility Unit (HAEU) is responsible for processing the eligibility application for Vermont Health Connect. Enhancing and integrating targeted management from the Department for Vermont Health (DVHA) to support the work of this unit will enable the DCF Commissioner to focus on core supports for children and families. The integration of the DVHA management resources to work with the staff of HAEU will happen immediately.

B. Align additional management resources for the Integrated Eligibility Project

The Integrated Eligibility (IE) project is the information technology system upgrade to replace the legacy ACCESS system. Review of the IE project has clearly demonstrated the need for significant resources and a cross-Agency focus. Aligning management of the project with our current Health and Human Services Enterprise (HSE) will enable a more comprehensive approach across the Agency and ensure that the DCF Commissioner can contribute to its development at a systems level without being drawn into the day to day management of this large, cross-Agency project. This shift will take place immediately.

Additional Input and Assessments

As stated earlier, this report is being issued before we have received all of the input, assessment and technical assistance proposed for DCF. It outlines a set of key actions to build a continuous quality improvement process for DCF and to address the Governor's initial charge to the Agency. These are only the first steps.

The Secretary and the DCF Commissioner will continue to work with our staff, our national partners, the legislature, VCAB, the Governor's Council on Pathways from Poverty, our community partners and interested community members to incorporate ongoing feedback and specific recommendations. The work is complex and substantive changes to policies and practice take time and attention. We are committed to taking that time and providing that attention and recognize the importance of deliberate and intentional change as we work to support and protect Vermont's children and families.

Ongoing Considerations

This report would be incomplete without acknowledging some of the risks and considerations related to child protection that DCF and Family Services cannot address on its own. Of all the messages we have received throughout this process, one stands clear: child protection and safety must be understood and identified as a community problem with community solutions. To that end, we identify the following issues as beyond our exclusive control but crucial to a long term solution.

Children and families continue to face a serious risk posed by the substance abuse crisis that Vermont is facing. Although we have proposed at least one concrete action to address this issue and anticipate further direction from the National Center on Substance Abuse and Child Welfare, we are well aware that much more needs to be done. Vermont as a state has made great strides in addressing the crisis of opiate addiction. However, the lack of treatment capacity within our

substance abuse system in some regions of the state is a significant challenge, especially as we consider its impact on families and the protection of our children. Although the state's initiatives continue to address capacity and the reduction of waiting lists, treatment availability still does not always match demand. There remains a workforce shortage of qualified substance abuse professionals at all levels including physicians, nurses and counselors. The legislature, in particular, must be engaged in considering how to expand access to qualified treatment providers to meet this significant need.

Community provider capacity is another ongoing concern. Continued analysis is needed to assess how the increased need for substance abuse and mental health treatment, the desire for community partners to team around children and families, and the continuing need for housing, employment supports, transportation, and concrete resources for struggling families will impact our community partners. Those partners are limited by their own financial and staffing resources and increased demand for treatment or partnering may create additional limits in communities. We need to be vigilant to ensure that as the Agency strengthens its systems, we work collaboratively with our community partners to strengthen their own infrastructures.

The most effective action we could take to strengthen child protection is to improve our prevention efforts. In partnership with communities, we need to strengthen our supports "upstream" to impact children and families early and prevent more serious outcomes. We must identify successful prevention efforts and resource them appropriately to address this issue in any lasting way.

Finally, the current science of early adversity and resilience makes it clear that aligning and expanding our widespread efforts on trauma-informed care is crucial to overall success. We must continue to partner with our community providers to assess and coordinate our efforts related to trauma and its impact on the health and wellbeing of Vermonters.

Closing

We began this report by stating our sincere hope that the actions detailed above represent a shared vision for how we can and will do better for children and their families. Although we identified a lack of all necessary resources, we do not want to discount the significant resources that we do already have.

The Agency of Human Services, the Department for Children and Families and the Family Services Division are staffed with dedicated, passionate, competent staff who care deeply about the children and families of Vermont and are committed to doing what it takes to get the work done.

We have a Governor who is committed to supporting the Agency to make necessary changes and to holding us accountable for changing the outcomes for children and families.

We have an informed and active legislature, ready and willing to partner with us to improve the laws and statutes that create and support the infrastructure of child protection.

We have allies and partners across the community provider systems who are dedicated to a shared vision for safe, healthy and prosperous Vermont families.

We have community members across the state that step up, step in and stand up for children and families, every day, in both small and profoundly significant ways.

These resources are crucial because we have work to do. Our next steps begin with implementing the actions listed here. We anticipate that the feedback and input from the Legislative Panel on Child Protection, the report from Casey Family Programs and the technical assistance from the National Center on Substance Abuse and Child Welfare will offer additional action steps for us to consider and implement. Both the Agency and the Department look forward to continued work with the legislature and our partners as we address practice change and structural shifts across the system. In the midst of competing priorities, we will need continued support to ensure that we move forward collectively for the safety, protection and well-being of Vermont's children.

