

April 1, 2015

Good Morning,

My name is Michele Blanchard and my current position is as a supervisor in the Barre Family Services Office. I earned my Bachelor of Social Work from Castleton State College in 2001 and my Master of Social Work from the University of Vermont in 2005. I have been a social worker with DCF for 9 years and have held many positions in several offices across the state. My career with DCF started with my internship at the Middlebury District Office through the UVM Title IV-E graduate program. I was later hired as a full time ongoing social worker (with a mixed caseload of child custody cases and probation cases). In 2010 I was hired as the Resource Coordinator in the Hartford District Office and later became an ongoing social worker there. From 2010-2012, I worked as a child and family mental health provider at Clara Martin Center. I returned to DCF in 2012 and have worked in the Barre District as an assessment/investigative social worker until last Monday when I began my new role as a supervisor to an ongoing team in Barre.

I'm here to talk with you today about the "front line" work from an assessment/investigative social worker perspective. I would like to first share with you data specific to the Barre District Office and to highlight the increase in CSI's assigned over the last few years. It is important to note that the national standard recommends that AI workers are assigned no more than 100 CSI's per year (averaging 10 per month).

Year	Barre District total intake reports	Barre District CSI's assigned	CSI's per sw when fully staffed/trained	CSI's assigned to me
2013	2029	570	95	119
2014	2264	623	103	136
2015	530 (as of 3/31/15)	*162 (as of 03/31/15)	*estimated 108	

*On the trajectory to be approximately 648 CSI's assigned for 2015

Staff Retention/Turnover is a Challenge:

The Barre District office employs 6 full time AI social workers. I have been with the Barre office since July 2012, and in that short time, 5 AI social workers and the AI supervisor have left the Barre District office. Without a stable and fully trained team, the likelihood for burnout is high, resulting in further turnover. The turnover creates significant problems:

- More experienced workers become the trainers for new employees (adding to their workload)
- Higher volume of CSI's are assigned to each social worker
- CSI's are not closed in a timely manner (60 day policy)-deadlines are almost impossible to meet
- Social workers are putting in time after hours and weekends to "catch up"
- Due to the volume of cases, social workers miss out on opportunities: training, CSI meetings, etc.
- Families are triaged depending on immediate dangers; however, we know there are child protection concerns within each family we are assigned to work with

- The rotation to cover standby (on call for evenings and weekends) is more frequent due to the high number of new staff on probation.
- Most importantly, children and families are transferred multiple times to new social workers

The cases feel harder with fewer available supports and services:

It's difficult to articulate what a day or a week might look like for an AI worker. From each minute, hour or day, you never know when someone will make a call to the Intake line that will eventually lead to your supervisor calling you asking you to drop what you are doing to handle the emergency. We may not be the "emergency responders" such as law enforcement and emergency room doctors; however, we are trained to and are prepared to respond. I want to share with you brief snapshots of some of the most challenging situations I have been faced with in just the last year:

- A Judge issued DCF custody of 3 children based on an affidavit I submitted. The family fled to a neighboring state. I worked through the night with law enforcement in multiple states to track down the family. Once the family was located, I drove for 4 hours through a snow storm with 3 young children (one of which was severely diabetic) to get them to their foster home. I returned home to my family, slept for 30 minutes and then drove to court for an 8:30a hearing to make the case for why those children needed to remain in DCF custody.
- A mother on my caseload committed suicide leaving behind her very young child.
- After many days/weeks spent investigating a sexual abuse case and substantiating that abuse, the accused left the state and will likely never be prosecuted.
- I interviewed a young child about the abuse they endured by their mother's boyfriend. The child described her mother being a witness to the abuse and was confused about why her mother did not intervene. The young child could barely speak as she sobbed through the interview. This was a difficult interview to conduct as I strained to hold back tears. Both the officer and I spoke afterwards about our plan to go home that night and hold our own children closer.
- I conducted investigations on two families regarding the deaths of their children. As a parent, this evokes a tremendous amount of sadness and grief within me. While knowing that it's "ok" to have those feelings, I also recognize that I must engage and support the parents while gathering the information necessary to understand the nature of the deaths.
- After removing a youth from his mother, the mother walked to the DCF office anticipating I would need to stop there before transporting her son to the foster home. She was waiting for me and ran after my car screaming threats as I left the parking lot with her son in my car.
- The high number of child pornography cases that are investigated without an ability to identify the children and ensure they are no longer being abused and/or exploited.
- There is a SIGNIFICANT increase in the number parents who are addicted to opiates and heroin. I have worked with many mothers who are ready and prepared to engage in medication assisted treatment programs; however, the waiting lists are significant. Many parents have stated they feel pressured by doctors to "get on a replacement drug" despite their desire to stop using any substance. Communication with substance abuse treatment providers is an ongoing challenge.

What is working:

-As an assessment/investigation social worker, we rely heavily on current policies regarding CSI's (commencement timelines, child abuse and neglect definitions, protocols for informing parents and alleged perpetrators, etc.). It's my understanding that there proposals to modify child abuse and neglect definitions. I would be concerned with changes made to the current definitions. The current policies have clear language that has promoted statewide consistency when accepting reports for intervention and in determining when to substantiate child abuse and neglect. A change could create a sense of chaos for workers as they would need to learn new language to direct our work. I would wonder how this would impact prior substantiations or cases under appeal.

-The Multidisciplinary Teams (MDTs) are a critical component to the investigation process when DCF and law enforcement partner on CSI's. I have been a member of both the Washington County and Orange County MDTs. I have witnessed how MDTs can benefit children and families when DCF, law enforcement, State's Attorneys and other professionals make the commitment to attend, discuss open cases and create specific plans for completing the investigation in a timely way.

-The support provided to social workers by each other, their teams, supervisors and management is crucial to the work. Not only do we need opportunities to consult and process the day to day work, we also need opportunities to support each other as individuals and within our own families. In thinking about the AI team here in Barre, we are parents to 17 of our own children. Our children rely on us to provide for their safety, well-being, nurturance, love and support too. It can often be a delicate and difficult balance between the demands of the work and the needs of our own children and family. We cannot lose sight of how important this balance is.

Through my experience as a DCF social worker in 3 districts, I cannot count the number of children, families, teachers, therapists, law enforcement officers, attorneys, GALS, and others who I have come to know. One thing has always been a common dominator: We are all trying to work together to ensure child and family safety and well-being.

This work is HARD, it is DRAINING, it is EMOTIONAL, and it can FEEL IMPOSSIBLE. There are days that one more phone call, one more email, one more assignment or one more meeting can make you want to run out the door. With the support from our co-workers, our direct supervisors, the management teams, legal system, service providers, and family and friends. With adequate support, community services and a fully, well-trained and stable staff, this work can be done.

Thank you again for taking the time to meet with me today. I am hopeful that the message is clear that in order to continue to do this difficult work, it is imperative to work towards creating a more stable and well trained front line staff within our department.