

My name is Trissie Casanova, I am a social worker from the St. Albans DCF FSD division. I have been a social worker there for the last 11 years. In that time I have had the opportunity to work in all three units, CPS, JS and now investigation/assessment.

Flaws with current system:

- Substantiation appeals- burden of proof for substantiation and level one appeal is what a reasonable person would conclude. At the HRB burden of proof is a preponderance. Also at Human Service Board the victim is required to come back to testify and some parents of victims or victims do not want to come back to do it again; then substantiation is overturned.
- Reports on opiate addicted parents with children ages 1-5 do not meet criteria for acceptance generally when the reports do talk about the immediate risk or danger; opiate/drug use on its own does not meet criteria for acceptance
- Reports on pregnant mothers who are using drugs are not accepted until the last 30 days of pregnancy. Residential treatment programs will not allow pregnant woman to come into their treatment programs during their last 30 days of pregnancy b/c they could give birth. Therefore mothers are then having to give birth and then go to treatment disrupting the bonding time between mother and child.
- Is very difficult to get criminal charges, and CPS information from other states when cases are assessments
- ROH cases that are brought to court, judges are saying that while there is risk there is no incident and are reunifying children in potentially dangerous situations, against DCF recommendations.
- Gap in system for teens who are 16.5-17.5. Adolescents are engaging in risk behavior, running away, drug use, human trafficking. Currently there is not a system set up to help support them.
- Work load issues, too many worker tasks for each worker to complete with every case therefore things fall through the cracks due to the work load issues and not enough workers.
- Social workers cannot request a track reassignment with a JPA, so if a parent will not engage with us or will not allow us to talk with their child we cannot request for the track to be changed to an investigation so that we can interview the child without parental permission.
- Social workers are receiving pressure from judges and attorneys to reunify children to homes when DCF does not feel that the situation is safe enough.
- Now that DCF has the family support cases, DCF is asking families to make changes to help reduce risk and help prevent future child maltreatment. The families need services in order to make these changes. That makes it difficult to happen when there are long waitlists for services.

Communication issues:

- Drug treatment programs are not recommending to pregnant mothers a higher level of care when they continue to test positive for drugs they are not prescribed. Then DCF comes in and

tells them they need residential (after a Lund screening). This creates problems with communication and creates fragmented teams.

- 2 weeks of residential substance abuse treatment is not sufficient.
- Lund current completes comprehensive substance abuse assessments which use collateral information. Other ADAP approved providers are only going on self-report and scheduled urine screens.
- Mental Health clinicians only going on self- report from clients and making recommendations based on that information; instead of working with in an MDT.
- Communication with the Emergency Departments' regarding Meth exposure and serious physical abuse cases. While there are national protocols out there for the medical community, they are not aware of it and either minimizes the situation or they are not sure what to do and are asking social worker's what to do. DCF rely's heavily on medical professionals for their expertise.
- Attorneys telling parents not to talk or work with DCF and giving inaccurate information to parents about our system.
- Opening up family court proceedings to the public would be very difficult of the children who are the victims. It could be very shaming for those children and it could create further ambivalence about reporting or disclosing information to DCF or anyone else in the future.

What works well:

- Partnership with NUSI- local SIU's. Would be great if they were able to get involved with other physical abuse cases
- Partnership with Lund screeners co-located at the district office as they have a level of expertise regarding substance use and addiction. They are also able to follow up with providers and make recommendations regarding treatment