For those individuals interested in the information we used to compile this report, some of those documents, along with the report itself are available at: http://dcf.vermont.gov/strengtheningDCF

Finally, the Secretary wishes to expresses his deep appreciation to all those who contributed to this report by sharing their thoughtful ideas and suggestions and to those who came forward to tell their personal stories.

Appendix A

MEMORANDUM

To: Dr. Harry Chen, Secretary, Vermont Agency of Human Services

From: Governor's Council on Pathways from Poverty

cc: Ken Schatz, Commissioner, Vermont Department for Children and Families

Date: September 22, 2014

Re: Summary of Online Survey/Public Comments

Dear Secretary Chen,

The Governor's Council on Pathways from Poverty requested a public comment period prior to release of recommendations by the Secretary for possible changes within the Agency of Human Services (AHS) and the Department for Children and Families (DCF). Governor Shumlin reviewed the Council's request and granted it, extending the time for recommendations of the Secretary to October 1, 2014.

The Council recommended three vehicles for public participation to inform the Secretary's work: two public hearings (one after business hours in the evening, and one during business hours), written comment directed to the Secretary, and an online survey. To date, the public hearings have been conducted. The Secretary's office has also received some written testimony. The Council offered to review comments elicited through the online survey and to summarize them for your review. All online survey comments are public record and should be transferred to a .pdf document available for review by the Administration, lawmakers, stakeholder groups, or any interested members of the public.[1]

Summaries of responses to each survey question received to date are set out below, preceded by the question posed by the survey.[2] We hope this exercise in public participation is useful to the Administration, lawmakers, policy-makers, and other interested parties as discussions continue about the future of the Agency of Human Services and the Department for Children and Families.

---

[1] A .pdf document with recorded responses to the survey to date is available at: https://www.dropbox.com/s/8zyekh1ig045cr3/surveymonkeyresults.pdf?dl=0.

[2] The survey is open through September 30, 2014. This summary of survey responses is current as of September 19, 2014. The Administration is encouraged to review each response to the survey individually when considering its recommendations – including any responses arriving subsequent to the Council's summary. The survey consists of open questions for consideration by respondents. This affects the methodology for collection of responses because responses were qualified in some cases, or in many instances one question might be answered with multiple responses. As a result, when adding up responses or quantifying responses the numbers or percentages attributed to responses will, in some cases exceed the total number of individual respondents in order to include responses that contained more than one idea or response. This summary is not intended to be scientifically valid. It is not a poll and respondents are self-selecting. This summary is offered in an attempt to identify general trends that may be helpful to the Secretary in informing his recommendations.

Overall, the survey elicited several general themes – first and foremost among them to protect the health and safety of vulnerable and at-risk children. Respondents expressed a desire for the Agency/Department to accomplish that in several ways:

1) Respondents feel the Agency/Department does not have the **resources** in personnel or information technology to adequately perform its functions – both in terms of child protection and economic services. Many respondents also identified insufficient resources or supports for families to assist them in meeting their basic needs.
2) Respondents identified **communication** as a problem – both within the Agency/Department and with community partners, mandatory reporters, and with families they serve. Respondents identified poor communication as everything from failure to timely return calls to inability to access real-time information about the status of families across divisions to concerns about confidentiality laws or policies that impede the ability of helping agencies, mandatory reporters, or family members to know what is happening with at-risk families with children. Some of this was also described as a "culture" problem within the Agency/Department.[3]
3) Many respondents identified creating a "**child-first**" approach, and re-examination of **reunification** policy to ensure that children in at-risk families are safe – especially in households where substance abuse is present.
4) Respondents overwhelmingly preferred an **integrated services** approach to helping families versus a segregated approach.

Question 1 (172 responses): How can DCF better serve Vermont families with children?

This was a broad, open-ended question that invited multiple and varied responses. However, certain trends become apparent when reviewing the responses. A clear plurality of respondents (34%) indicated that more resources and in particular more staffing to reduce caseloads was important. A large number of these respondents also identified intra-agency communication as an area warranting improvement and additional resources to address it and in particular the need to improve information technology (IT) within the Agency and the Department to help facilitate better communication.

Another 19% clearly indicated a preference for greater emphasis on placing the best interest of the child ahead of reunification – especially in cases involving drug abuse – although responses differed about what specific recommendations might be (more mandatory reporting, more investigation, etc.).

12% of respondents requested more engagement and external communication with community providers and stakeholders – including mandatory reporters.

9% of respondents commented on the importance of changing the culture within the Agency and the Department to better accommodate and respond to families in need. Another 9% referenced the need for more resources directed to parenting education for at-risk families.

