

# Vermont Department for Children and Families

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## Commissioner's Response to 2014 System Evaluations by the Vermont Citizens' Review Board and Casey Family Programs

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Ken Schatz,  
Commissioner

March 17<sup>th</sup>, 2015

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**Introduction**

On February 19, 2014, Dezirae Sheldon (DS) sustained the injuries that would lead to her death two days later. This event was followed by the death of Peighton Geraw (PG) on April 4, 2014. These two young children had spent time in the custody of the Commissioner of the Department for Children and Families (DCF). Rightfully so, their deaths caused all of us to question what we could have done to prevent their deaths. In trying to answer this question, Vermont’s Child Protection System has undergone an unprecedented number of reviews and inquiries:

1. Secretary Chen’s Report dated 10/1/2015 focused on the Department for Children and Families (DCF) as a whole. Specifically, recommendations were designed to enable the DCF Commissioner, who has wide purview, to spend more time on child protection issues.
2. Vermont Citizen Review Board (VCAB) report dated 11/7/2014, made systems recommendations based on a comprehensive review of the DS and PG cases.
3. Casey Family Programs (Casey) report dated December 2014, based its recommendations on Casey’s knowledge of national best practices, focus groups for FSD staff and stakeholders, a targeted case review of a sample of cases involving opiate use, and a review of FSD data trends as compared to national trends.

DCF cannot and does not act alone in addressing child protection. The department works closely with both state and community partners to keep children safe and healthy. The above-mentioned systems evaluations recognized this reality in making recommendations for changes in areas outside of DCF’s purview.

The department has appreciated the attention paid to child protection issues over the past year, as it has created numerous opportunities for dialogue. The DCF Family Services Division (FSD) has focused internally and looked critically at current policies, practices and training priorities. Much has been accomplished and there is much more to do.

This report is primarily focused on internal changes and plans in response to the evaluations. We remain committed to strengthening our relationships with state government and community partners, to ensure the safety, protection and well-being of Vermont’s children.

## Position Pilot

In June 2014, the Agency of Administration and the Joint Fiscal Committee approved a position pilot that allowed FSD to recruit the following positions:

Position	Note	Location	#	Filled?
Social Workers		Various	18	Yes
Supervisor		St. Albans, Barre	2	Yes
Admin. Assistant	Temp conversion	St. Albans	1	Yes
Domestic Violence Specialist		Rutland	1	Yes
Child Safety Manager		Central Office	1	Yes
Post-Permanence Manager	Contract conversion	Central Office	1	Yes
Foster and Kin Care Manager	Contract conversion	Central Office	1	Yes
Nurse	Converted to Quality Assurance Coordinator in Jan 2015, in response to system evaluations	Central Office	1	No

## Position Re-purposing

At a result of re-classifying positions in other parts of DCF, we are recruiting to fill these positions:

Position	Location	#
Policy and Planning Specialist	Central Office	1
Assistant Director, Centralized Intake and Emergency Services	Central Office	1
Assistant Director, St. Albans District Office	St. Albans	1

## Impact of Position Pilot on Social Worker Caseloads

It was the hope that the 18 additional direct service positions would allow us to reduce social worker caseloads. However, since the number of cases we are handling has substantially increased, the additional positions have only enabled us to prevent the average caseload per social worker from rising dramatically. Still, the average caseload is rising.

	2013	2014	Mar 2015	Net Chg from 2013	% Chg from 2013
Intakes	17,460	19,292		1,832	10%
Investigations and Assessments	5136	5848		712	14%
Children in Custody at Year End	1000	1185	1251	251	25%
Children < 6 Yrs in Custody at Year End	281	403	511	230	82%
Social Worker FTEs in Districts	146.5	159.5	159.5	13	9%
Assigned to Investigations	51	56	56	5	10%
Assigned to Ongoing Casework	94.5	103.5	103.5	9	10%
# Families/Social Worker FTE	17.0	16.9	17.4	0.4	2%

## Upcoming Federal Review

In June 2015, the Family Services Division will undergo a federal Child and Family Services Review. Activities associated with this review are already underway, including a Statewide Assessment, which is due in April 2015. A team of reviewers will be in the state during the week of June 15, reviewing 65 cases in the Burlington district, and in two other districts. Based on preliminary data, we anticipate that we will enter into a 2-year period of Program Improvement that will focus, at a minimum, on:

- permanency within 12 months;
- re-entry into care within 12 months following discharge; and,
- placement stability.

In order to avoid federal financial sanctions, FSD must meet negotiated goals during the Program Improvement Period.

## VCAB and Casey Evaluations

These reports can be read here: <http://dcf.vermont.gov/strengtheningDCF>. In the sections below, recommendations are organized thematically, not in the order given in either report. Items for which there are significant barriers to implementation are highlighted in gray.

### DCF Mission

Who?	Recommendation	Status/Response
VCAB	DCF's mission should be reviewed and updated if needed, to ensure that the safety and welfare of children is central to all decision making. In following federally mandated guidelines regarding permanency, child safety must not be compromised.	This is done. We reviewed our current mission and have revised it to the following: "We work with families and communities to make sure children and youth are safe from abuse, their basic needs are met, they abide by the law, and their families are supported to achieve these goals."  We have also revised our practice model to be clearer that safety is our first and primary goal.

