Testimony to Legislative Panel on Child Protection
DCF Commissioner Dave Yacovone
July 23, 2014

Dear committee members,

Thank you for giving me this opportunity to speak to you about the lessons learned from the tragic losses of Dezirae Sheldon and Peighton Geraw. I am determined that Dezirae and Peighton's shared legacy will be the lasting improvements in how we keep kids safe, both at the Department for Children and Families and within the broader community context.

The mistakes made in Dezirae's case are a low point for our organization, and are unacceptable in a department responsible for keeping children safe. I will provide the leadership and guidance necessary to ensure that such communication breakdowns and system failures will not happen again, and have already moved to implement many recommended changes from Dezirae's case. While the State's Attorney has found that DCF followed protocol in Peighton's case, we are reviewing our policies to be sure that any lessons learned will result in a stronger child protection system.

Within this testimony, I will comment on the concrete changes that have been made and the resources necessary to sustain these changes. These resource concerns have become more active in the past few months, as we have received record numbers of reports of child maltreatment, in cases complicated by opiate abuse and other entrenched family challenges. However, I fully acknowledge that resources alone cannot address the challenges facing our department; without a departmental culture that embraces continuous improvement and change, we will have failed. As Commissioner, I am committed to leading this charge so that employees at every level of our organization are re-dedicated to our vision of a Vermont where children are safe, families prosper, and individuals reach their full potential.

My testimony will respond to all questions posed by the committee, but I have modified the order slightly. I intend to share the lessons learned and responses in the following areas: 1) changing context for child protection, 2) improved casework practice, 3) staffing, and 4) a need for a renewed focus on prevention. My other comments will respond to Committee questions concerning variation between districts, services for youth, recommendations for statutory changes, social worker job descriptions, and DCF realignment. First, I will comment on system strengths, as requested by the Committee.

Question received July 9: please also be prepared to comment on the strengths of the system.

System Strengths

I would like to share what I see as the strengths of Vermont's child protection system. Overall, Vermont is a great place to be a child. According to the Annie E. Casey Foundation's *Kids Count* report (2013), Vermont ranks second among 50 states in the overall well-being of its children. Our state ranks 3rd overall for the strength of its families and communities.[1]

Our child welfare system has been an exemplar for other states, and by many national comparisons, Vermont's children are safer than most others across the nation. Our state's rate of children who were subject to maltreatment (5.5 per 1,000) was almost half the national average (9.9 per 1,000). We also have an extremely low percentage of children who are maltreated while in foster care, 0.19% compared to the national average of 0.32%. And while the loss of even one child's life is an unspeakable tragedy, we have one of the lowest rates of child fatalities due to maltreatment in the nation (1.6 per 100,000 compared to the national average of 2.10 per 100,000).[2]

In addition, we have been focused on continuous quality improvement around key indicators for child safety, permanency, and well-being. Socials workers made monthly face-to-face contact with 92% of children in custody in 2013, above the federal standard of 90% and a dramatic improvement from the 18% performance on this indicator in 2009.[3] We have doubled our rate of kinship care placement in the last five years (13% in 2009, 27% in 2013).[4] While recent media attention has focused on our intake rate of 24% for reports of abuse and neglect, there has been little recognition that our rate of accepted reports is higher than those states that accept 100% of reports (28.3 per 1,000 children for child abuse investigations and assessments).[5]

Led by Deputy Commissioner Cindy Walcott, we have made great strides to adopt evidence-informed practices and implement reforms that have the ultimate goal of keeping kids safe. A unique strength of our system is the broad scope and attention to integration in serving vulnerable children and families. Vermont's Family Services Division (FSD) includes oversight of juvenile justice and sexual abuse by any perpetrator (not only caregivers). Our definitions of child abuse also include risk of harm and risk of sexual abuse, allowing us to be proactive in keeping children safe. This expansive approach allows us to engage with children and families in a holistic, developmentally appropriate manner across what would be fragmented service systems in other states.

FSD undertook a series of reforms starting in 2008, drawing on the latest research to improve the child protection system. Our differential response approach has provided additional tools to engage with families in situations where abuse or neglect raises concerns, but does not require a formal investigation and substantiation. In addition to these child abuse assessments and the traditional child abuse investigations, FSD conducts "family assessments." These interventions give another avenue for early intervention in cases that do not involve child abuse, but rather concerns about parental care (e.g., a woman who has a substantial history with DCF is pregnant, newborn with positive toxicology screen for illegal substances). We also implemented a suite of practices to enhance and support family engagement, from Family Time Coaching

[1] Annie E. Casey Foundation. The 2013 KIDS COUNT Data Book: State Trends in Child Well-Being. http://www.aecf.org/resources/the-2013-kids-count-data-book/
[2] Child Welfare Outcomes 2008–2011: Report to Congress. http://www.acf.hhs.gov/programs/cb/resource/cwo-08-11
[3] Outcomes for Vermonters, State Fiscal Year 2015. http://dcf.vermont.gov/sites/dcf/files/pdf/reports/Outcomes_SFY2015.pdf, p. 26
[4] Outcomes for Vermonters, State Fiscal Year 2015. http://dcf.vermont.gov/sites/dcf/files/pdf/reports/Outcomes_SFY2015.pdf, p. 27
[5] 2013 Report on Child Protection in Vermont. http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2013_Child_Protection_Report.pdf, p. 14

(replacing supervised visits with structured skill-building for parents)[6] to Family Group Conferencing (a family-centered decision-making structure for parents and kin to have input on case decisions).[7] The use of a teaming approach replaced the model where a single social worker was responsible for a family; now, team decision-making and group supervision supports better decision-making, improves customer service, and reduces burnout.[8]

In addition to these case practices, Vermont's child welfare system has been at the forefront of several special initiatives that support child well-being and strengthen the child welfare workforce. Our Child Welfare Training Partnership with University of Vermont provides an array of training and professional development designed to strengthen the child welfare system in Vermont.[9] The VT FUTRES project promotes educational stability for youth in child welfare and targets unmet needs for achieving improved educational outcomes,[10] while the VT-FACTS initiative seeks to improve placement stability and permanence by enhancing the social and emotional well-being and restoring developmentally appropriate functioning of Vermont's children and youth in care. In a highly successful partnership with Lund, substance abuse screening staff are co-located in FSD district offices in Burlington and St. Albans. This arrangement enhances the ability of FSD Intake workers to recognize and address parental substance abuse and supports the retention of parents in substance abuse treatment.[11] The Strengthening Families Demonstration Project provides intensive family services to families who have open family support cases with FSD because they were assessed as being at "high or very high risk" of maltreating their children in the future. In the first 1.5 years of this program, we have seen remarkable success. Historically, 30% of children with open family support cases in FSD have come into custody; with this program, only 7% of children of these cases have come into custody.

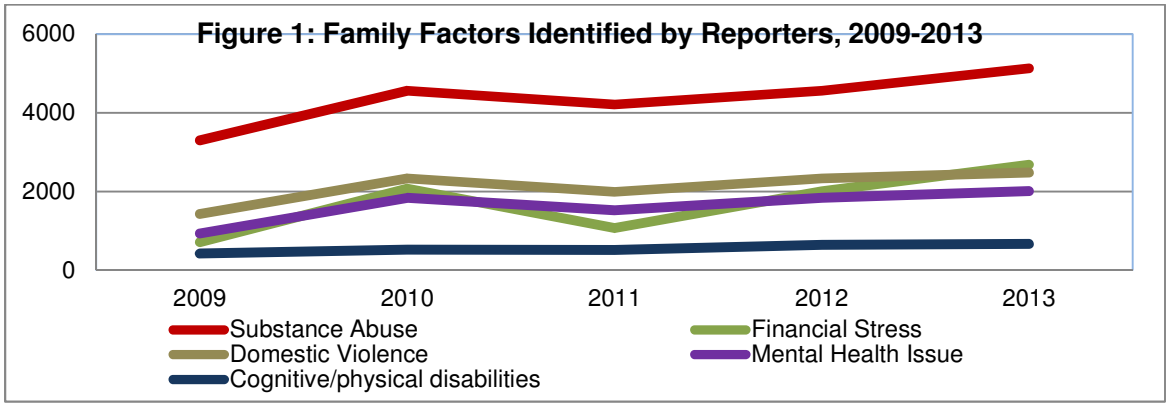
Overall, I am confident that these programs, policies, and practices have put us at the forefront of child welfare systems in the United States. This is not to say that this system is perfect, but rather that it offers a solid foundation for continued improvements.

