

Legislative Committee on Child Protection
Testimony from the Vermont Council of Special Education Administrators
8/12/14
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VCSEA is committed to promoting safe and healthy environments for all of Vermont's children. Our members recognize the complexity of this task as well as the major challenges in realizing this goal for the children who are in the most need of protection. We also know that no one agency can provide all of the supports and components of the safety net needed for our children. The concerns our members have with regard to child protection are the responsibility of many. Some observations and concerns from our membership about their experiences with DCF practices and related recommendations follow:

- **Staff and leadership turnover within DCF district offices is an obstacle to the development of consistent relationships with families who are at risk.** Turnover also prevents the development of the relationships with community resources, mental health and other human services and education providers that would allow for informed and coordinated planning and intervention over time. Deterioration of working relationships within the community interagency system results.
- **Communication with districts in follow up to reports of suspected abuse or neglect is inconsistent.** Multiple reports reflecting grave concerns about a child's welfare are too often determined not to rise to the level where any action takes place. One example is when a school called law enforcement following numerous DCF reports and the students were so afraid to go home that they refused to do so. Another example is when a school contacted DCF and received no response to reports involving serious allegations or reports directly from victims of sexual abuse at home.
- **The success of child protection services is largely dependent on the case worker involved.** Many caseworkers are very diligent and communicate with schools consistently. Some do not appear to be aware of the necessary procedures. When communication with districts regarding student moves is variable and delayed good planning for the student is compromised. Often the caseworker is unaware that students in custody need to be enrolled in the district school in which the child resides, or that an Memorandum of Understanding (MOU) must be in place between DCF and the school when it is determined by DCF that the child's best interests are served by remaining in a particular school even though the child has been moved to a home in another district. Timely information regarding student needs is critical to quality educational services.
- **Caseworker attendance at individual children's Coordinated Services Plan (CSP) team meetings is inconsistent.** This occurs despite the fact that Vermont Act 264 and Interagency Agreement require active involvement of DCF throughout the CSP process for children where there is an open case or high risk for DCF involvement. The CSP process can be a powerful prevention tool.
- **DCF and Family Court coordination appears to be lacking at times.** For example, a DCF caseworker indicated that DCF could not intervene and once the situation was addressed in court DCF was instructed to intervene.
- **Education, as the mandated provider of daily educational services to children, is frequently in the position of addressing safety and related mental health issues that would be more**

appropriately addressed through child welfare and mental health interventions. Inadequate funding of both DCF and community mental health treatment for children and families puts enormous pressures on schools to pick up services costs.

Recommendations:

1. **Effective partnership between all of the state and community resources is a critical component of a healthy and responsive system of care.** Vermont has done a tremendous amount of work since 1987 in the creation of such a system for all children and families in need. This work is embodied in Act 264 of 1990 and the Interagency Agreement of 2004. To function effectively the implementation of all components of these structures at the State (State Interagency Team), regional (Local Interagency Team) and individual child (Coordinated Services Plan) levels is necessary.

Case workers and supervisors must be sufficient to allow for the time necessary to participate in a functional coordinated services planning process at the community level. Accountability cannot be enforced without enough staff to implement procedures and best practices. Many factors contribute to staff turnover. Sufficient staffing and support, and high quality supervision for the stressful and challenging work of child protection are fundamental to preventing loss of job satisfaction and increased turnover.

Vermont's system of care needs to be brought up to date in mission, funding and practice. Commitment from state level leadership to renew the vision, flexible funding structures to support ongoing professional development and cross agency training, mentoring and coaching of teams, and access to flexible funding structures for CSP and regionally identified needs are all necessary components. There is much proactive work happening across provider agencies and schools in pockets of Vermont; these successes need be recognized and used to revive and implement the vision of Act 264, and the Interagency Agreement of 2004.

2. **The work with Positive Behavior Intervention and Supports (PBIS) in Vermont has provided schools with tools to identify students who are at risk earlier and provide school based supports.** The support of mental health in this effort is ongoing. Using current tools that can identify children at high risk early is valuable. Knowing more about what is working well instructs the needed structures and interventions throughout the whole system of care.
3. **The strong connection between good mental health and life-long success is supported by the research.** Quality mental health and substance abuse services within a continuum of services can help to prevent child safety crises within families. VCSEA supports access to a high quality continuum of mental health services to all children and their families in need. We believe that mental health and substance abuse services must become an entitlement to all children and families if we are to be effective in stemming the tide of increased referrals to DCF. Additionally, state level attention is needed to address the inequity in service menus offered for children and families depending on the DCF District and Designated Community Mental Health Agency to which the child and school are attached.
4. **Co-location and full service schools are both concepts worth further discussion to ensure higher levels of access to intervention for children and their families.** In an era of single payer health care we must consider the Adverse Childhood Events research. We know that four or more adverse childhood events lead to increased health care costs later in life. Providing an entitlement to safety and mental health services for children will decrease costs in the long term.