

Health Care Oversight Committee
7/24/2014
Protecting Children from Abuse and Neglect

**Erin Maguire, President of the Vermont Council of Special Education Administrators and
Executive Director of Student Support Services for Chittenden Central Supervisory Union**
emaguire@ccsuvt.org

Context:

Protecting children from abuse and neglect is a major role for Vermont educators. As administrators who oversee the programs for children who are disabled and experiencing academic and behavioral challenges, the work of special education directors interfaces with other state agencies who work to protect children and serve the needs of children experiencing abuse, neglect and other environmental stressors. The collaborative work between education, DCF, mental health, and the family court system in Vermont is a critical aspect to improving systems of protection and support for these children.

Critical Concepts for Consideration:

❖ **The Coordinated Service Planning (CSP) Process**

- Vermont has a long history of collaborative planning between DCF, Mental Health and Education that is well established in policy and statute. This process starts at the local level and has a hierarchy of teams that extends to the state level for planning around complex cases. DCF has been unable to attend meetings across the state due to caseloads, crisis intervention, and lack of resources. This must be addressed to strengthen the collaboration between the agencies.
- It is important that we use our current strengths in the CSP process rather than create a new and separate system.
- Ensuring mental health and DCF to come to the table as equal partners with available services options is an area of worthwhile focus. The problem stems from a lack of available services as well as a lack of entitlement to services.

❖ **Proactive and engaged state systems**

- As the body of state government leading the activities around protecting children from abuse and neglect, we need DCF to be able to be engaged in proactive work and training for other state agencies and schools. Mandatory training laws are critical and have made a difference.
- The standard for investigating reports is too high and needs review.
- Reactivity will not reduce our challenges; we need to find ways to engage families in proactive work before abuse and neglect is taking place. The medical community has a distinct role in screening and referring with regard to this work.
- Ensuring substance abuse treatment and monitoring drug use that is found to be happening in homes where children live is critical.

❖ **Mental health services for children**

- VCSEA strongly recognizes the importance of early intervention for students who struggle with emerging or present mental health challenges. The strong connection between good mental health and perseverance and life-long success is in evidence in many different bodies of research. VCSEA supports access to high quality mental health services to any child in need. The legislature commissioned a study on Mental Health in Schools through the passage of Act 68. VCSEA was represented with active participation in this study and we will look forward to collaborating on forthcoming recommendations. Mental health services must become an entitlement to all children in need. Collaborative and coordinated service provision available through designated agencies, community providers and schools is critical.

- In a new era of single payer health care we must consider the Adverse Childhood Events research. We know that 4 or more adverse childhood events lead to health care costs later in life. Providing an entitlement to mental health services for children will decrease costs in the long term.
- Access to family therapy as part of intervention for struggling families should be a top priority.
- We need to spend dollars on proactive efforts while we continue to spend dollars reacting and treating issues that are already present.
- The lopsided nature of the dollars spent through education versus the dollars spent from Designated Agencies is concerning for VCSEA and deserves to be addressed in a systemic way. Continued cuts to mental health funding shift costs to the education fund.
- While children do not wait on wait lists for education, nor should they wait on wait list for the mental health services.

❖ **Communication barriers**

- Parent rights and confidentiality are important and we must uphold the education and medical confidentiality requirements. That said, we must establish high quality communication systems across DCF, Education, Mental Health and Juvenile Justice to effectively plan, monitor and protect the safety of the children of this state.
- The communication between the courts and other state agencies needs to be a focus. The education of attorneys and judges with regard to services, coordinated service planning and proactive intervention must become more present as part of our court system.
- Courts are required to inform schools when juveniles are convicted of crimes involving sexualized acts but are not permitted to share any information with regard to the events or need for safety planning. This is an example of a policy barrier that limits our ability to protect both the juvenile who is convicted or delinquent as well as others.
- Increased monitoring and family treatment should be present when violent convictions take place and the individual lives with children.
- Mental health, education and DCF should be expected to communicate to the greatest extent possible under the law and should be required to seek permission to communicate from parents who are part of at least two of the three systems.