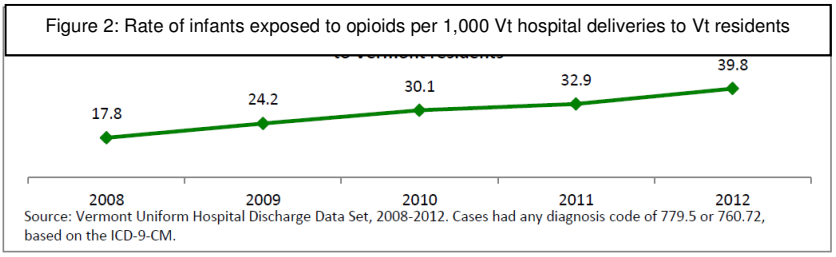
[6] http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/Vermont_Family_Time_Guidelines.pdf
[7] http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/Family_Centered.pdf
[8] http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/FSD_Transformation_Plan.pdf, p. 17
[9] Vermont Child Welfare Training Partnership. http://www.uvm.edu/~socwork/vcwp/
[10] Vermont Fostering Understanding to Reach Educational Success. http://vtfutres.org/
[11] http://www2.leg.state.vt.us/CommitteeDocs/Senate%20Health%20and%20Welfare/Substance%20Abuse%20Treatment/1-28-2014~Courtney%20Farrell%20~Combating%20Addiction%20in%20Vermont%20Families.pdf

1. Based on the recent deaths of children, what are the lessons learned? As you know, the Committee is not charged with investigating a specific case. However, the Committee wishes to know what you believe these recent cases have revealed about problems or shortcomings in DCF and Vermont's child protection system.
2. How do you intend to fix those problems?
6. The Committee has heard testimony that DCF fails to communicate with schools, foster parents, relatives and other participants in the child protection system. Is this true? Why? What is being done to address this issue?
9. Please also be ready to provide the case loads for each position, and the mix of cases (age, degree of difficulty) the average case worker, case manager and investigator handles.

Changing Context for Child Protection

A key lesson learned from the recent tragedies is that the **context for child protection work has undergone dramatic changes in recent years**. Governor Shumlin's call to action on the opiate crisis resonates deeply within Vermont's child protection system; substance abuse is the leading concern identified in reports of child abuse and neglect. In 2013, reports to the child protection line cited substance abuse almost twice as often as domestic violence, the next leading concern (see Figure 1).[12] Use of substances exacerbates family stress and impairs a parent's ability to keep their children safe, but also has a direct effect on the health and well-being of children. In the last decade, the number of opioid-exposed newborns followed at Fletcher-Allen Heath Care has increased eleven-fold (12 in 2002, 136 in 2012),[13] a function of better identification and increased demand. Statewide data suggest that the rate of infants born exposed to opioids has more than doubled since 2008 (see Figure 2).[14] We also recognize that there are particular concerns raised when FSD explores reunification of a child whose parent has a substance abuse problem, given that many experience lifelong struggles with substances.



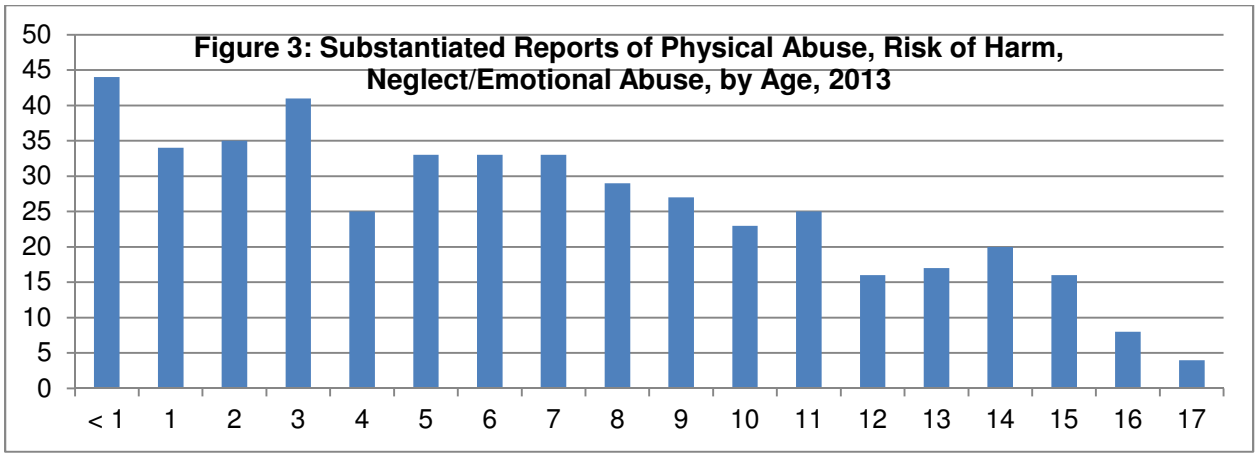


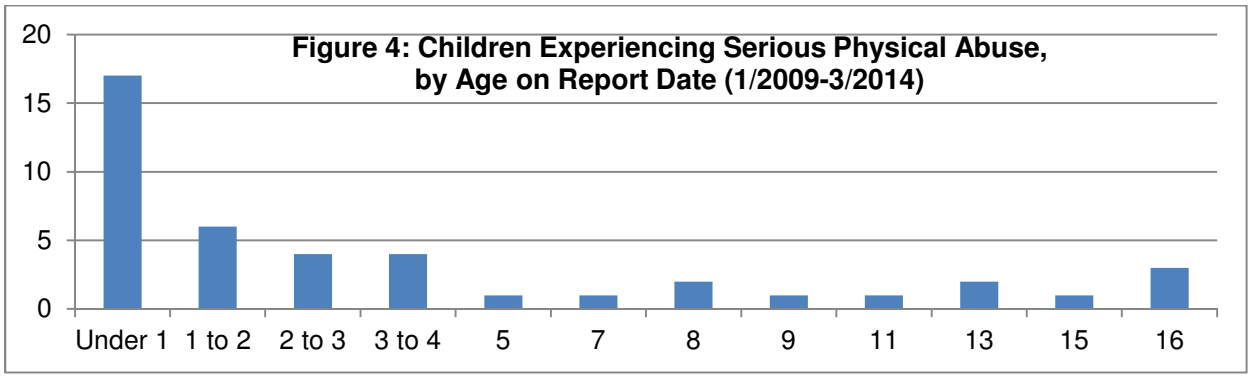
[12] 2013 Report on Child Protection in Vermont. http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2013_Child_Protection_Report.pdf, p. 10
[13] Anne Johnston, Improving Care for the Opioid-Exposed Newborn: The Vermont Experience. http://www2.leg.state.vt.us/CommitteeDocs/House%20Human%20Services/Opioid%20Addiction%20Treatment%20Programs%20and%20Initiatives/Opioid%20Addiction%20Treatment%20For%20Women/1-28-2014~Dr.%20Anne%20Johnston~Improving%20Care%20for%20the%20Opioid-Exposed%20Newborn%C2%A6%20The%20Vermont%20Experience.pdf
[14] Neonates Exposed to Opioids in Vermont. http://healthvermont.gov/research/documents/opioid_expos_infants_4.18.14.pdf

In recognition of the threat to child safety and parental functioning caused by substance abuse, the Department has taken the following steps:

- **Requested external reviews by Casey Family Programs and the National Center on Substance Abuse and Child Welfare (NCSACW). These reviews will focus on safety protocols and will consider whether tailored protocols are needed for cases where parents have substance abuse histories. The comprehensive Casey review is underway, and will be completed by mid-November 2014. Initial planning and technical assistance will be provided by NCSACW beginning September 2014.**
- **Initiated a contract process with a local community partner to provide the services of six substance abuse specialists who will help social workers with investigations in which substance abuse is alleged to be a contributing factor to child abuse or neglect. We anticipate that these screeners will be in place in Fall 2014.**

Another key lesson learned is that young children are most vulnerable to abuse and neglect. In Vermont, recent data show that very young children are most at risk of experiencing physical abuse, risk of harm, and neglect/emotional abuse (see Figure 3).[15] While this trend has been constant for some time, there is increased recognition that young children are at significantly increased risk to experience serious physical abuse, which may result in serious injury or death (see Figure 4).