### Prevention

Who?	Recommendation	Status/Response
VCAB	Support expansion of existing statewide research-based effective training initiatives regarding abusive head trauma (AHT). Recent efforts have resulted in a significant reduction in child fatalities due to AHT; such efforts should be expanded to include parents/caregivers of toddlers.	We agree that this program is effective and have funded it at its current level for many years. We would be happy to expand the program if additional resources were available.
VCAB	Home visiting services provided in accordance with the standards set by the Vermont Department of Health's Maternal Child Health Division should be required for all new parents involved with the child welfare system, starting prior to the birth of	The Nurse Family Partnership, administered by the Vermont Department of Health's Maternal Child Health Division, has strict eligibility criteria. The client must be a Medicaid-eligible, first time pregnant woman who enters services before the 28 <sup>th</sup> week of

Who?	Recommendation	Status/Response
	the baby if possible.	<p>pregnancy. We do make referrals to available home visiting programs whenever we are aware of an eligible woman; we highly value these services.</p> <p>FSD also makes regular referrals to Children’s Integrated Services, which includes home visiting as a service for some pregnant women and children. Referrals are mandatory for substantiated victims of child abuse under the age of three.</p> <p>As part of the Race to the Top Early Learning Challenge grant, more home visiting services will be available.</p> <p>Currently, there is no mechanism to require parents to participate in home visiting services.</p>
VCAB	Vermont must invest in proven effective prevention strategies such as research based parent education and support programs. Prevention efforts should focus on children and families with whom DCF is working, but also be available to all families as an effective approach to preventing serious injury and child fatality.	We strongly agree that evidence-based prevention approaches are key to preventing child maltreatment and therefore worth our investment. Currently, FSD invests in prevention services delivered through Prevent Child Abuse Vermont. Also, the Strengthening Families Demonstration Project is testing an approach with high risk families in three districts.
Casey	Expansion and replication of prevention /early intervention services such as Vermont’s innovative CHARM collaborative for pregnant women with opiate addictions is strongly recommended. Washington State’s PCAP program <sup>[1]</sup> and Kentucky’s START program <sup>[2]</sup> provide other examples of model initiatives for serving this and similar populations.	<p>The driving force behind the creation of the CHARM team was the medical community, which guaranteed strong buy-in by doctors and others. FSD staff are invited collaborators. We will collaborate on similar efforts in other regions of the state.</p> <p>We have also participated in efforts to disseminate this model nationally.</p> <p>We will research Kentucky’s START program.</p>
Casey	A CPS report alleging parental substance abuse or chronic mental health conditions or a pattern of domestic violence, which is screened out or assigned to the Differential Response track, should generate a referral to a community based service provider that can conduct outreach to these families and is able to provide an array of family support services.	<p>We agree that this would be a good prevention strategy. However, as part of the intake process, FSD staff does not usually have direct contact with the client. There is no current mechanism to operationalize this recommendation.</p> <p>For families screened into the assessment track of differential response, referrals to community providers are routine.</p>

## Assessment of Safety and Risk

Who?	Recommendation	Status/Response
VCAB	DCF should consider evaluating whether reports from physicians, schools, or others should be weighted more heavily than other reports.	We do not agree with this recommendation. Current policies specify that <u>every</u> report should be taken seriously, regardless of whether the reporter is a professional. It is our belief that elevating the importance of some reports may have the unintended consequence of staff taking other reports less seriously. In 2013, 6% of reports came from medical personnel and 27% came from school personnel.
VCAB	Establish more comprehensive protocols and procedures for investigations (Policy 52), to ensure that all elements that might be helpful to the investigation and to subsequent case planning are considered and documented.	This policy will be updated once the final version of S.9 has passed.
Casey	Provide clear guidance to social workers regarding their role in cases assigned to the assessment track of Differential Response.	FSD will develop practice guidance for assessment track cases by 9/1/2015.
Casey	Social workers must be given sufficient work time to conduct thorough assessments, and must have the skill to “go beyond the tools” to apply critical thinking in assessment and decision making.	We agree that time and skill to "go beyond the tools" is critical, as well as complete assessments; we will continue to provide training and supervision to this end.
Casey	Assessment must be comprehensive rather than narrowly focused on the allegations in a report.	
VCAB	Develop clear standards to ensure that assessments of families and risk to children are complete and accurate.	
Casey	Allow sufficient casework time for thorough assessment, service referral, and ongoing case monitoring in assessment cases. Families in the assessment track must have timely access to appropriate services if Vermont’s DR [Differential Response] initiative is to serve the needs of referred children, their families, and the state’s child welfare system.	We agree that workers need sufficient time to handle these cases. Rising caseloads are decreasing the time that workers can spend on each case

Who?	Recommendation	Status/Response
Casey	Provide social workers with initial and ongoing training as well as coaching in use of safety and risk assessment tools.	<p>FSD held an initial meeting with the Children's Research Center (CRC) in January 2015. We are currently working with CRC to determine the scope of work and timeline for completion. We will meet face to face again in April 2015. We are receiving support from Casey Family Programs in this endeavor.</p> <p>We will be training coaches in late June 2015, and will focus initial coaching efforts on safety and risk tools.</p> <p>Casey Family Programs will also provide on-site training related to both safety planning skills and reinforcing a "culture of safety".</p>
Casey	Focus training and coaching on strengthening general assessment skills as well as on specific tools used by FSD.	
VCAB	All risk factors should be thoroughly documented; information from the risk assessments (not just the "risk score") should be taken into consideration for case planning, and should be shared with all parties to the court proceedings.	
VCAB	Train staff to include complete and accurate information on assessments.	
Casey	FSD is already working with the Children's Research Center to improve safety and risk assessment procedures and to provide updated training for social workers in use of these assessment tools; follow-through and completion of this initiative merits priority attention.	
VCAB	Structured Decision Making risk assessment tools should be implemented consistently and regularly – ongoing risk assessments should be conducted throughout the life of a case to address changing situations and circumstances.	

### Assessment of Parent-Child Attachment

Who?	Recommendation	Status/Response
VCAB	DCF should incorporate best-practice; evidence based assessments of parent/caregiver-child attachment in case planning; and should provide practice guidance and training for staff on how to use such assessments in guiding reunification decisions.	<p>Currently, FSD is working with Easter Seals to develop some capacity to conduct assessments of parent-child attachment within existing resources. Easter Seals staff are participating in a New England collaborative focused on this issue.</p> <p>FSD is holding a statewide conference in March 2015 for staff and partners focusing on the needs of young children and how to improve our focus on the safety and wellbeing of these young children. All FSD social workers are required to attend.</p>