[3] The Council construed "culture" broadly to encompass references to poor individual service or perceived attitudinal response within the Agency or the Department. Not every respondent used the term "culture", but for ease of reference and to ensure inclusion of multiple responses regarding perceived organizational attitude or posture, the Council chose to use that term as representative of multiple responses along those lines.

Other responses varied, but included: more training for staff (6%); more resources directed to "prevention" and "early intervention;" greater transparency and revisiting confidentiality rules that may prevent effective communication in some cases (5%); increasing the number of home visits (4%); and trauma training for staff (4%).

Question 2 (154 responses): How can AHS and DCF avoid duplication of administrative functions and fragmentation of services for individuals and families?

The top three responses to this question included greater "teaming" or "integration" of services (including specific references to what many respondents viewed favorably: children's integrated services (CIS) and integrated family services (IFS) (27%), better communication (including resolving IT problems and addressing confidentiality issues) (19%) and increasing resources available to the Department, primarily by increasing personnel to reduce caseloads.[4]

Internal structural changes were a close fourth in terms of responses – or if taken together constituted a slim plurality. These responses ranged in nature from increased collaboration with other agencies (both within and external to state government) (12%), to decentralized and/or personalized relationships to families (10%), to greater accountability and staff oversight (9%). Only 3% of respondents expressly identified total "re-organization" as a priority.

Other respondents mentioned "simplifying eligibility" for public assistance programs to changing the culture within the agency to be more customer-service focused, or creating more "consistency" in applying rules throughout the Department. Still others referenced more training for staff and support for families, and doing more to distinguish between those cases requiring investigation and those requiring "assessment" (or review of "differential response").

Question 3: Do AHS and DCF have the resources needed to be most effective? Are existing resources allocated properly? How could resources be better employed?

If there was one clear message from the survey results it is that respondents felt that the Agency and/or the Department do not have the resources required to be most effective. 62% of respondents indicated a lack of sufficient resources. Some respondents emphasized lack of staffing or personnel, others focused on IT resources. The inability of the Department to regularly have contact with families it serves was an overriding concern of respondents. Only 11% of respondents indicated they felt the state has what it needs in personnel or IT to properly do its job. Another 11% were unsure if resources were sufficient or not.

About a fifth (21%) of respondents suggested that the Agency/Department might better use or deploy its resources. Suggestions were wide ranging and included: more staff training, using "teaming" models, more internal collaboration, greater emphasis on substance abuse/mental health supports for families, access to parenting classes, increase in Reach Up funding, more oversight and accountability internally, mentoring programs, discretionary funds for case managers to assist families with emergency needs, among others. However, there was little, if any, discussion of what programs or services would be reduced or eliminated if monies were re-allocated to these other areas.

[4] Respondents did not always specify which "caseloads" they were referring to: family services caseloads or economic services caseloads. However, many respondents made express reference to one or the other, or both.

Question 4 (156 responses): What is the most efficient use of state resources in serving families? For example, should divisions and/or functions be separate or integrated? How can communication within DCF be improved to better serve families?

The overwhelming sentiment of respondents indicated a preference for more integrated program and service delivery within the Department for Children and Families. Respondents favored integration over division or separation within the Agency and/or the Department by a margin of approximately 4-to-1 (44% to 10%).

Additionally, 23% of respondents expressly referenced more communication and collaboration within the Department – "communication" and "collaboration" varied among respondents but included more communication and inclusion of families in shared decision-making (9%) and greater communication and collaboration with community partners and mandatory reporters, and improved communication and collaboration within the Agency and the Department itself. The percentage of respondents citing this would be higher if we include those who specifically referenced making changes to confidentiality rules governing information sharing with respect to at-risk families (3%).

Other respondents specifically referenced a need for improving the "culture" within AHS/DCF and/or improved customer service (8%).

Respondents varied on the most effective program(s) offered by AHS/DCF, but included: Reach Up, 3Squares VT, Affordable Housing initiatives, Housing Review Teams, and the Women Infant and Children (WIC) program. Other respondents referenced the need for more staff, greater emphasis on "child-first" policies, the need for more case reviews, abolishing central intake and more resources for family planning and/or parenting education.

Question 5 (159 responses): How can DCF build stronger relationships between the families it serves and staff working with those families? For example, should enforcement capability be separated from day-to-day case management (that is, should sanction or removal powers be exercised by different people within the department)? Would that help or hinder the department?

Primary responses to this question focused on whether enforcement and social work/case management should continue to be exercised by the same worker, or if those responsibilities should be separated. Interestingly, respondents were almost evenly split on this question with a slight edge to those who believed enforcement powers should be separated from day-to-day case management activity (29%) compared to those who felt those duties should remain in the hands of the primary case manager (23%). The rationale most frequently cited by respondents is that it is difficult for families to fully trust or confide in the case manager who may also exercise the power to reduce benefits or remove a child from the home. Several respondents (6%) indicated that a teaming or hybrid model might be effective in ensuring the Department can timely respond to concerns without exposing the individual family and social worker to barriers at building a trusting relationship.