[15] 2013 Report on Child Protection in Vermont, http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2013_Child_Protection_Report.pdf, p. 19.

In response to the disproportionate risk for maltreatment faced by very young children, the Department has taken the following steps:

- **Allocated an additional $150,000 to support Strengthening Families Demonstration Projects in the Barre, Rutland, and St. Albans districts to provide intensive services to families with a child under the age of 3 who are at high or very high risk of maltreating their children.**
- **Directed the FSD Child Safety Manager and Child Welfare Training Partnership to update training materials regarding the developmental needs of young children.**

Improvements in Casework Practice and Procedures

Our efforts to address the contextual factors that impact the work of child protection have been supported by concrete changes to our policies and casework practice. These changes are directly responsive to areas that have been identified in critical incident reviews, investigations by Vermont State Police and the State's Attorney, and a thorough review of data at the district level and statewide.

A key learning has been that serious physical abuse, though rare, poses a significant threat to child safety. Physical abuse made up 14% of all substantiated reports of abuse and neglect in 2013 (see Figure 5), with the 114 cases making it the second-least frequent type of maltreatment (after emotional abuse/neglect).[16] In the last five years, there have been only 44 cases of serious physical abuse, with some districts very rarely or never handling a case (see Figure 6). However, the nature of these injuries, most often head injuries, fractures, and internal injuries (see Figure 7), requires a robust case practice response. Given the rarity and high level of risk associated with these cases, district offices require additional oversight and support.[17]

Figure 5: Reports Substantiated by Type of Abuse, 2013 (N=114)

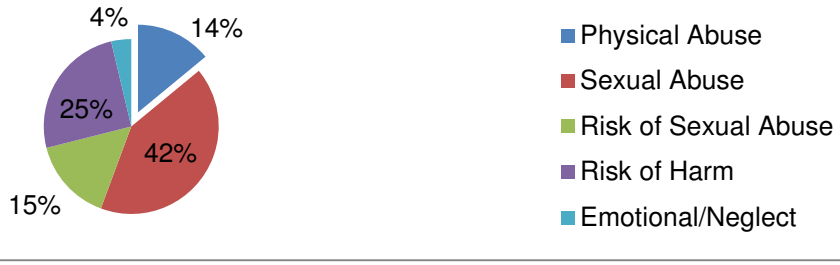
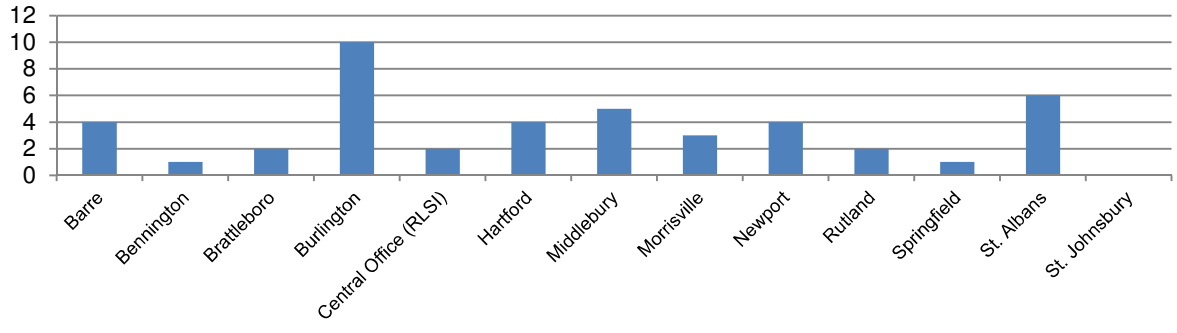
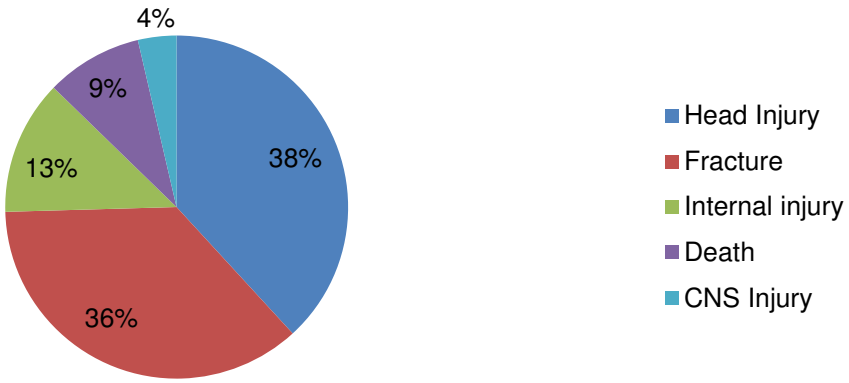


Figure 6: Children with Reported Serious Physical Abuse, by District, 1/2009-3/2014 (N=44)



[16] 2013 Report on Child Protection in Vermont, p. 18.
[17] Policy 68: Serious Physical Abuse: Investigation and Case Planning.
http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/68%20%28Serious%20Physical%20Abuse%29%203.24.14.pdf

Figure 7: Serious Physical Abuse by Type of Injury, 1/2009-3/2014 (N=44)



The two recent child fatalities have driven an examination of the division's approach to risk in child maltreatment cases. FSD uses a validated Family Risk Assessment to determine whether a family is more or less likely to have an abuse or neglect incident without intervention. Risk assessments are completed between 45-60 days after acceptance of a valid allegation of maltreatment. Currently, families that are assessed as "high" or "very high" risk have a case opened for ongoing services. It is possible for supervisors and district directors to use discretionary overrides in making a decision to open a family support case for ongoing services, but extreme caution must be used, particularly when overriding the risk to a lower level.[18]

This review of risk has been examined in cases when we receive reports of maltreatment for families that have an open case with FSD. Although existing statute and policies are followed to assess whether a report is accepted, further communication is required for families that have an open case, *regardless of whether the report is accepted or not*.[19] At times, reports of abuse or neglect that are not accepted may provide important information that relates to a child's safety that must be addressed by the assigned ongoing social worker, but the information may not rise to the statutory definitions of abuse or neglect.

FSD is also aware of community concerns raised about two key aspects of our case practice: differential response and achieving permanency through reunification.

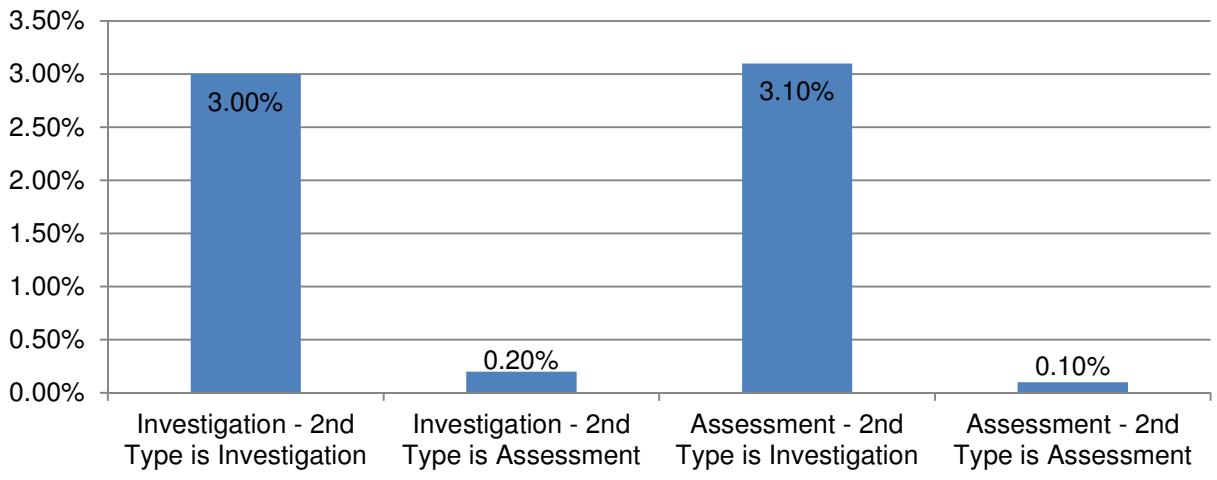
In 2008, Vermont enacted legislation to implement differential response and allow a "child abuse assessment" as an alternative response to reports of less severe child maltreatment. This practice was implemented based on concerns raised by the federal Child and Family Services Review that Vermont statutes made it difficult for FSD to intervene early to prevent maltreatment. The federal Child Abuse Prevention and Treatment Act supports differential response, and 31 states have implemented some form of this model.[20] In Vermont, safety is the

[18] Policy 52: Child Safety Interventions: Investigations and Assessments, http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/52%20%28Child%20Safety%20Investigations%20%26%20Assess%29%206.23.2014.pdf, p. 14-16.
[19] Policy 55: Intake and Assessment: Unaccepted Reports on Open Cases. http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/55%20%28Unaccepted%20Reports%20on%20Open%20Cases%29%206.23.2014.pdf
[20] National Conference of State Legislatures. Differential Response in Child Protective Services. http://www.ncsl.org/research/human-services/state-legislation-differential-response.aspx

priority for both tracks (investigation or assessment). The same safety and risk assessment tools are used for both types of cases, services are provided to families in both tracks, and a child may be brought into custody to assure safety in either track. Traditional investigations are required for serious forms of maltreatment, and require that a formal determination made that the allegation of abuse or neglect is substantiated. Unlike some other states, Vermont does not send assessment track responses directly to a community agency for response, adding an additional degree of uniformity of response.