## Safety Planning and Safety Monitoring

Who?	Recommendation	Status/Response
VCAB	DCF should ensure continuous monitoring of child safety and well-being that includes conducting in-home visits, and not just “eyes-on” in court or at school. The federal standard of 1 face-to-face meeting per month between caseworker and child is inadequate to effectively evaluate how a child/family is doing and to make case plan decisions. More home visits, including unannounced visits, should be required when child safety is being assessed or when a child is being reunited with family.	We agree that we should increase face-to-face contact, including home visits. Current caseloads are a significant barrier to accomplishing the continuous monitoring suggested by this recommendation.
Casey	Provide social workers with training and coaching in use of safety plans for cases in which significant safety threats or risks of future harm are identified and children remain in the home or are reunified following out-of-home placement, especially in families with issues of parental substance abuse, mental illness or domestic violence. FSD should specify the format for safety plans, the circumstances under which their use is appropriate, assessment of parental protective capacities and engagement of parents in development of safety plans, the need to tailor plans to the facts and circumstances of cases, the length of time safety plans may remain in effect, creation of safety networks including relatives and community supports, inclusion of relapse plans in cases involving parental substance abuse or mental health problems, and monitoring and follow-up of plans once they are in place.	With assistance from Casey Family Programs, we are evaluating our framework for safety practice. With their support, a Vermont Team spent several days in San Diego to learn about their “safety-organized practice”. We have implemented some of what we learned and have plans to implement additional components this spring and summer. We are also working with Casey to deliver training on safety planning.  We plan to develop policy guiding safety planning by 9/1/2015.
VCAB	DCF policy should require that case plans must be updated when new household members start living in the home with child.	We agree that we should be aware of and evaluate the impact of the new household members, including being aware of any risks they may pose. S.9, in its current version, requires DCF to conduct background checks on new household members. However, DCF currently lacks the authority to do this.

## Casework Documentation

Who?	Recommendation	Status/Response
VCAB	The quality of documentation must be improved without creating such volume and demands on workers’ time that documentation best practices are impeded. Documentation must include information regarding the nature and quality of relationships between parents and their children.	An on-line training on casework documentation is available and required for new staff.

## External Communication

Who?	Recommendation	Status/Response
Casey	<p>FSD must communicate more effectively with the public. It is critically important that FSD develop systematic and effective approaches to informing Vermonters about the good work the agency and its staff do every day in protecting vulnerable children and helping parents strengthen their caregiving capacities. In the same vein, obtaining stakeholder buy-in and building public support is essential to the ultimate success of practice initiatives like Differential Response.</p>	<p>Casey Family Programs has agreed to assist FSD in this area. We are working with them to design and deliver training and Technical Assistance. We will do this in conjunction with the New England Association of Child Welfare Commissioners and Directors.</p> <p>We have already been working on additions to our public website; we now have a section on laws that govern our work. We believe that we can and should use our website to communicate more effectively to the public and stakeholders.</p>
Casey	<p>Making reports of the state’s progress toward CFSR goals available online with frequent (i.e.: at least monthly) updates would move FSD toward greater transparency, accountability and public trust. Publishing regular summaries of additional Vermont-specific data—for example, average social worker caseloads by District—would allow FSD managers, policymakers and the public to track other key indicators as well.</p>	<p>We will begin to do this in the context of our upcoming federal Child and Family Services Review to be held in June 2015.</p>
Casey	<p>Timely completion of work already begun in implementing a Results Oriented Management (ROM) data system for FSD (see full Recommendations section for more detail) would be a logical step toward providing the agency with the capability to meet this [above] recommendation.</p>	<p>This contract is still in progress, with an expected start date about April 1, 2015. When up and running ROM will provide a set of data reports that will be useful at every level of the organization. Our goal is to have a public-facing portal for data as well.</p>
Casey	<p>A comprehensive initiative is needed to improve relationships between FSD and families who provide homes for children in foster care.</p>	<p>We agree that relationships with foster parents have suffered as a result of last year’s events. We appreciate the worry that foster parents experience when they feel that a child is not safe. In addition, as we have focused on increasing the use of kinship care, foster parents have felt less valued.</p> <p>As result of the first DCF position pilot, we now have a full time, state employee dedicated to foster and kinship care. In addition, we have re-organized duties for the System of Care Unit Manager to enable her to focus more time on foster and kinship care.</p> <p>Lastly, S.9 contains language that we believe will result in foster parents being heard more often in CHINS proceedings. This is a significant improvement.</p>

## Internal Communication

Who?	Recommendation	Status/Response
VCAB	Improved communication mechanisms and staff training are needed to align practices in the field with DCF Central Office policies.	For the past year, FSD has been utilizing statewide GoTo Meetings to discuss policy, practice and data with field staff. This will continue. In addition, we have increased our operations oversight of districts, and required central office consultation on all cases involving serious injury. We will continue to focus on this critical communication. We believe that our recently formed labor-management committee will help to inform us about the most effective strategies and most needed supports.
VCAB	DCF should instill a cultural sense of urgency for serious cases, including all cases involving severe physical abuse or injury and sexual abuse, to a child. Serious abuse includes, but is not limited to: death, head or internal injuries, central nervous system injury, fractures, strangulation/choking, burns as well as attempts to cause such injuries, or any act which could be considered serious bodily injury as defined under 33 VSA 1021(2).	<p>The FSD Central Office is involved in planning and monitoring the response to all of these cases. We are tracking these consultations, including decisions made. In addition, over the past 9 months, we have used every opportunity to reinforce that our first and primary mission is to promote child safety. We have revised our practice model to reinforce this focus.</p> <p>As noted previously, we are working with Casey Family Programs to deliver training to enhance safety planning skills and to reinforce our “culture of safety”.</p>
VCAB	Protocols should be developed to ensure that findings of the Registry Review Unit (RRU) are reviewed by the caseworker on open cases and that information from the RRU is taken into account in developing the plan. Additionally, protocols must be put in place to ensure that RRU findings are sent to the caseworker, supervisor, District Director and Commissioner or his/her designee, and that those individuals review and appropriately consider the RRU’s findings, and that they document such review.	The Registry Review Unit modified practices and this was communicated to district staff in the Summer of 2014; our goal is to issue formal policy by 5/1/2015.
Casey	Create a workforce council composed of line social workers in order to establish more effective communication and collaboration between agency managers and line staff and to improve workforce morale	We have formed a labor-management committee. The first meeting was held at VSEA on 1/30/2015. Monthly meetings are planned.