20% of respondents identified more support for families or more direct involvement or activity by case managers with families they service.

Many respondents cited the importance of changing the "culture" within the agency (14%). These responses varied but included references to families who fear the enforcement powers of the agency, to an environment that in some cases is not as welcoming, respectful, or impartial to families engaged with the Department as one might hope. [5] It also relates to what other respondents indicated in terms of inability of workers to adequately or timely respond to families needs, to assist them in problem solving, or to overcome barriers to success in their own lives. Many respondents also cited the lack of resources, training or support for workers who may be doing their best under challenging circumstances to meet the needs of the families they serve – either in these responses or in other areas of the survey.

Question 6 (146 responses): Are there particular laws, rules, or policies that should be changed to improve outcomes for families? If so, what are they?

This question brought out the single largest response dedicated to family services and child protection. 31% of all respondents indicated that more should be done expressly to protect children. These responses fell into two primary groups: 23% of all respondents clearly identified greater investigation and removal powers for at-risk children – especially in homes where substance abuse is substantiated. Another 8% specifically identified review of the state's reunification policy as something that should be addressed.

Other responses were much more varied and likely related to the individual respondent's experience with the Department. Several respondents identified more integration as an area for exploration (additional resources for CIS/IFS). Others identified a desire to see more classes of mandatory reporters in abuse or neglect cases and a desire to have more information available to mandatory reporters after initial reports are filed. Others cited a desire to revisit confidentiality laws of the state to make it easier for the Department and others to communicate when high-risk or complex cases arise.

6% of respondents identified more basic needs support for low-income families with children including more funding for Reach Up, SNAP, and affordable housing options.

While substance abuse counseling and treatment and a concern about the need to potentially remove children from at-risk households where substance abuse is substantiated was identified only two respondents identified mandatory drug-testing as something the state should investigate. Instead, respondents tended to identify the need for additional treatment[6], counseling and support services over coercive tactics in determining how best to improve outcomes for families dealing with substance abuse problems.

Question 7 (141 responses): What is the agency or department doing well; are there existing areas of success the agency can and should build on?

One of the Department's challenges in terms of addressing "culture" is also one of its

[5] However, this feedback, while important and valuable is qualified by other responses to the survey. For example, in question 7 many respondents expressed support for individual staff members and their efforts to serve families well. Accordingly, while these responses do illustrate a culture problem, it cannot be considered universal.

[6] Some respondents identified "mandatory treatment" as a consequence or prerequisite for families interacting with family or economic services.

greatest assets: its staff. 15% of all respondents to this question identified caring and dedicated staff as a resource the Agency and Department must build on. The other response of note was a positive association from some respondents (6%) with integrated services.

Other responses or positive areas identified by respondents ran the gamut from co-location of substance abuse screeners and community partners to collaboration with schools and community partners, to the implementation of housing review teams (HRT's), and prevention and early childhood interventions.

Some respondents took differing positions on whether or not centralized intake is effective and at least one was critical of the "process management" system generally.

Question 8 (91 responses): Other Comments

This section was entirely open-ended. Respondents could add any comments they wished. Of note were comments relating to:

- Establishing a "child-first" approach with respect to reunification policy (8%)
- New leadership at the Agency/Department (8%)
- More, and better paid staff (7%)
- Greater collaboration with public schools (7%)
- More financial resources for families (childcare subsidy, housing subsidy, etc.) (5%)

Other suggestions included: Criticism of centralization/modernization (desire for cases and decision to go back to district offices); Paid, professional Guardians ad Litem; Greater emphasis on kinship care; Ability to share more information internally and externally to protect children; more openness and transparency; Culture change at the Department; Establishment of independent oversight or outside authority.

Conclusion

It is difficult to sum-up the many responses received in conjunction with an open question public survey. As challenging as that is several trends emerged from this process: A desire expressed by recipients to protect children manifested itself in responses clearly signaling the Department needs more resources to meet its charge (and the families themselves require adequate resources to meet basic needs if they are to be successful); a desire for more communication internally and externally; the need for a culture of kindness and respect and impartial assistance. Respondents also specifically articulated a desire to revisit the reunification policy of the state and develop a "child-first" approach to family services cases. Finally many respondents articulate a need for greater integration of services within the Department.

The Council is gratified by the outpouring of interest and concern expressed by the public: affected families, service providers, stakeholder groups, and advocates, among many others have responded to this process. We hope this summary is helpful to the Secretary in considering public input for his recommendations to the Governor for possible changes or reforms to the Agency of Human Services and the Department for Children and Families.