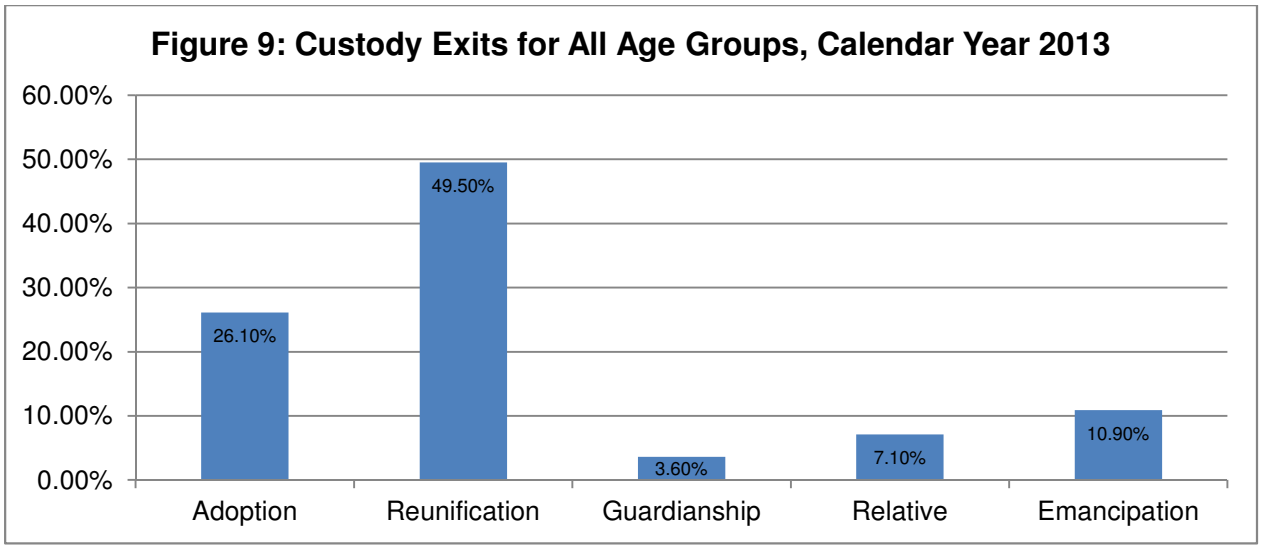
Evaluations of differential response systems have demonstrated positive outcomes, particularly in terms of sustained child safety, improved family engagement, increased community involvement, and enhanced worker satisfaction.[21] Family Services data from 2012 found that there was very little difference in the reoccurrence of abuse and neglect between the investigation and assessment track (see Figure 8). The substantiation rate for subsequent investigations was identical.

Figure 8: Reoccurrence Substantiation Rate by Investigation and Assessment Track, Calendar Year 2012



Achieving permanency for children who experience abuse or neglect is a key outcome for all child welfare systems. Permanency may be accomplished through reunification with parents, placement with kin, or adoption. Because we recognize separating children from their families is traumatic and should be seen as a last resort, FSD prioritizes options that do not separate a child from his or her parent, whenever it is safe. Reunification remains a best practice to ensure permanency when parents can assure the safety and well-being of their child(ren). However, reunification is *not* required by any federal or state law; existing federal benchmarks focus on achieving some form of permanency for children, without specifying any particular preference. In calendar year 2013, approximately half of children in DCF custody were reunified with their parents (see Figure 9).

[21] Child Welfare Information Gateway. Differential Response to Reports of Child Abuse and Neglect. https://www.childwelfare.gov/pubs/issue_briefs/differential_response/differential_responsed.cfm



In deciding to reunify a child with their parent(s), social workers and supervisors assess any risks to the child, whether the parent has successfully completed the requirements of the case plan, and if other service providers and involved parties support a plan for reunification.[22] When appropriate, children in custody may be placed at home with their parent on a trial basis for up to 60 days before custody is discharged to the parent. Careful consideration is needed in cases where parents are living in residential treatment programs.[23]

In sum, differential response and permanency through reunification are practices that are well-supported in child welfare. However, given the changing context for child protection work, particularly for parents with substance abuse issues, we are committed to reviewing the implementation of both practices to ensure that child safety is not compromised.

The aforementioned policies set out best practices, but require clear, consistent, and timely communication across FSD offices and with community partners. Communication breakdowns jeopardize child safety, and we are committed to addressing this issue. A key lesson learned is that information from the Commissioner's Registry Review Unit may have critical information relevant to safety planning and assessments of risk for a child and family. We have also identified the need for improved communication with law enforcement, State's Attorneys, the courts, the legal community, schools, relatives, and foster parents. All are key players in decision-making for child protection cases. It is critical to have agreed-upon protocols for information sharing between FSD and these partners.

One way that communication concerns have been addressed at a district level is through multi-disciplinary teams (MDTs). These teams, comprised of FSD staff and a wide range of community partners, meet to discuss cases and ensure that key information does not fall between the cracks. In the Morrisvile district, MDTs meet monthly to discuss high-risk cases. In the Barre district, a Closure Committee reviews all high-risk family support cases prior to the decision to close the FSD case. All districts have an MDT, but these best practices provide a model for communication statewide, and we will be aggressively pursuing replication.

[22] Policy 125: Permanency Planning for Children in Custody.
http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/125__Permanency_Planning_.pdf
[23] Policy 98: Placing Children and Youth in Custody at Home.
http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/policies/98%20%28Placing%20Children%20and%20Youth%20at%20Home%29%20-%206-2-2014.pdf

In response to these lessons learned, we have implemented the following changes in case practice and policy:

- **Implemented a series of practice changes that have been communicated with all front-line staff, supervisors, and directors. Technical assistance and training support on these policies is provided by Central Office staff. Policy changes include:**
    - **Clearly defined what constitutes serious physical abuse (including unexplained or inadequately explained fractures) and provided stronger guidance for investigating allegations of serious physical abuse. Central Office must be notified and provides consultation for all investigations of serious physical abuse.**
    - **Provided direction to address risk assessments and the thought process that should occur prior to asking a District Director for an override of risk level. Social workers are required to complete a recent home visit before submitting an override request, and must address risk factors, protective capacities, formal referrals to services, any informal supports. Input is required from both the child safety intervention and ongoing social workers.**
    - **Implemented clear guidance to social workers on what to do with the information contained in unaccepted reports of maltreatment for families with an open case with FSD. Any new concerns raised in reports must be affirmatively addressed by the social worker and documented in the case notes. A review must be conducted to determine if the family's safety plan addresses any unresolved danger raised in the unaccepted report.**
    - **Provided guidance to social workers for trial reunifications when parents live in residential treatment programs. The new policy clarifies that trial reunifications begin when a parent is discharged from the program to live independently. Discharge from DCF custody cannot be recommended before completion of a 60-day trial reunification after discharge.**
- **Initiated efforts to improve communication within districts offices and with partners at the district level:**
    - **Implemented a streamlined notification of substantiation reviews and expungement petitions from the Registry Review Unit. Previously, hard copy letters were sent to district office staff to distribute, track, and file as needed. As of March 2014, substantiation and expungement decision letters will be scanned and sent directly to FSD district directors. Direction has been given to share the decision letters with the supervisor and social workers assigned to the family.**
    - **Working with FSD district directors to inventory and support participation in MDTs. Best practices from districts with established MDTs will be shared to provide a model for communication and ongoing collaboration.**
    - **Working with district staff to enhance foster parent involvement in and information-sharing through shared parenting meetings, facilitated by the Child and Family Support contractors.**
- **Undertaken external reviews of safety and risk in case practice from Casey Family Programs and the National Center on Substance Abuse and Child Welfare (as noted above). These reviews will focus on whether existing case practices need to be revised to address risks to children, particularly in light of parental substance issues.**

Staffing Capacity

The Committee is well aware of the history of agency cutbacks and belt-tightening during the last decade. With this context in mind, we have done our best to address the need for staffing changes. A key learning is that sustained improvements to case practice cannot be accomplished without sufficient staffing capacity.