## Service Array

Who?	Recommendation	Status/Response
Casey	Development of an array of child safety oriented services such as respite care, child care, safety network facilitators and safety monitors to assist social workers with safety plans is urgently needed.	As part of the current version of S.9, the Agency of Human Services is charged with increasing the use of evidence-informed services and reporting to the legislature on actions taken. We will continue to evaluate our use of current resources, in order to provide the most effective services.
Casey	Significant numbers of families served by FSD live in rural areas distant from needed services, or experience transportation challenges for other reasons. Mobile, rapid-response units and in-home services may be options for reaching and helping these families.	We will explore models used in other states; however, we currently do not have the resources to expand our service array. As we evaluate the effectiveness of current resources, we may be able make service changes. Staff in the Agency of Human Services central office is currently assigned to work on a transportation project which may offer some solutions for families with transportation challenges.
Casey	FSD could partner with existing home visiting programs and community mental health centers to offer evidence-based treatment services with potential to benefit families and improve child outcomes.	FSD has long invested in Intensive Family Based Services, a home-based clinical service. FSD is an active participant in Integrating Family Services (IFS). Two pilots are now operating – one serving Addison County and one serving Franklin and Grand Isle Counties. IFS provides an opportunity to explore new, more effective models of service delivery, including finance models that simplify program administration.

## Quality of Contracted Services

Who?	Recommendation	Status/Response
VCAB	DCF should ensure that contracted agencies provide sufficient and appropriate information to DCF to enable the caseworker to effectively evaluate risk based on the information provided. This is particularly true for contracted agencies providing services essential to determining child safety and risk, such as residential treatment programs, supervised visitation services, and parent education services.	We have recently issued new Family Time guidelines. The guidelines include new forms to be used for documentation of Family Time Coaching sessions.
VCAB	The performance and outcomes achieved by all contract parties should be regularly and thoroughly reviewed. Contracts with DCF should define what the work is, articulate clear expected outcomes and require reporting of activities and results.	DCF contracts are subject to statewide requirements for inclusion of performance measures. Reports are already required.
VCAB	DCF should promptly address concerns with contractors who do not meet these outcomes or provide adequate reports of activities and results, and if necessary contracts should be terminated.	When contractor performance is a concern, as a first measure we provide technical assistance and enter into a corrective action plan. If this is not successful, we can and do terminate contracts.

## Substance Abuse and Mental Health Services

Who?	Recommendation	Status/Response
VCAB	Additional specialized staffing, including Substance Abuse and mental health consultants co-located in each District Office, should be funded by the legislature to enable DCF to address this urgent need.	We currently have substance abuse screeners in 2 FSD district offices, and are in the process of adding to that capacity to include screeners in an additional 4 of our 12 districts. We are also working with the Reach Up Program do leverage their substance abuse resources for mutually served clients.
Casey	It is recommended that FSD invest in additional capacity for early assessment of families involved in child protection cases through expanded co-location of clinicians and case managers or by other means.	
Casey	Each FSD District office needs access to expert consultation to help caseworkers assess substance abuse, mental health and domestic violence in referred families and to provide case-specific concrete and practical recommendations during investigations and assessments. These positions might be filled by social workers who have earned content expert certification in one of these areas.	We appreciate the idea of our social workers gaining expertise in order to provide this consultation. Currently, we do not have the resources to develop such programs.
Casey	The capacity of the state's substance abuse treatment system to serve child welfare-referred parents with co-occurring substance abuse and mental health disorders requires careful evaluation.	We are aware that the current treatment system continues to run significant waiting lists. The AHS is working through the Division of Alcohol and Drug Abuse Programs (ADAP) to expand capacity for treatment. The recommended expansion is not under DCF's control.
Casey	DCF should partner with service provider organizations and community mental health centers to increase treatment slots if necessary, and to prioritize access to mental health and substance abuse assessment and treatment for parents referred for child protection.	ADAP is actively engaged with us in the technical assistance we are receiving from the National Resource Center on Substance Abuse and Child Welfare. Currently pregnant woman are prioritized for medication assisted treatment, but not the general child welfare population. We will continue to explore this with ADAP.

## Special Court Approaches

Who?	Recommendation	Status/Response
Casey	Implementation of a permanency mediation process could also help to alleviate crowding in the court system and allow more children to attain timely permanency.	We will communicate these recommendations to the court. We are aware that budget pressures have constrained the court's ability to add specialty court. We are working on piloting Safe Babies Courts in Caledonia and Windsor counties.  Two changes included in S.9 may help to alleviate some of the crowding of the court docket: (1) changes in the temporary care provisions (2) creation of enforceable post-adoption contact agreement.
Casey	Given the ongoing impact of families with parental substance abuse problems on the state's child welfare system, a broader Family Drug Treatment Court initiative merits consideration.	

## Sharing Information with the Courts

Who?	Recommendation	Status/Response
VCAB	Policies and procedures should be developed to ensure that prior to a reunification, a comprehensive review of all case notes (from DOC and DCF, including Reach Up) is conducted, and that this information is included in the case plan and forwarded to the Family Court for review by the judge.	FSD is in the process of drafting policy that will require the submission of an updated case plan to the court, along with a request for a hearing, when we are recommending reunification of a child with family. This will encourage a thorough review of the progress and plan, by all parties to the juvenile proceedings.
VCAB	The Court Administrator's Office should work with DCF and other child protection system partners to create a "checklist" of issues and information that need to be addressed and discussed for every case that is going to court, to ensure that all relevant information is included and is provided to the State's Attorney and to the court.	We will approach the court administrator's office about this recommendation.
VCAB	Implementation of the statutory provisions allowing necessary parties to be included in juvenile proceedings needs to be consistent.	As part of S.9, a provision is included to allow persons who wish to be included in a CHINS hearing to approach the court clerk so that the judge will be informed. We believe that this provision will increase participation of necessary parties.