Recommendations of the Governor's Council on Pathways from Poverty

For the Agency of Human Services and the Vermont Department for Families and Children

September 22, 2014

Poor Vermont families with children are in crisis. Wages are low and public benefits cover less than 50% of the cost of living. Housing is expensive and scarce. Too many families struggle under the shadow of deep trauma: violence, abuse, and sexual predation. This suffering, often sharpened by mental illness and addictions, places children and their parents at intense risk for harm or mortality. The recent untimely deaths of infants and toddlers have touched each of us, and we know Vermont must do better.

The Governor's Council on Pathways from Poverty considered these issues for the past year. Most of the members are involved in direct service and engaged intensively with families on the local level. The Council also requested and helped convene two public hearings and offered an anonymous survey to those unable or unwilling to speak out. Our recommendations for changes to services for families with children fall into five essential areas:

1. ***Provide Integrated Family Services*** that offer wraparound teams, including resources and interventions for families, based on a vulnerability index. We believe that silos are for farms, not families; and thus strongly recommend against dividing the Department of Children and Families (DCF), but instead suggest:
   a. DCF separate the functions of service coordination and enforcement, and thus provide for prevention and support, but also for rapid intervention when children are at risk;
   b. DCF improve collaboration and resource allocation to community partners with expertise in prevention, parenting, early childhood development, harm reduction and family support. For example, in many communities the Parent Child Center is the hub of support, and its services deserve to be sustained through grants and Medicaid reimbursement.

2. ***Establish a culture of kindness, respect and accountability*** throughout DCF and the Agency of Human Services.

3. ***Improve communication and transparency*** with families, community partners and the general public by lifting secrecy when prudent, and by improving and integrating information technology systems with community partners.

4. ***Provide adequate system-wide resources to keep children safe***, including resources within DCF, for community partners, and for the Judiciary

5. ***Establish independent oversight and accountability*** over DCF, through creation of an Office of Child Advocate. Empower community partners to assist with this function.

What will change look like?

- Services for children and families are integrated with increased teaming and collaboration. The philosophy and framework are guided by Vermont's existing initiative on "Strengthening Families." The approach is strengths-based, person-centered, flexible and collaborative.
- The functions of service and enforcement are separated. Families no longer distrust and fear the agency and department set up to serve them.
- All interactions with families are based on respect, kindness, and clear outcome measures for accountability.
- DCF has adequate staff and resources to accomplish its mission. For example, staff members make home visits and follow up as needed, return calls in a timely manner, keep appointments, and answer questions with candor.
- Multi-disciplinary teams work at the local level and include representatives from all necessary services. DCF designates a lead service professional to coordinate the communication and planning for each family.
- DCF staff and community partners provide a full array of family supports including stable housing, treatment and recovery services, parenting, and financial literacy and asset development. Community partners have adequate resources to do the job.
- DCF staff members and teams work with no more than 25 families.
- DCF staff members are trained to work with people who have experienced trauma. They are trained to handle vicarious trauma, and they receive strong support and supervision.
- Resources and services are flexible, timely, designed around a family's schedule and are provided in homes or safe environments.
- Families have ready access to trauma treatment, mental health counseling, and addictions treatment -- including medication-assisted treatment.
- DCF's information technology, reporting, documentation, and regulatory structures are designed to support and serve the values of integrated family services.

Appendix C

Strengthening DCF Family Services: Policy & Practice Focus

As a result of child fatalities that occurred in February and April, 2014

DCF Family Services Confidential Critical Incident Reviews

- DS Completed June 2014
- PG Completed June 2014

Vermont State Police Criminal Negligence Investigation

- DS Completed June 2014- no criminal charges were filed against any state employee
- PG Completed July 2014- no criminal charges were filed against any state employee

Vermont Citizens Advisory Board (VCAB)

- Review of DS Case Summer 2014
- Review of PG Case Beginning July 2014

Legislative Committee on Child Protection

- Statewide Public Hearings in summer 2014 including key stakeholder testimony
- Review of 44 cases of Serious Physical Harm from last 5 years

Casey Family Programs System and Case Review

- Statewide Focus Groups for Stakeholders Week of Sept. 8th in: Barre, Burlington, Rutland
- Targeted Case Reviews Week of Sept. 15th: Bennington, Hartford, St. Albans
- Final Report to DCF Commissioner mid-November

Federal Technical Assistance

- National Center on Substance Abuse and Child Welfare

DCF Family Services Policy Development and Revision

- 68: Serious Physical Injury Revised Effective: 3/24/2014
- 98: Placing Children and Youth in Custody at Home Revised Effective: 6/2/2014
- 55: Unaccepted Reports on Open Cases Effective: 6/23/2014
- 52: Child Safety Interventions Revised Effective: 6/23/2014
- 57: Risk of Harm/Sexual Abuse Investigations Revised Effective: 6/23/2014