Utilizing the position pilot program authorized in Act 179 of 2014, we have pursued adding significant human resources to support child protection. This flexibility has been incredibly helpful, allowing a more nimble response to increasing pressures on the FSD workforce. Additional flexibility in hiring would be helpful in allowing DCF and FSD leadership to respond quickly to emergent staffing needs. For example, even as we are adding additional staff, FSD is receiving record numbers of reports of child maltreatment, increasing the demands on existing staff and exacerbating workload issues that increase risk.

High caseloads are an additional area of concern. Child protection is challenging work with complex families encountering multiple stresses and traumas. Large caseloads and excessive workloads make it difficult for child welfare workers to serve families effectively. The complexity of cases requiring intensive intervention, as well as administrative requirements, further adds to a caseworker's workload.[24] In 2008, Act 168 established a goal of one worker per 12 families, consistent with national standards, best practices, and the department's transformation plan.[25] The current statewide average caseload for ongoing workers is 17.5 families per worker (see Table 1). District caseloads vary from 14.1 to 23.8 families per ongoing worker (see Table 2). Caseloads for investigations are indicated in Table 3; current guidelines suggest that one worker should complete 100 investigations each year. These guidelines do not address the degree of difficulty, which we are not able to assess in the current case assignment process.

Table 1: FSD Average Statewide Family Caseload Counts, Ongoing Cases, 2010-2014

7/10/2010	8/2/2011	6/2/2012	6/5/2013	6/5/2014
16.7	15.8	15.8	16.2	17.5

Table 2: FSD District Family Caseload Counts, Ongoing Cases, April 2014

District	Ongoing Cases Open	# Ongoing social workers	Avg. Family Caseload
Barre	181	11	16.5
Bennington	103	6	17.2
Brattleboro	117	5	23.4
Burlington	310	22	14.1
Hartford	95	4	23.8
Middlebury	98	6	16.3
Morrisville	58	5.5	10.5
Newport	78	5.5	14.2
Rutland	141	10	14.1
Springfield	91	5	18.2
St. Albans	251	12	20.9
St. Johnsbury	77	3.5	22.0
Total	1602	95.5	16.8

[24] Child Welfare Information Gateway. Caseload and Workload Management. https://www.childwelfare.gov/pubs/case_work_management/case_work_management.pdf

[25] Social Worker Caseload Assignments http://www.leg.state.vt.us/reports/2009ExternalReports/240704.PDF

Table 3: FSD Average Statewide Family Caseload Counts, Investigations, 2007-2013							
	2007	*2008*	*2009*	*2010*	*2011*	*2012*	*2013*
Reports	3161	3758	4585	4601	4912	4700	5137
# FTEs	35	38	41	44.5	45.5	46.5	48
Ratio	90.3	98.9	111.8	103.4	108.0	101.1	107.0

The addition of front-line staff requires extensive training and support from Central Office and resources to provide technical assistance on specific issues. FSD has moved forward with hiring specific positions that will reinvigorate units that provided high-level support and feedback on case practice within the districts. For example, individuals with specialized knowledge in domestic violence, adoption, and child safety interventions will provide statewide technical assistance to workers in the districts.

Implementing a rigorous, universal set of training requirements for staff across the division will ensure that all employees are implementing policies that support good case practice and promote child safety. Mandatory training requirements have been put in place to fully orient new employees to FSD policies, and complementary mandatory in-service training for existing employees at five-year intervals. This focus on training and professional development furthers our goal of creating an organizational culture that embraces change and continuous improvement. Ensuring that staff members are equipped with the skills and knowledge to do their jobs is one method of addressing the ongoing retention concern, which exceeds 20% turnover in some districts.

In recognition of the critical staffing needs in FSD, and with support from the Governor's Office, we have undertaken the following staffing changes:

- **Increased staffing capacity at FSD district offices:**
  - **17 permanent full-time social worker positions in the districts will help reduce caseloads and the need for supervisors to take on case assignments because their workers are overloaded (7 are currently temporary positions). With these new hires, the statewide average caseload for ongoing workers will be reduced to 16 families to 1 worker.**
  - **New supervisor positions in two districts will help ensure supervisory ratios are no more than 6 workers to 1 supervisor.**
  - **A Program Services Clerk position will replace a temporary position in the St. Albans office.**
  - **A Domestic Violence Specialist will provide case-specific consultation to social workers in the southern part of the state on cases with co-occurring child abuse and domestic violence.**
  - **As noted above, a local community partner will provide the services of 6 substance abuse specialists who will help social workers with investigations in which substance abuse is alleged to be a contributing factor to child abuse or neglect.**
- **Increased staffing capacity at FSD Central Office by hiring:**
  - **A Child Safety Manager will work with district supervisors and social workers to improve assessment and decision-making skills related to immediate child safety and future risk.**

  - **A new social worker position in the Residential Licensing and Special Investigations Unit will conduct child abuse investigations in regulated settings and schools.**
  - **A foster care manager will oversee a full range of issues related to foster and kinship care including recruitment, training, retention, and contracts with organizations that support foster and kinship foster parents.**
  - **A post-permanence manager will oversee ongoing services and supports to over 1,900 special needs children who receive an adoption subsidy.**
  - **A nurse will provide consultation and support to district offices who are dealing with children in DCF custody who have life-threatening medical conditions.**
  - **An assistant director will help the Director to manage Woodside, our secure juvenile treatment facility.**
- **Implemented mandatory training and professional development requirements for all staff, including supervisors and Central Office staff. (Details of training requirements are described in detail later in this document, in response to Committee question #8.)**

Next Steps: A Renewed Focus on Prevention

I am committed to implementing these lessons learned, and am eager to learn from the Committee, external reviews, and our partners about how we, as a child protection system and in partnership with a broader community, can do better to keep children safe. A resounding message that I have received from these groups in the past few months is that intervention is not sufficient; to truly protect children, we must adopt a **renewed focus on prevention**.

The importance of holistic, coordinated prevention efforts has been at the heart of many DCF programs and initiatives introduced in the last few years.

One example of this approach is Children's Integrated Services (CIS). Vermont has created a unique, innovative model for integrating early childhood health, mental health, early intervention and specialized child care services for pregnant and postpartum women as well as for children birth to age six. The model is designed to improve child and family outcomes by providing services that are client-centered, holistic, and coordinated and flexible funding to address any gaps in services. CIS service delivery, payment, and financing reforms have been implemented in 11 of the 12 Agency of Human Services (AHS) districts. CIS referrals are made for all children who have a substantiated case of maltreatment or have a need for services following an investigation or assessment. In FY2013, CIS received 6,274 referrals, an increase of more than 450 families from the previous year. Averaged across districts, 43% of children who engaged with CIS from July to December 2013 had no immediate need for services upon discharge. Going forward, CIS leadership is actively working with the Agency of Human Services to find further areas of coordination within Integrated Family Services, which seeks similar service delivery and payment reform to create a continuum of services for children and families.

Another example of coordination between DCF's child protection and early childhood programs is protective services child care. Child care providers that complete specialized training are eligible for higher reimbursement rates for serving children involved with protective services. This initiative recognizes that a child's child care provider is an important member of the child's treatment team, often spending more time with the child than any other person. In addition, the child care provider sees the parent regularly, and has informal opportunities to provide support and teaching over time. The presence of a strong and supportive child care provider in a child and family's life may eventually allow the family to be free from state intervention. In FY2014, 688 children received subsidies to access specialized protective services child care, an increase of 150 children from FY2011.