## Information Sharing Among Partners

Who?	Recommendation	Status/Response
VCAB	DCF needs to establish a clear policy and practice guidance that: values and considers any information that comes to a caseworker; enables reasonable efforts to contact collaterals and specifies who comes under that category; and identifies steps to overcome barriers to gaining information from collateral parties.	We will address these recommendations once there is a final version of S.9. At that time, we will prepare new policy guiding the sharing of information to and from FSD.
VCAB	DCF should seek technical assistance from Casey Family Programs or other national child welfare experts to gain knowledge about how to improve communications and information sharing among all parties, including judges, attorneys, law enforcement, DOC workers, DCF workers and supervisors, Guardians ad Litem, contract service providers, and medical providers. Technical Assistance should also help DCF identify and address barriers, and create mechanisms to govern communications between involved system players for children in crisis.	We agree with the intent of this recommendation but do not believe that technical assistance is required. We anticipate that we will address these issues as part of the implementation of the new information-sharing provisions of S.9.
VCAB	Confidentiality issues and barriers to information sharing should be reviewed to ensure that all parties who need to share information regarding child safety may do so.	Barriers are currently being addressed in S.9.

Who?	Recommendation	Status/Response
VCAB	Electronic and other methods are needed to make all documentation provided by any organization and entity involved in child abuse cases less complicated to navigate and easier to share when appropriate.	This recommendation contemplates a mechanism for the electronic sharing of information. Although we do not have current capacity to create a comprehensive system, we are in the process of creating a web portal that will enable mandated reporters to query our intake system to determine the disposition of their intake(s).
VCAB	DCF should update its Case Planning/Disposition Report template so that it adequately informs the parties of the concerns and issues that led to the child coming into custody, and the particular details of what has happened to address those issues. Workers need to fill out the items with specificity and more information, including providing information about substance abuse and mental health issues and criminal histories.	By 9/1/2015, we will evaluate our format to determine if changes needed concern the format itself, or rather the specificity of information provided on the current format. We will work with judges to better understand the information they need to support good decision-making.

### Special Investigation Units

Who?	Recommendation	Status/Response
VCAB	All cases of serious abuse shall be referred to the appropriate Special Investigation Unit and/or Multi-Disciplinary Team for review and collaboration.	This will be implemented, as it is required by S.9.
VCAB	Special Investigation Unit/Multi-Disciplinary Team consultation should be mandatory for all Law Enforcement investigators who conduct investigations involving serious physical (and all sexual) abuse.	We will communicate this recommendation to the Special Investigation Unit Policy Board.
VCAB	Additionally, DCF must regularly collaborate with other members of their SIU-MDTs on serious cases.	We agree and will communication this to our staff.
VCAB	Special Investigation Unit/Multi-Disciplinary Team trainings should be mandatory for all DCF-Family Services who conduct investigations and who do casework on all cases involving serious physical (and all sexual) abuse.	We regularly send staff to available trainings conducted by and for the SIUs.

### Medical Services Related to Child Abuse

Who?	Recommendation	Status/Response
VCAB	Vermont should pursue all avenues to fund a dedicated, full-time specialty board certified or board eligible Child Abuse Pediatrician—responsible for providing direct care and consultation on cases of suspected child abuse, as well as for training residents, students and other medical staff in partnership with existing community-based child abuse prevention efforts.	Both the Vermont Department of Health and FSD offered to provide funds to the University of Vermont Medical Center to support the hiring of such a pediatrician; however, the two departments were not able to provide sufficient funding to fully support the position.

<b>Who?</b>	<b>Recommendation</b>	<b>Status/Response</b>
VCAB	The medical community, including hospitals, needs to provide specific training and support to Emergency Department physicians in recognizing and responding to injuries caused by abuse.	FSD is willing to collaborate with the medical community to develop and deliver this training, if requested.
VCAB	When a child is hospitalized due to suspected intentional injury, hospitals should be allowed to implement policy that prohibits any suspected perpetrator from visiting the child.	We are not clear whether hospitals can implement such policies on their own, or if statutory authority is needed.

## Reunification Policy and Practice

<b>Who?</b>	<b>Recommendation</b>	<b>Status/Response</b>
VCAB	Assess or re-assess risk of future harm at critical points in the life of a case, including reunification following out-of-home placement.	We will implement a specialized structured decision-making tool to help inform reunification decisions. We expect to implement this by September 2015.
VCAB	Policy 125 should specify that reunification is not required when the child has been the victim of serious physical abuse and there is reason to believe that the parent has caused the injury or is unwilling or unable to protect the child from the abuser.	Policy 125 on Permanency Planning is being revised and will be finalized by 4/1/2015.  FSD is in the process of drafting policy that will require the submission of an updating care plan to the court, along with a request for a hearing, when we are recommending reunification of a child with family. This will encourage a thorough review of the progress and plan, by all parties to the juvenile proceedings.
VCAB	When DCF has substantiated a parent for physical abuse of their child, reunification should not be pursued until the abuse has been adequately explained, addressed, and there is sufficient information to ensure that it will not be repeated.	
VCAB	All DCF's policies should be thoroughly reviewed to ensure a consistent and balanced approach toward reunification, one which emphasizes child safety.	We are currently recruiting for a Policy and Planning Specialist. Once hired, the new staff member will organize this comprehensive review.
VCAB	DCF's Family Time policy (Policy 124) regarding parent-child contact states "Safe and timely reunification is the first and primary goal for children in custody." This policy should more accurately reflect Policy 125 which clarifies that "Reunification is not required" and that "Children in custody will be reunified with their parents whenever it is in their best interest."	Policy 124 was revised 12/2/2014.
VCAB	DCF should establish a policy standard that requires that, in cases of reunification, everyone living in the household or in a close relationship with the child's parent/guardian and having child care-taking responsibilities must be screened to assess potential child safety risks and concerns.	FSD currently does not have the authority to obtain criminal background check on these individuals. We can and do perform checks of the Child Protection Registry on all those adults living in a home.