DCF Family Services Position Pilot Staff Deployment

- 1 Domestic Violence Specialist
- 18 Social Workers
- 1 Child Safety Manager
- 1 Assistant Director Woodside
- Contracted substance abuse screeners
- 1 Admin Asst.
- 1 Nurse
- 2 Supervisors
- 1 Post-Permanence Manager
- 1 Foster Care Manager

Report to Governor

- October 1st Secretary Chen provides recommendations to the Governor for DCF Organization

National Commission on Child Fatalities

- Commission explores the complexities involved in sharing information to better protect children.
- Burlington Public Hearing on October 23rd
- http://eliminatechildabusefatalities.sites.usa.gov/event/burlington-vermont-public-meeting/

Federal Review: CFSR~ Child and Family Services Review

- Statewide Assessment Due April 2015
- Formal Review of 65 Cases ~ Week of June 15, 2015
- Results received from Children's Bureau 60 days after the review

DCF-Family Services, Focus Area Summaries

DCF Family Services Confidential Critical Incident Reviews

- FSD Central Office reviewed all materials, case files, transcripts and case plans to assess and analyze adherence to policy and to inform future practice/policy.

Casey Family Programs System and Case Review

- Casey Family Programs is performing an assessment of the Vermont child welfare system by analyzing Family Services policies, conducting focus groups with stakeholders, families, youth, kin/foster parents and by conducting a targeted case review. The case review will be targeted at the three points of involvement families may have with FSD: intake, ongoing family support and custody (including reunification practice). There will be 10 cases reviewed in each of the three target districts with the following characteristics: a child under the age of 3 and where opiate use was a factor in DCF becoming involved in the case.

Federal Technical Assistance

- Identified areas of focus to address include:
  - *Acceptance policy regarding substance abuse allegations
  - *Safety planning with parents who use/abuse substances
  - *Drug testing with parents-determining when and how this is appropriate
  - *Implementation of evidence-based tools and training for FSD staff

DCF Family Services Policy Development and Revision

- Policy 68: Serious Physical Injury was revised and pulled out of Policy 52 (Investigation and Assessment Policy) to mandate district staff consult with central office staff on all serious physical injury cases for investigations and case planning.
- Policy 98: Placing Children and Youth in Custody at Home was revised to specify that for children placed with a parent in a residential treatment program, trial reunification begins when the parent is discharged from the program to live independently.
- Policy 55: Unaccepted Reports on Open Cases was developed to create clarity of expectation where a new report is received but does not meet criteria for an investigation or assessment and there is already an open case with an assigned worker.
- Policy 52: Child Safety Interventions was revised by pulling out the the Serious Physical Injury appendix to make it a stand alone policy (68) and pulilng out the appendix on Risk of Harm/Sexual (57) to make it a stand alone policy.
- Policy 57: Pulled out of Policy 52 to make it a stand alone policy.

DCF Family Services Position Pilot Staff Deployment

- As of 9--26-2014, FSD has hired a Child Safety Manager, 2 supervisors (St. Albans and Barre), 18 social workers (3 Hartford; 1 Springfield; 3 Brattleboro ; 2 Rutland; 5 St. Albans), an Assistant Director for Woodside, 1 Admin Assistant (St.Albans) and a Domestic Violence Specialist (Rutland).
- The contracted substance abuse screeners are going to be hired through an already existing effective grant with Lund. These screeners will be deployed to four districts (2 districts-Burlington and St. Albans already have screeners for a total of six screeners)to fully capitalize on this dedicated support to district offices with the highest level of substance use/abuse population and a lack of other available resources to address this issue.

Appendix D

VERMONT

Department for Children and Families
Commissioner's Office
103 South Main Street – 5 North
Waterbury, VT 05671-2980
www.dcf.vt.gov

[phone] 802-871-3385
[fax] 802-769-2064

Agency of Human Services

Memorandum

To: **Harry Chen, Acting Secretary, Agency of Human Services**
Dixie Henry, Deputy Secretary, Agency of Human Services
From: **Ken Schatz, Commissioner, DCF**
Date: **September 15th, 2014**
Subject: **DCF Needs Assessment**

This memo is in response to the request to identify essential resources necessary to allow DCF to operate effectively. This is not a complete proposal of the resources needed to fulfill DCF's mission. It is focused mostly on the middle management supports that are necessary in both Economic Services and Family Services in order to best support the DCF Commissioner. It does not address:

- The ongoing need for more Reach Up Case Managers in ESD
- Woodside direct services staff and temp conversions
- Centralized Intake and Emergency Services direct services staff and temp conversion
- Strategies to reduce the impact of vacancies in district offices
- District needs for administrative and/or paraprofessional staff
- Additional needs for contracted services, including Family Time Coaching.