These existing programs have much in common. These initiatives aim to intervene early, in a comprehensive manner, to ameliorate negative outcomes. There is a renewed focus on leveraging existing resources for better outcomes. Also, these programs require that our community partners share our vision where children and families are strengthened, and that supports are integrated and provided in natural settings by coordinated teams. This approach is informed by the knowledge that child abuse, chronic poverty, substance abuse, and domestic violence (among others) require a broader community response. Without working to strengthen families and help keep children safe, we face unacceptably high costs (both financial and social).

Looking forward, we must strengthen the supports for caregivers and communities to address the toxic stress that places children at risk. There are several exciting initiatives on the horizon that will provide a comprehensive vision and badly needed resources to further our goals of a broad-based community prevention approach.

- **Our Race to the Top – Early Learning Challenge grant includes a $6 million investment to establish Promise Communities that work to help children and families succeed in some of our most stressed communities. Intensive technical assistance will be provided by Promise Community Specialists, and communities will receive up to $200,000 in grant funding to help provide the resources needed for substantive change. Promise Communities will be rolled out in several cohorts, with the first six communities identified by the end of 2014.**
- **Family Supportive Housing, a demonstration project, aims to reduce child homelessness in Vermont by helping families who are homeless move into affordable housing and provides up to 24 months of case management and service coordination during the transition to permanent housing. Preference is given to families with an open case with FSD. Launched in July 2013, this program has disbursed $390,000 to three grantees in the Burlington, Brattleboro, and Rutland districts, with two additional districts funded in July 2014.**
- **The early success of the Strengthening Families Demonstration Project in three communities has provided many lessons learned that we hope to deploy across the state. As noted above, an additional $150,000 in funding was identified to support the three demonstration project sites through June 2015. We are assessing process and outcome data from this pilot with a goal of expanding and replicating this program across the state.**

With these and other forthcoming programs, my obligation as Commissioner is to work with communities to make strategic investments and plans to help make sure children succeed.

The conviction that underpins these efforts is that we must prioritize our most vulnerable children and families. Until we focus on preserving children with the same passion and commitment our state has made to keep Vermont beautiful through our environmental movement, I am convinced that future legislators will be talking to future Commissioners about the challenges of operating a large organization that tries to helps children and families after the fact, after they are challenged. This is unacceptable. I know that, together, we can do better.

Can you imagine a community coming together at Town Meeting to learn about how children are faring, in the same way we now come together now to learn of the roads scheduled to be paved next year, or the fire trucks that are needed? Will they ask that most fundamental and profound question – *how are the children?* When this happens we will begin to mount the kind of effort needed to help change DCF and to protect children in ways that are proactive, not reactive. By renewing our focus on prevention, we can act now to be sure that our children are safe, families are strengthened, and communities work together to assure that all Vermonters thrive.

4. *The Committee has heard public testimony concerning different DCF offices, and different DCF workers, performing differently and taking very different approaches towards child safety. Is this true? Why? What is being done to address this issue?*

Every community is different. In child protection, as with other social services, considering the community context is an important factor in ensuring collaborations with partners and stakeholders. Some variation in outcomes and processes is natural and expected. In addition, some communities have been hit particularly hard by issues such as substance abuse, homelessness, and other factors that increase the likelihood that a family will become involved with FSD.

Tables 10-14 detail variations in key child safety and permanency outcomes across the 12 FSD district offices. A close review of these data indicate that while there is significant variation between districts on a range of outcomes, no single district is an outlier across these measures. This speaks to the community context described above, where many players (from State's Attorneys, the courts, and guardians *ad litem*) are involved in decisions regarding placement and reunification. The variation evidence is also indicative of the complex interplay of policies, staff decision making, and community context. Going forward, we are particularly interested in addressing concerns expressed regarding differences in reunification and patterns of abuse that vary across districts.

Figure 10: Maltreatment Reports and Substantiated Victims, per 10,000 children, September 2012-August 2013

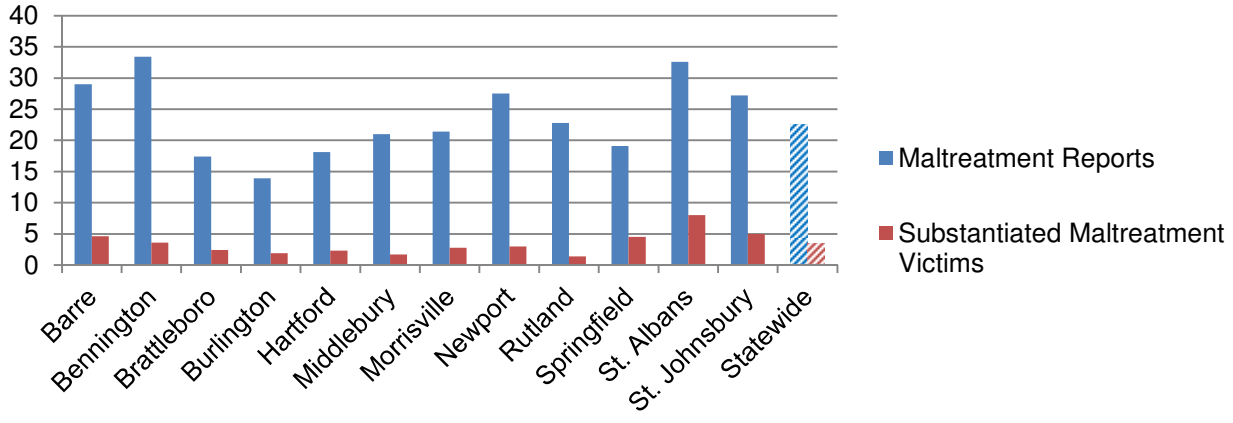


Figure 11: Removals, per 10,000 children, September 2012-August 2013

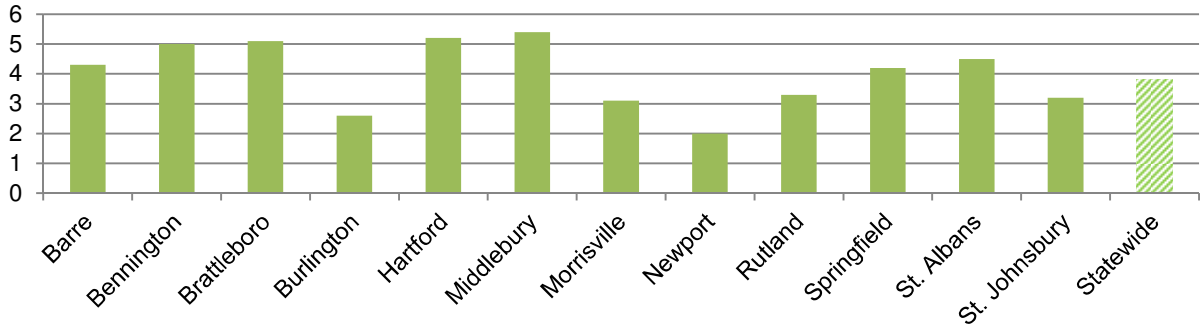


Figure 12: Non-Recurrence of Substantiated Maltreatment within 6 Months, April 2013-March 2014

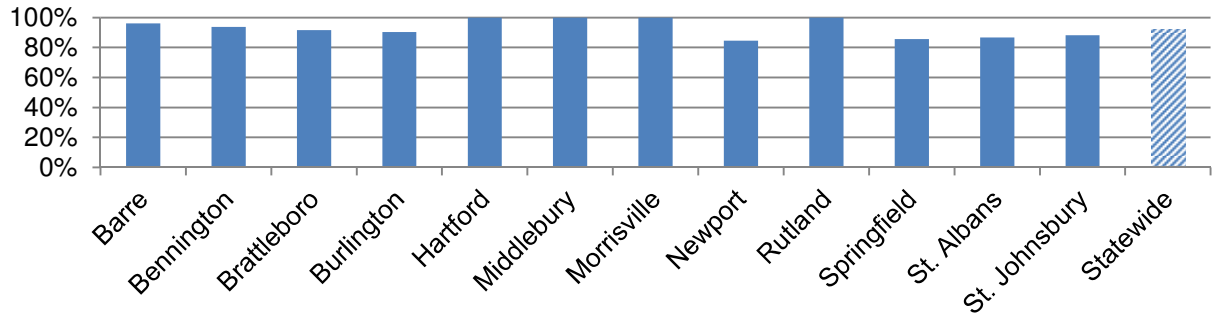


Figure 13: Discharged to Reunification/Relative within 12 Months, April 2013-March 2014