Who?	Recommendation	Status/Response
VCAB	When reunification is being planned, parent-child contact (visitation) between the parent and child must include supervised visits at the parent's home, and clear standards to evaluate the appropriateness of continued work towards reunification, incorporating the nature and quality of the home-based parent-child contact, should be implemented.	We will be working on a comprehensive Practice Guidance on reunification practice. In the meantime, we have instituted a requirement that in all cases of children who have experienced serious physical injury, central office consultation is required as part of reunification planning.
VCAB	When substance abuse and/or mental health issues are present, structures should be in place to consider the safety of the child if reunification is pursued, and to ensure careful monitoring if reunification occurs.	
VCAB	VCAB supports DCF's plan to seek Technical Assistance from the National Center on Substance Abuse and Child Welfare to determine appropriate and most effective assessment tools and intervention strategies for case planning where there is a history of substance abuse, especially where reunification is being considered.	This Technical Assistance is underway. Both the Judiciary and ADAP are involved.
Casey	Authorizing FSD to retain legal custody and provide post-reunification support and monitoring for six months or longer, depending on the facts and circumstances of each case, could improve child safety outcomes and help more families reunify successfully.	FSD is in the process of drafting policy that will require the submission of an updated care plan to the court, along with a request for a hearing, when we are recommending reunification of a child with family. This will encourage a thorough review of the progress and plan, by all parties to the juvenile proceedings.
VCAB	DCF staff training should clearly address the staff misperception that reunification should always be pursued first and foremost. DCF should train staff to assess child safety first and foremost, and to pursue reunification only when safe and in the child's best interest. Further, staff training should specifically address situations where a child has been seriously physically abused, and should reinforce that reunification should not be pursued until the abuse has been adequately explained, addressed, and there is sufficient information to ensure that it will not be repeated.	We are actively working on policy, training and messaging around these concepts. We have revised our practice model and the content of our monthly orientation sessions held for new employees.
VCAB	Training is necessary for all child protection system professionals -- DCF Family Services, Family Court, attorneys, GAL's, etc. -- on reunification and TPR policy, practice and rationale.	We will communicate this recommendation to the judiciary. In the meantime, we have invited members of the court and legal communities to our upcoming conference on the needs of young children.

## Standards for Practice/Competencies for Staff

Who?	Recommendation	Status/Response
VCAB	DCF should define caseworker professional competencies and standards, and should ensure that caseworkers are properly trained and hold these competencies prior to being assigned cases.	In collaboration with the University of Vermont, our Child Welfare Training Partnership is moving to a competency based model. The Partnership has been level funded for many years, even in the face of an increased number of staff to be trained.
VCAB	DCF should establish comprehensive standards for practice, should operationalize those standards through policies, protocols/procedures and practice guidance. Where standards are lacking, develop them, and should regularly monitor their utilization and effectiveness.	This is a very time-consuming endeavor. Although we agree with the recommendation, we are not able to prioritize this recommendation at this time.
VCAB	DCF should implement research-based best practices for working with families.	We agree that we should do this whenever possible. We continue to pay attention to current research so that we can make necessary practice adjustments.
VCAB	In order to assess and address the training and supervision needs of caseworkers, DCF supervisors should conduct annual evaluations of caseworkers under their supervision.	DCF has a current department-wide initiative focused on improving the timely completion of performance evaluations.  Managers already have access to data about timeliness of performance evaluations.
VCAB	Managerial staff should have timely access to information about whether or not annual evaluations have been conducted.	
VCAB	Managerial staff should have timely access to the information contained in employees' evaluations.	Both District Directors and Operations Managers must sign off on staff performance evaluations.

## District Office Staffing and Qualifications

Who?	Recommendation	Status/Response
VCAB	Significant funding must be provided to DCF Family Services to enable DCF staff/client ratios to meet best practices levels of an average of 12 cases per social worker.	We are unable to meet these goals.
Casey	Take immediate steps to ensure that FSD Districts throughout the state are fully staffed with qualified social workers and supervisors. In lieu of a formal workload study, bring and keep caseloads to no more than 12 open cases (families) at any one time in CPS units, and 12-15 cases (children) in out-of-home care units. Social workers must be allowed adequate time to complete required work for each assessment case. Depending on overall workload including administrative tasks, assign child protection investigators no more than 8 to 10 new investigations per month.	

Who?	Recommendation	Status/Response
Casey	Consider developing case aide positions or increasing funding to contract with service provider agencies for staffing to relieve the time demands on social workers from tasks such as client transportation and supervision of family visits, which could be performed by paraprofessional staff.	We believe that this would be a good use of resources. We are experimenting with this approach in 2 districts, using temps. We cannot implement this recommendation comprehensively across all 12 districts.
Casey	Transfer of some secondary and time-consuming duties such as transporting clients and supervising family visits from line social workers to paraprofessional staff in order to alleviate excessive workloads and allow social workers to concentrate on key casework functions which require their professional training and expertise. Depending on capacity, paraprofessional staff from community service provider agencies such as Easter Seals may be able to take on some of these job functions.	
Casey	Addressing workload issues described above is likely one element of improving agency responsiveness to reports, inquiries and requests for assistance. With that said, any communication from families, other stakeholders, or the public should receive a response within 48 hours.	We agree that a timely response is necessary to ensure safety and to “get ahead of the problem.” We regularly reinforce this with staff. Rising caseloads are a complicating factor.
Casey	Remove "stand by" responsibilities from district social workers and supervisors.	We are concerned about our long standing practice of daytime staff being on stand-by, with the potential to be called out on nights, weekends and holidays. Staff are called out fairly routinely. They then go to work the following day tired. This system does not support quality decision-making or staff retention. We are currently analyzing the amount of overtime we are paying out to see if we can afford an alternative solution.
VCAB	DCF should ensure that serious cases are assigned only to trained, experienced investigators and social workers and that District Supervisors routinely monitor these cases.	We are committed to doing this whenever possible. We have revised Policy 68 to require central office consultation on all cases of serious physical injury in order to bring expertise to the investigation, increase the quality of decision-making and allow for cross-fertilization among district offices.
VCAB	DCF case workers should have a relevant educational back ground such as a Social Work degree, preferably an MSW.	The minimum qualifications require relevant educational background. We prefer to hire MSWs, but cannot always do so. In addition, some of our most highly skilled staff do not have an MSW or other master’s degree.
VCAB	Investigations of serious abuse cases should be assigned to a master’s level social worker with experience and training in investigation.	These investigations should be assigned to a skilled person; that person may not have an MSW.

