

*Vermont Citizen’s Advisory Board & Casey Family Services  
Child Protection Recommendations*

*(Note: S.9 requires that DCF respond to every recommendation in CFS & VCAB reports)*

	<b>CFS</b>	<b>VCAB</b>	<b>S.9</b>
<b>DCF Staffing Issues</b>	FSD should hire more investigators, social workers, and Quality Assurance staff.	Quality Assurance staff should be at full capacity.	
	FSD should employ a safety planning specialist to consult with investigators and families.	DCF should employ a Child Abuse Pediatrician to consult and train staff.	
		DCF should reinstate the Permanency Planning Manager.	
		DCF should add the position of Reunification Manager in FSD.	
		DCF should employ specialized staff in substance abuse and mental health consultants.	
	FSD should develop a workforce council to act as mgmt.–workforce liaison & provide DCF managers with input on Agency decisions.	DCF must regularly collaborate with SIU-MDTs on serious cases.	
	Investigators should be assigned no more than 8–10 new investigations per month.	DCF staff should average 12 cases per social worker.	X
	Investigation & assessment units should have no more than 12 open cases.		

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<b>DCF Staffing Issues</b>	FSD should transfer duties from line workers to paraprofessionals.		
	FSD should develop case aide positions.		
	FSD should develop a workforce retention initiative.		
		DCF staff should have relevant educational certifications/degrees.	X
		Serious cases should be handled by more experienced/educated staff & monitored by District Supervisors.	X
<b>Training Issues</b>	FSD, the court system, and in-service provider agencies need ongoing training and tech. assistance from the NCSACW.	DCF, Family Court, attorneys, Guardians ad Litem, and other professionals need training on reunification and TPR policy, practice, and morale.	
	Social workers need ongoing training in the use of safety and risk assessment tools, also in the use of safety plans.	DCF should work with national tech. assistance providers to train staff to handle substance abusers	

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<b>Training Issues</b>		DCF should train staff to assess child safety first & to include accurate information on assessments.	
	FSD should invest in opportunities for social workers to earn certification & work-related training linked to salary increase.		
		DCF should conduct evaluations of caseworkers.	
		The medical community should provide training to Emergency Dept. physicians to recognize & respond to child abuse.	
		SIU/Multi-Disciplinary Team trainings and consultations should be mandatory.	X
		VT should expand research-based initiatives regarding AHT.	
<b>Policy Issues</b>	Clear decision-making protocol must be consistently followed in making track assignments & reassignments.		

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<b>Policy Issues</b>		DCF should work with CFS to update policies for clarity & consistency, e.g., Policy 124 & 125.	X
		DCF policy should specify that reunification is not required.	X
		DCF should pursue reunification only when safe & in the child's best interests.	X
		DCF policy should ensure that prior to reunification, a Family Court judge reviews all case notes.	X
		When reunification is planned, parent-child visitation must include supervised visits at the parent's home.	
		DCF should establish standards & Structures Decision-Making risk assessment tools.	
		DCF should instill a sense of urgency for serious cases.	
		Hospitals should implement policy that prohibits suspected perpetrators from visiting the	

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<b>Policy Issues</b>		child.	
		DCF should conduct an audit of how determinations are made to not open an investigation or assessment based on a report.	
		DCF should establish policy that requires everyone living in the household or having child care responsibilities to be screened.	X
<b>Issues with Services</b>	Child safety risk must be assessed initially & ongoing.	DCF should develop measures to assess child safety & healthy development as successful outcomes for children.	X
	Families must have access to support services such as housing assistance.		
	VT must increase its ability to provide early assessment and referral to services for families.		
	Parents of referred children must have timely access to substance abuse & mental health treatment.		
	FSD should follow up case mgmt. & after-care services for reunified families.		

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<b>Issues with Services</b>	DCF should partner with service provider orgs. to increase treatment slots & prioritize access to treatment for parents referred.		
	DCF should develop safety-oriented services such as respite care, child care, safety monitors & safety network facilitators.		
	DCF should expand early intervention services, i.e., CHARM.		
<b>Statutory Issues</b>	Need legislation to authorize FSD attorneys to provide legal representation before cases reach the TPR stage.		
	Need legislation for postadoption contact agreements.		X
	Need legislation authorizing FSD to retain legal custody & provide post-reunification support & monitoring for at least 6 months.		X
		33 V.S.A. § 4917 should be reviewed to determine whether it adequately addresses balancing confidentiality concerns with the need for open exchange of	X

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<b>Statutory Issues</b>		information.	
		Revise 33 V.S.A. § 5101 to direct the court in requests for custody to assess if reunification is in the child's best interests if any household member has a history of abuse or criminal charges.	
		The Legislature should review 33 V.S.A. § 5301(1) to consider allowing DCF personnel to submit an emergency affidavit requesting a judge to take a child into custody.	X
		The Legislature should review 33 V.S.A. § 5308 to consider revising the hierarchy regarding out-of-home placement.	X
		The law should be changed to allow hearsay evidence in HSB hearings so that child victims of physical & sexual abuse are not required to testify at HSB hearings	

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<b>Court Issues</b>	VT should clarify the role of the courts & FSD social workers in CCO cases.		
	VT should consider developing a broader Family Drug Treatment Court.		
		The Court Administrator’s Office should work with DCF to create a “checklist” of issues & information that need to be addressed & discussed for every case that is going to court.	
		DCF should seek assistance to improve communication & information sharing among all parties.	X
		Reunification should be presumed to be against the child’s best interests in cases where medical evidence of SBI to a child does not corroborate the custodial parent’s description.	
		Expand Rule 804A to permit hearsay evidence in cases with child victims of physical abuse.	



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<b>Court Issues</b>		Expand Rule 807 to allow the exception for medical evidence to include others with child development expertise with the family to testify.	
<b>Practice Issues</b>	FSD should consider using Business Process Mapping.		
	FSD should implement a Results Oriented Management (ROM) data system.		
	A standard screening tool such as Gain-SS or UNCOPE should be used in all cases with allegations of parental substance abuse.		
	VT's progress toward CFSR goals should be publically available online.		
	FSD must communicate more effectively with families & the public.		
	FSD should develop mobile rapid response units.		
		VT must invest in proven effective prevention strategies.	

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<b>Practice Issues</b>		DCF case files should be electronic & organized better for navigation & sharing.	
		Protocols should be developed to ensure that findings of the RRU are reviewed & considered by the caseworker, supervisor, District Director, & Commissioner.	
		DCF contracts with service providers should have clear expectations of outcomes & DCF should promptly address any concerns with contractors that do not meet requirements.	
		DCF should document lessons learned & implement them into policy & training.	