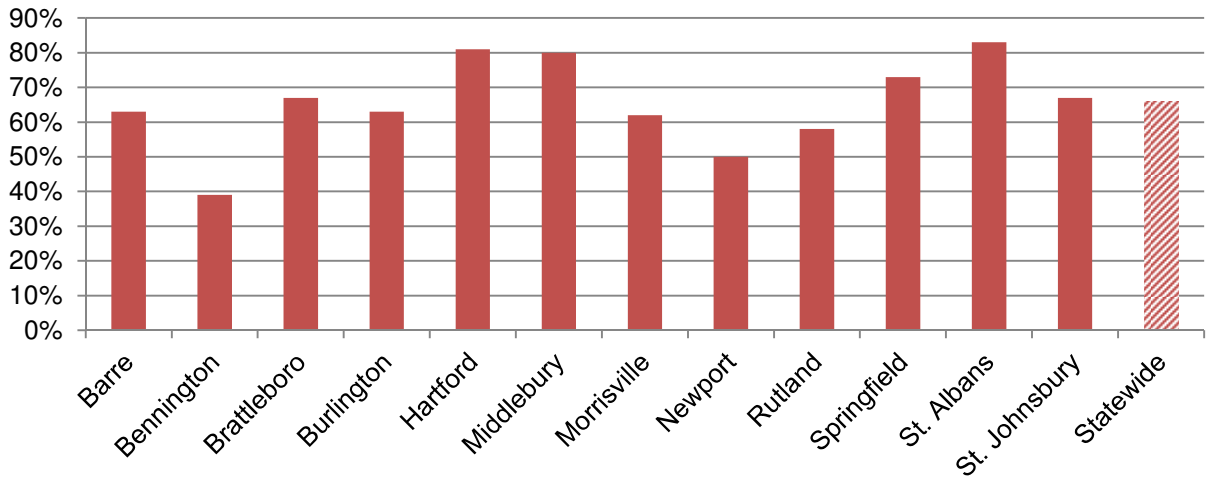
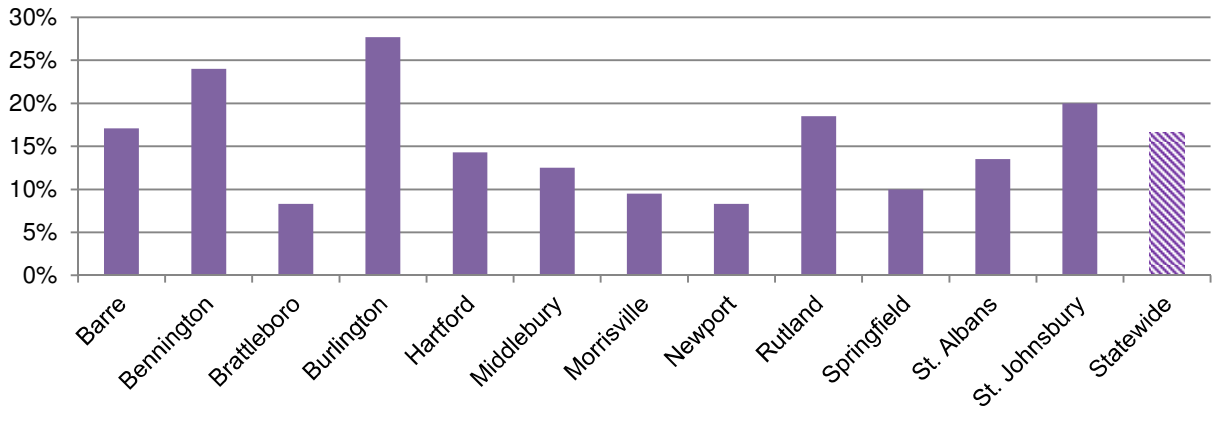


Figure 14: Discharged During 12-Months before 04/01/2013, Reentering within 12 Months



Our task is to use data and community feedback to determine when any variation exceeds acceptable limits. FSD Central Office staff creates consistent policies that form the framework for case practice within the districts. Policy and Operations Managers within Central Office provide oversight to District Directors, and are a key link to ensure consistent application of policies and practice. This supervision includes detailed case consultations, as well as providing support on key issues of concern within any particular district. Central Office quality assurance specialists monitor a range of outcomes, broken down by key demographics and over time, to highlight any significant variations between districts. In addition, a Child Safety Manager will be hired to work with district supervisors and social workers to improve assessment and decision-making skills related to immediate child safety and future risk. These new and existing supports will ensure a centralized oversight of policy implementation and established best practices.

With additional Central Office staffing capacity, we anticipate being able to provide greater monitoring to districts to ensure compliance with all key safety practices. These staff resources will also provide additional support to districts dealing with particularly challenging community contexts. In the future, we plan to use a Results Oriented Management IT solution that will provide detailed data at the district, supervisor, and worker level.

In response to concerns about differences in case practice and outcomes between FSD districts, we have taken the following steps:

- **A Child Safety Manager will be hired (as noted above) to work with district supervisors and social workers to improve assessment and decision-making skills related to immediate child safety and future risk.**
- **The increased use of MDTs convened for high-risk cases (discussed above) will provide necessary input from partners to ensure that key decisions benefit from input from a broad range of providers.**
- **Initiated the procurement process for a Results Oriented Management IT solution to better track case practice and outcomes at the district, supervisor, and worker level.**

5. The Committee has heard testimony that DCF fails to properly care for teenagers. Is this true? Why? What is being done to address this issue?

DCF Family Services provides services and supports to adolescents (aged 15-21) in two areas: 1) **youth in custody** due to maltreatment, unmanageability or delinquency and 2) **youth a**t **risk** of homelessness, substance abuse, neglect or victimization. These services are available and provided in every AHS district in the state by DCF Family Services and agencies specializing in work with adolescents and families. These services are designed to work with youth and families to build on their strengths and provide supports to address the risks and issues they face.

Youth in Custody

Act 74 of 2007, the Youth in Transition law, provides state-funded financial supports through this program to youth exiting foster care. Funds provided to these services in FY 15 include $1,408,316, to cover costs of plus additional funds from the DCF substitute care budget to support high school graduation-supportive adult living, and $101,000 to support foster youth in college. The numbers of youth in custody served through extended care initiatives (detailed below) are included in Table 4.

Table 4: Youth in Custody Extended Care Data, FY2013	
Categories of Financial Support	*Number of Youth Served*
Financial Support for Completion of Secondary Education	46
Adult Living Partners	25
Independent Living	31
Post-secondary Education Supports	49
Incidental Living Grant Funds	129
Drivers' Licensing Supports	35
Basic Needs	39
Employment Supports	14

Financial Support for High School Graduation

DCF Family Services continues to provide financial support for foster youth from 18-21 to remain in their current living situation until they have graduated from high school or turn 22. In addition to this financial support, DCF Family Services keeps its case open and with the assigned caseworker in addition to the services of the Youth Development Program to provide maximum support to the critical goal of high school completion. Outcome data on high school graduation and educational achievement for youth in custody are available in Table 5.

Table 5: Youth Development Program Educational and Employment Outcomes, FY2013	
Caseload over 18	64.8%
Youth 18+ with HS credential	83.7%
Youth 18+ with HS credential and Post-Secondary Education/Training	41.5%
Youth 18+ Experiencing Employment	72.1%
Youth not Experiencing Incarceration	96.3%

Adult Living Partners

When youth have completed high school they can still receive financial support to live in a family setting up until their 22nd birthday. After a process to insure the situation is safe and supportive for the youth, the individual or family providing the living situation receives a daily stipend. In many cases this may be a foster parent, but also can be a family member or other caring adult. Their FSD case is closed but they continue to receive case work support from their Youth

Development Counselor (YDC) who helps them with their current living situation, exploring a more independent living situation, pursuing college, training, employment, healthcare and other building blocks of living as an adult.

