

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

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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 includes 18 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 express 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.