Who?	Recommendation	Status/Response
Casey	A workforce retention initiative is needed to reduce annual turnover to 10% or less for line staff positions.	We are actively working with DCF and AHS on a workforce development plan. Also, we believe that our new labor-management committee may be helpful in meeting this goal. As Casey suggests, achieving a lower turnover rate will take time and attention.
Casey	Consider use of Business Process Mapping or a similar approach to identify and introduce efficiencies which can reduce redundant and burdensome administrative requirements for social workers.	We have employed the Agency Improvement Model (AIM) to do some small projects. There is now training on the LEAN approach available through the Agency of Human Services. Once our federal Child and Family Services Review is behind us, we would like our Quality Improvement staff to get training in LEAN, as we agree that this would be very helpful.
Casey	DCF should assess whether conducting operations through 12 District offices around the state is an optimal organizational configuration in terms of efficiency and achieving consistent practice and desired outcomes for children and families.	Although we understand the rationale for this recommendation, we do not believe that it is advisable to depart from the AHS practice of maintaining 12 districts. We believe that our increased operational oversight of districts will meet this goal.
Casey	The number and percentage of children entering out-of-home care for short periods increased substantially from FY2013 to FY2014. It is likely that alternatives to out-of-home placement could be identified for some of these short-stayers through increased use of early screening and assessment, early and consistent use of family team meetings whenever out-of-home placement is imminent, and strengthened safety planning practices combined with respite and other support services.	We agree that it would be helpful to analyze short stayers. However, we are unable to dedicate staff time to this right now due to the need to dedicate staff time to preparing for our upcoming Child and Family Services Review in June. We hope to conduct this analysis in Fall 2015.

## Central Office Staffing, including Quality Assurance

Who?	Recommendation	Status/Response
VCAB	Reinstate the previously eliminated position of Permanency Planning manager.	We are currently providing consultation on permanency with other staff; we do not believe we need to add this position.
VCAB	DCF should add a Reunification Manager position in the Family Services Division central office to oversee and provide guidance to caseworkers and supervisors on all cases involving a reunification plan. Funding should be requested of and allocated by the Legislature for these positions.	We believe that between our Operations Manager and Child Safety Manager, we are able provide the necessary consultation.
VCAB	Quality Assurance staffing in DCF's Central Office needs to be at full capacity.	We will be adding one more person to this team, making it a 3 person team. In addition, our Operations Team plays a role in quality control. We also have a critical incident review process that focuses specifically on "lessons learned" and applies those lessons to systems improvement.
Casey	Additional skilled Quality Assurance staff are needed at FSD in order to strengthen the agency's ability to evaluate program effectiveness, system functioning and client outcomes.	
VCAB	Quality control processes in Central office should be strengthened to ensure that policies are being implemented appropriately and that practice guidance is being followed.	
VCAB	DCF needs to create mechanisms for closely monitoring cases of child abuse and document and apply lessons learned from these cases to policy development, staff training, and allocation of resources.	
VCAB	DCF should conduct a complete regular audit of how determinations are made to not open an investigation or assessment based on a report; whether these determinations are appropriate; timeframes for follow-up calls; and criteria in place for following-up reports.	We expect that with the additional of an Assistant Director for Centralized Intake and Emergency Services, and an additional Quality Assurance position, we will be able to implement this recommendation.
VCAB	An internal review process involving consultation with Central Office should take place in all cases where the child has been seriously harmed (this Recommendation has been implemented by DCF effective March 2014).	Implemented March 2014.
VCAB	DCF should develop appropriate measures to assess child safety and healthy development as successful outcomes for children.	We already have measures for safety, including federally mandated measures. We plan to implement child wellbeing measures as part of a current federal grant focused on placement stability. This is also supported by AHS's Integrating Family Services initiative.

## Oversight of Child Protection System

Who?	Recommendation	Status/Response
VCAB	Establish a citizen oversight mechanism, such as an ombudsman or Office of the Child Advocate to provide ongoing oversight of DCF Family Services, the courts, GAL's and others involved in the child protection system.	We believe that this is cost-prohibitive in the current budget environment.

## Recommendations for Statutory and/or Rule Change

Who?	Recommendation	Status/Response
VCAB	Any case involving a non-accidental fracture or serious injury to a child should be immediately accepted for investigation and should also include immediate collaboration with the MDT; this includes injuries caused by out- of- home perpetrators.	If the injury is not caused by a "person responsible for the child's welfare" DCF does not have a role. Otherwise we agree with this recommendation.
VCAB	33 VSA 4917 should be reviewed to determine whether it adequately addresses balancing confidentiality concerns with the need for members of child protective services agencies to adequately address concerns of child safety through the open exchange of information.	S.9 is addressing this.
VCAB	The confidentiality statutes should be changed to permit the rapid and sensible flow of information between the professional resources charged with child protection.	
VCAB	Revise Statutory language (Title 33: Section 5101) which contributes to a misunderstanding of the law's intention. Language should direct the court, in requests for custody, to carefully assess if reunification is genuinely in the child's best interests and if any caretaker or household member has a history of significant abuse or criminal charges.	This is partially addressed by the elimination of the custodial hierarchy in CHINS proceedings, part of S.9.
VCAB	The legislature should review 33 VSA 5301(1) to consider allowing DCF personnel to submit an emergency affidavit requesting a judge take a child into custody.	S.9 is addressing this.
VCAB	The legislature should review 33 VSA 5308/08 considering revising the hierarchy regarding out-of-home placement.	S.9 is addressing this.
VCAB	Recommend the following change be made to evidentiary rebuttable presumptions: In cases where the court has found serious bodily injury to a child and reasonable medical evidence cannot corroborate the cause of the injury as described by the custodial parent, reunification of the child with the parent caretaker at the time of the injury is presumed to be against the best interests of the child.	This should be considered for future legislation; it could be added to S.9 during its consideration by the House of Representatives.