Independent Living
The housing support component provides monthly housing stipends for more independent youth. The stipend requires youth to contribute to their living costs based on a budget and a specified plan they create with the YDC. Plans are designed to increase their earning power over time through education and training. Plans require active participation in the Youth Development Program. They are reviewed a minimum of every 6 months and presume a descending level of support based on the plan. Incidental living grants are provided through a formal application process and require involvement with the local YDC and integration into the youth's overall plan. The average stipend is $309 per month, received for an average of 5.7 months. In 2013, 36 youth received a total of $63,519 in financial support.

Post-Secondary Education and Training
DCF provides financial support to youth pursuing post-secondary education and training through federal funds (Chaffee Education and Training Vouchers, Pell Grants, Stafford loans) and state funds (Emily Lester Education grants, Vermont Grants). The numbers of youth served in all funding streams are included in Table 5, along with detailed information on the Chaffee funds disbursed.

Table 6: Annual Reporting of Education and Training Vouchers Awarded

	FFY 2005	*FFY 2006*	*FFY 2007*	*FFY 2008*	*FFY 2009*	*FFY 2010*	*FFY 2011*	*FFY 2012*
New Recipients	34	36	17	27	34	30	21	35
On-going Recipients	0	18	20	27	30	26	19	34
Total Recipients	34	54	37	54	64	56	40	69
Chafee Funds Disbursed	$118,187	$77,778	$101,624	$94,111	$118,836	$108,467	$114,841	$116,546

Youth at Risk

In 2002, statutory and policy changes were made to decrease the necessity for older youth to come into DCF custody to access services. As it stands, DCF has no legal authority to require these at-risk youth to engage in services. At the time of this policy change, additional financial resources were provided by DCF to the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), the major statewide provider of support services to older at-risk youth through its statewide network of member agencies (see Table 7). VCRHYP services are provided in every region of the state and include, crisis response, emergency housing, family mediation and counseling, substance abuse assessment and treatment, access to health and dental care, life skills training.

Table 7: Youth At Risk Served		
Fiscal Year	# of Youth At Risk Served	Funds Allocated for this Population
2010	854	$2,138,924
2011	874	$2,143,204
2012	815	$2,143,204
2013	781	$2,313,062
2014	659	$2,248,305
2015	FY 15 began 7/1/14	$2,447,822

VCRHYP connects youth to needed services, including health and dental providers (see Table 8). In FY2013, VCRHYP screened 22% of youth for substance abuse concerns, and confirmed that 88% of youth exited to a safe and stable housing situation. Over a third of youth exited VCRHYP care to return home with family (see Table 9), highlighting the important distinction between youth in custody and youth at risk: youth in custody have experienced maltreatment and remain in the state's custody, while youth at risk are often beyond parental control but have families who can care for them when provided with additional supports.

Table 8: Youth Reported Having Access to Medical and Dental Care, FY2013		
	At Intake	*At Closing*
Having Medical Insurance	59%	93%
Having a Primary Care Doctor	53%	89%
Having a Dentist	44%	74%

Table 8: Youth Exiting VCRHYP, by Setting, FY 2013	
Home with family	36%
Independent living	18%
DCF (entered state custody)	10%
Relative's home	8%
Friend's house	7%
Moved out of area	4%
Police/Corrections	4%
Residential treatment	4%
Runaway/homeless	3%
College	1%

In response to concerns about services for older youth, DCF has undertaken the following steps:

- **Continued regular meetings with community agency partners, with a recognition future discussions must include a discussion of roles, resources, and relationships to better coordinate approaches.**
- **Agreed with partners to define, document, and coordinate roles and responsibilities in a formal memorandum of understanding.**

7. Do you suggest any statutory or regulatory changes? In particular, do you suggest changes concerning issues such as family reunification, confidentiality, or any other laws or procedures?

DCF seeks to work with the Legislative Committee on Child Protection and our community partners to enhance accountability and improve court proceedings for families involved with FSD. We recognize that these efforts should be informed by the recommendations of ongoing reviews being conducted by the Vermont Citizen's Advisory Board, Casey Family Programs, and the National Center on Substance Abuse and Child Welfare.

We welcome the opportunity to create additional opportunities to enhance public confidence in the child welfare system. Potential responses include:

- Exploring avenues for increased oversight, through an Office of the Child Advocate, legislative oversight committee, or VCAB with standing legislative representation;
- Improving feedback to mandated reporters by providing more detailed feedback that shares the policy decisions made in determining whether to accept a report of abuse or neglect; and
- Allowing greater public disclosure in child abuse cases (e.g., after arrest/conviction, clarifying information that has been made public by other sources).

We would also like to explore some changes to court proceedings, in recognition of the key role that the legal community plays in child safety. Potential responses include:

- Re-emphasizing a focus on the best interest of the child over an established custody hierarchy at temporary care hearings;
- Considering additional avenues for foster parents and relatives to have input on proceedings, for example by creating avenue for providing information to the court at any point in the process, with good cause shown;
- Exploring child endangerment legislation that criminalizes the behavior of an individual who allows a child to suffer death or serious bodily injury, or allows a child to be sexually assaulted, without requiring proof of who actually inflicted the injuries or killed the child; and
- Exploring whether Assistant Attorney Generals should represent DCF in serious physical or sexual abuse cases.

We would welcome the opportunity to report back to the Committee in December with specific recommendations. At that point, we will have the benefit of findings from external reviews and consultation with our partners.

8. Please be ready to provide the Committee with the job descriptions and training requirements for each position within DCF, and in particular social workers, investigators, case managers and supervisors.

Job Specifications

Brief descriptions of each type of social work and supervisor position are provided below, with links to detailed job specifications.

Social Worker Trainee:
Entry-level professional casework duties involving the delivery of social, counseling and/or related services to Department for Children and Families (DCF) of the Agency of Human Services (AHS) clients.
http://humanresources.vermont.gov/classification_hiring/classification/job_specifications?code=502600

Social Worker:
Professional level social services casework for the Department for Children and Families (DCF) of the Agency of Human Services (AHS) involving the management and delivery of services to children and families.
http://humanresources.vermont.gov/classification_hiring/classification/job_specifications?code=502500

Senior Social Worker:
Casework and supervisory work at a professional level for the Department for Children and Families (DCF) of the Agency of Human Services (AHS) involving the provision of social and protective services to clients and their families.
http://humanresources.vermont.gov/classification_hiring/classification/job_specifications?code=500000

Social Services Supervisor:
Administrative and supervisory work at a professional level for the Department for Children and Families/Family Services Division of the Agency of Human Services involving the provision of social and protective services to clients and their families in an assigned district.
http://humanresources.vermont.gov/classification_hiring/classification/job_specifications?code=503500

District Director:
District Directors provide managerial and leadership work for the Family Services Division (FSD) of the Department for Children and Families (DCF) of the Agency of Human Services (AHS) involving the administration, delivery, and evaluation of services to children and their families in an assigned district.
http://humanresources.vermont.gov/classification_hiring/classification/job_specifications?code=502800

Training Requirements

As noted above, all FSD employees have mandatory training requirements. This encompasses training to new workers and ongoing professional development to existing employees. The following training requirements will be in effect as of September 2014.[26]

- *All newly-hired FSD District Directors, Supervisors, Social Workers, and Resource Coordinators:*
  - *A 2-day orientation within 4 months of employment*
  - *The 3 week Foundations in Family Centered Practice course (inclusive of several online components)*
  - *6 stand-alone distance learning courses within 12 months of hire*
  - *50 hours of Continuing Education every 5 years (as of 9/2014)*
  - *Complete 10 of 15 Advanced Practice (AP) classroom courses, plus all AP distance learning within 24 months of hire (as of 9/2014)*
- *Administrative and Central Office staff:*
  - *A minimum of 25 hours of the 3-week Foundational Practice classroom training*
- *All staff: Domestic Violence foundational online training*

In response to concerns about staff training and professional development, and in compliance with existing plans filed with the federal government, FSD has taken the following steps:

- **Mandated comprehensive orientation and refresher training requirements for all staff beginning September 2014.**
- **Required that all staff complete the Foundations in Family Centered Practice course every five years.**

[26] *Child and Family Services Plan, 2015-2019, http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/fed/CFSP_2015-2019.pdf, pp. 37-38*

3. What is the administration's plan concerning DCF? What if the timeline for implementing that plan? What will be the results of that plan be, and when will those results be visible?

DCF has been actively engaged in conversations regarding re-alignment, as requested by the Governor. Secretary Racine will provide an update on the status of this process during his testimony on July 29.