My recommendation is to wait until the next Reach Up caseload savings analysis is completed in October. If additional savings are identified, another Position Pilot should be submitted (authorized by Act 179) to gain the supports needed to operate the department effectively. The middle management needs are listed below.

Essential DCF Operational Support Staff

Position Pilot: Economic Services Division

Central Office
I am prioritizing the following positions/functions in the Central Office.

1. **2 Economic Benefits Directors (PG 32)** – At this time the Deputy Commissioner has nine direct reports. Adding these two positions with the existing Economic Benefits Director position will allow a reorganization of the central office to be only three direct reports to the Deputy Commissioner. Organizational charts are attached for the current and proposed structure. This change will allow the Deputy Commissioner to focus more time and energy toward the Commissioner, overall division outcomes and strategic planning/initiatives.

2. **1 Administrative Services Director I (PG 28) –** At this time the Deputy Commissioner's office has no position that oversees all the administrative functions of the office, including budgetary, fiscal, human resources, facilities, fleet and telecommunications. Many of these functions are spread among many different staff that has other important and pressing responsibilities such as

program/policy management or the operation of the statewide eligibility system. This position will take on overseeing these responsibilities as well supervising the Administrative and Training Units.

3. **1 Training & Curriculum Development Coordinator (PG 22)** – The training unit currently has four of these positions, two are supported by federal health care funds and must be used for training in HAEU; the other two positions are dedicated to 3SquaresVT and LIHEAP training. The 3SquaresVT training is crucial as ESD continues to focus on quality to bring the case payment error rate below six percent which will end three years of federal financial sanction. There are no training resources to support the Reach Up and General Assistance programs. As a result, program staff is being utilized to deliver sporadic training which is not nearly meeting the need. This requested positons will meet that need.

Request: 4 new positions

District Offices

1. **1 ESD Regional Managers (PG 27)** – Currently two of the 13 district offices do not have managers, the Middlebury and Morrisville district offices. The Middlebury office is covered a couple days a week by the Rutland Manager and the Morrisville office is covered a couple days a week by the Barre Manager. This is problematic as it causes four offices to be without fulltime coverage. It is particularly concerning in Middlebury as its only supervisor advanced to a new position in Central Office leaving the only supervisor in Morrisville stretched by many personnel related issues. There are four separate investigations occurring at this time in the office. These positions are very much needed. This request will fulfill the need in one district.

Request: 1 new position

For the last several years the DCF Commissioner has needed to focus a disproportionate amount of time on the Economic Services Division due to significant problems with timeliness and errors in the processing of benefits as well as implementing federally mandated changes in programs. These problems have been well publicized and have led to financial sanctions and increased scrutiny of ESD by our federal partners, the advocate community and the Legislature. For FFY 13, ESD was sanctioned approximately $550,000 for its high payment error rate and approximately $675,000 for not properly implementing the ABAWD program and over utilizing exemptions.

ESD has made great strides in the timeliness of processing benefits and the threat of lawsuits by legal advocates has subsided due to the investment of additional benefits program eligibility specialist positions in the district offices over the last two years. Even though ESD is poised to be relieved from federal sanction this year for its vastly improved error rate and the ABAWD program is now working properly, the ESD central office remains understaffed which continues to put the programs at ongoing risk in terms of quality and implementing mandated changes.

The addition of the requested positions will allow ESD to devote much needed resources to be proactive and to improve and maintain the quality of the program with workforce development through continued and focused training of line staff, supervisory development, performance accountability and succession planning. Without this work, ESD will continue to be at risk of remaining or slipping back into financial sanctions for poor program performance. The requested positions will also allow the program directors and teams to focus on administering programs to ensure ESD stays compliant with federal changes in a timely manner and avoids additional financial sanctions. The positive outcomes of adding the additional positions will not only be good for Vermonters served by ESD, it will also have a financial benefit. Not only will financial sanction be avoided, ESD will also be eligible to receive federal performance bonuses to reinvest back into the programs as it has

in the past. Ultimately, it will allow the ESD Deputy Commissioner to devote more time and energy to addressing ESD policy and practice and communicating those externally, which will allow the Commissioner to refocus and maintain greater attention to the protection and safety of Vermont's children.

Position Pilot: Family Services

Central Office
For a Phase 2 position pilot, I am prioritizing the following positions/functions in Central Office:

1. **1 Policy and Practice Specialist (PG 26):** We lack capacity to keep our policies and regulations up to date. Given the critical nature of our work and our expectation that staff know and follow policy, this is unacceptable. Currently, FSD has 105 policies "on the books." The last revision date for 60 of the 105 policies was over five years ago. Twenty-four have revision dates before 2000. Although we are proud of our progress in 2013 and 2014 - with 26 revisions - there is still a huge amount of work to be done. Each policy should be reviewed for needed revision at least every three years.