Who?	Recommendation	Status/Response
VCAB	Screening of household members shall include criminal records as well as the DCF Child Protection Registry.	We currently lack the statutory authority to do this.
Casey	Vermont should clarify the role of the courts and FSD social workers in CCO [Conditional Custody Orders] cases to ensure children's safety and well-being.	We have been working on practice guidance for CCOs for at least 6 months. That work is currently on hold pending a final version of S.9.
Casey	Allow FSD sufficient time to vet any prospective caregiver before a child is placed with that person.	Changes in the temporary care provisions in S.9 may positively impact this issue.
Casey	The requirement for an evidentiary hearing accompanied by specific findings of fact would provide an additional measure of accountability and assurance that it is safe for a child to be reunified with his or her parent. Statutes in a number of states make clear that it is the court that determines when and whether a child shall be returned to the child's parent.	Testimony on this has been heard as part of S.9 deliberations. The Senate chose not to include this, as the courts and FSD have agreed to implement this on a policy basis. FSD is currently working on policy.
VCAB	Additionally, the law should be changed to allow hearsay evidence in Human Service Board hearings so that child victims of physical and sexual abuse are not required to testify at HSB hearings.	This has been a longstanding concern of DCF. Not infrequently, we are unable to proceed with an HSB hearing due to victim testimony issues. This results in individuals coming off the Child Protection Registry who very often should remain on.
VCAB	Expand Rule 804 A to permit hearsay evidence in cases with child victims of physical abuse.	
VCAB	Rule 807 should also be expanded to allow the exception for medical evidence to include others with child development expertise and experience with the child/family to testify.	We support this rule change.
Casey	Birth parents may be more likely to voluntarily relinquish parental rights, avoiding protracted and costly litigation, if they know that any arrangement for post-adoption contact they may reach with adoptive parents would be legally enforceable.	This is included in S.9.

### Other/Miscellaneous

Who?	Recommendation	Agree?	Status/Response
VCAB	In order to hold the perpetrator accountable, a new investigation should be initiated to determine who broke DS's legs.		Unable to report on this due to confidentiality requirements.
VCAB	VCAB supports the full review by the VT Agency of Human Services Special Investigation Unit and by the legislative Child Protection Committee of the founded 44 serious abuse cases over the past five years, and any appropriate action they may take as a result of these reviews to ensure the safety of these children. Absent review by legislative committee, this panel would recommend review by an independent special prosecutor and investigative team.	N/A	Both the Legislative Counsel and the AHS investigations unit reviewed these cases.

## New or Amended Policies and Procedures since February 2014

The following list of new or amended policies includes only those changed as a result of the events of the last year. All DCF Family Services Policies can be read here: <http://dcf.vermont.gov/fsd/policies>.

Note that the Policy topics below contain live links to the entire policy.

Policy #	Policy Topic	Date Changed	Summary of Changes Made
156	<a href="#">Collaboration with Corrections Staff</a>	02/27/14	Created active link in policy to the existing Memorandum of Understanding between DCF and the Department of Corrections concerning child protection.
68	<a href="#">Serious Physical Abuse: Investigation and Case Planning</a>	3/24/14 and 10/14/14	New policy that outlines requirements for district consultation with Central Office during Serious Physical Abuse investigations and permanency planning/case planning.
98	<a href="#">Placing Children &amp; Youth In Custody At Home</a>	6/2/14	Clarified language in policy to be clear that placement in a supervised residential treatment program is not reunification and that the Department will not support discharge of custody while a child resides with a parent in this type of setting.
55	<a href="#">Unaccepted Reports on Open Cases</a>	6/23/14	New policy that outlines requirements for social worker follow up when a new, unaccepted report is received on a case that is open for on-going services.
52	<a href="#">Child Safety Interventions: Investigations &amp; Assessments</a>	7/15/14	Some content was removed to freestanding policy # 68. Guidance added requiring District Director review when results of risk assessments conducted by two different workers do not match.
124	<a href="#">Family Time</a>	2/17/15	Changes to Family Time policy clarifying that reunification is not the first and primary goal for the department. New language: "Frequent, supported family contact is essential to maintaining attachments, thus reducing the child's sense of abandonment and contributing to safe, successful reunification."

## Other Changes Made

In February 2015, we issued a revised high level summary of our practice model, to make the priority on safety more emphatic. The content can be found on our public web page here:

<http://dcf.vermont.gov/fsd/about>

The content is also pasted below:

## About the Family Services Division (FSD)

FSD works in partnership with families, communities, and others to make sure children and youth are safe from abuse; their basic needs are met; they are free from delinquent behavior; and families are supported to achieve these goals.

## Our Practice Model

- Communicates the values and practices we use in the work we do with children, youth and families;



- Provides a framework for staff to think about the work we do; and
- Guides the development of policy and practice guidance.

**We Achieve Our Mission By:**

1. Safely stabilizing and preserving families; and if that is not possible;
2. Safely caring for children/youth and reunifying; and if that is not possible;
3. Safely supporting the development of permanency and lifelong connections for children/youth.

**The Values & Principles That Guide Us:**

- Children have the right to be safe.
- Families have both strengths and challenges (safety & risk factors).
- Everyone can grow and change with support and adequate resources.
- Families know their situations best.
- Children should only be separated from their parents (or guardians) when it's necessary to keep them or their communities safe.
- When children need out-of-home care, we first consider extended family members and friends.
- Success is more likely when we involve extended family members & friends in the process, early on.
- For real change to occur, we must work cooperatively with families, share responsibility, and hold each other accountable.
- Each family's cultural, ethnic, and spiritual diversity deserves respect.

**The Outcomes We Want To Achieve:**

- *SAFETY*: Children are safe from abuse, neglect, and risk of harm.
- *PERMANENCE*: Children have nurturing relationships that sustain them throughout their lives.
- *WELL-BEING*: Children do well in their families, schools, & communities.
- *LAW ABIDANCE*: Youth are free from delinquent behavior.

[Click here](#) to read the complete Practice Model.