   In addition, FSD has regulations in effect that have not been reviewed in over 30 years. Given that regulations have the force and effect of law, this should not be.

Request: 1 position

Operational Units
Statewide Operational Units

1. Centralized Intake and Emergency Services
   a. **1 Assistant Director:** This is a 24/7 operation, employing 30 staff. The current director needs assistance in keeping this operation delivering high quality, efficient response to critical situations.

   b. **Increased staffing to meet increased workload** (social workers, supervisors and administrative support), including temp conversion – I will provide a separate memo on this topic after more complete analysis.

Request: 1 position

District Offices

1. **1 Assistant Director, St. Alban District:** St. Albans has four Social Work units and has grown to the size where an Assistant Director is merited.

Request (for the time being): 1 Position

The DCF recommendations encompass a large body of additional work. It will be critical to support these recommendations with the resources to carry out the work.

VERMONT

Needs Assessment Summary

	ECONOMIC SERVICES DIVISION	
Where	**Position**	**# FTEs**
Central Office	Economic Benefits Director	2
	Administrative Services Director	1
	Training & Curriculum Development Coordinator	1
District Offices	ESD Regional Manager	1
Total		**5**
	FAMILY SERVICES DIVISION	
Central Office	Policy and Practice Specialist	1
Centralized Intake and Emergency Services	Assistant Director	1
District Offices	Assistant Director, St. Albans	1
Total		**3**
	SUMMARY	
DCF Total	**Total positions**	**8**

Additional DCF Operational Support Staff

An additional 4 positions, 3 in ESD and 1 in FSD, are necessary to ensure that Economic Services and Family Services can adequately support child protection and safety. I recommend that we work to add these positions through the state budget process. These positions in both Family Services and Economic Services will continue to enhance structure, support and supervision for the operational work of the two divisions.

Economic Services Division

Administrative Assistant A (PG 17) – The Deputy Commissioner's office supports five major program teams (Health Care, Reach Up, 3SquaresVT, General Assistance, LIHEAP), 13 district offices across the state that process case eligibility for the programs and four support units (Application and Document Processing Center, Benefits Service Center and Business Applications Support Unit, and Policy Unit) which totals approximately 600 employees. To support all these staff, the Central Office only has only two dedicated administrative staff. This requested position will augment a severely strained administrative support unit and perform routine administrative tasks that are now being performed by high level program and operational directors.

Training and Curriculum Development Coordinator (PG 22) – The training unit currently has four of these positions, two are supported by federal health care funds and must be used for training in HAEU; the other two positions are dedicated to 3SquaresVT and LIHEAP training. The 3SquaresVT training is crucial as ESD continues to focus on quality to bring the case payment error rate below six percent which will end three years of federal financial sanction. There are no training resources to support the Reach Up and General Assistance programs. As a result, program staff is being utilized to deliver sporadic training which is not nearly meeting the need. This is the second of two requested positons will meet that need. The first position will be developed through the position pilot.

ESD Regional Manager (PG 27) – Currently two of the 13 district offices do not have managers, the

Middlebury and Morrisville district offices. The Middlebury office is covered a couple days a week by the Rutland Manager and the Morrisville office is covered a couple days a week by the Barre Manager. This is problematic as it causes four offices to be without fulltime coverage. It is particularly concerning in Middlebury as its only supervisor advanced to a new position in Central Office leaving the only supervisor in Morrisville stretched by many personnel related issues. There are four separate investigations occurring at this time in the office. One regional manager will be filled using the position pilot; the other regional manager will be added through the budget process.

Family Services Division

Quality Assurance Coordinator (PG 24) – Currently in FSD there is one Quality Assurance Administrator and Quality Assurance Coordinator. Two years ago, we had zero positions working in this area as the former two positions we had were cut during the recession. Through re-classification we created one position because we felt this was such a serious gap. We obtained the second position through legislative action in 2013. However, we feel this is still insufficient. We are not in compliance with federal requirements in this area of operation (see 2012 Information Memorandum from the Administration for Children & Families: http://www.acf.hhs.gov/programs/cb/resource/im1207). Adding another position would allow us to pair one Quality Assurance Coordinator with each Policy and Operations Manager (who oversee district operations).

Needs Assessment Summary II

	ECONOMIC SERVICES DIVISION	
Where	**Position**	**# FTEs**
Central Office	Administrative Assistant A	1
	Training & Curriculum Development Coordinator	1
District Offices	ESD Regional Manager	1
Total		**3**
	FAMILY SERVICES DIVISION	
Central Office	Quality Assurance Coordinator	1
Total		**1**
	SUMMARY	
DCF Total	**Total positions**	**4**