

LEGISLATIVE REPORT

Reenvisioning the Agency of Human Services Status Update

Submitted to: House Committees on Government Operations and
Military Affairs, on Health Care and on Human
Services

Senate Committees on Government Operations and
on Health and Welfare

Submitted by: Jenney Samuelson, Secretary of Human Services

Report Date: February 1, 2025

Table of Contents

| | |
|---|----|
| Legislation | 3 |
| Background | 3 |
| Legislative Intent..... | 3 |
| Intent of Agency Leadership | 4 |
| Progress Update | 4 |
| Timeline | 4 |
| Outreach and Engagement | 5 |
| Environmental Scan | 7 |
| Agency Resources | 7 |
| Next Steps..... | 7 |
| Other Considerations | 8 |
| Appendix | 9 |
| Interested and Impacted Parties for Engagement | 9 |
| Outreach and Engagement Methodology and Tactics | 10 |

Legislation

This report is issued pursuant to [Act 119 of 2024, Sec. 2\(d\)](#). Subsection (d) requires the Secretary of Human Services to provide an update on the status of stakeholder outreach and development of recommendations required pursuant to Sec. 2 of this act.

This update must be provided on or before February 1, 2025 to the House Committees on Government Operations and Military Affairs, on Healthcare, and on Human Services and the Senate Committees on Government Operations and on Health and Welfare.

The following report is issued in fulfillment of that requirement.

Background

The goal of [Act 119](#), “An act relating to reenvisioning the Agency of Human Services” comes out of conversations held in the 2024 Session of the Vermont General Assembly about the size and scope of the Vermont Agency of Human Services (AHS). The sole deliverable of this Act is a report, due November 1, 2025, with recommendations about how to improve AHS and the delivery of services it provides to Vermonters.

Sec. 1 of Act 119 notes that AHS has grown significantly since its founding in 1970. AHS is currently composed of six departments:

- The Department for Children and Families (DCF)
- The Department of Corrections (DOC)
- The Department of Disabilities, Aging and Independent Living (DAIL)
- The Department of Health (VDH)
- The Department of Mental Health (DMH)
- The Department of Vermont Health Access (DVHA)

The Agency’s Central Office also holds several important programs, including Vermont’s Healthcare Reform office (including the Blueprint for Health) and the Medicaid Policy Unit and a range of boards and commissions

Legislative Intent

Act 119 charges AHS to “create a meaningful process” for the Agency, its departments, and its many partner organizations, clients and other interested parties to work together to identify improvements to better serve Vermonters. Importantly, this process should include exploring whether AHS could better provide service to clients if it were structured differently. The legislation specifically mentions breaking up the Agency into two or more separate agencies as a potential option.

Intent of Agency Leadership

Agency of Human Services employees care deeply about the people and communities in Vermont. Many of our clients – those who are served by our many programs – are Vermonters at their most vulnerable. Our commitment to the Agency’s mission, “to improve the conditions and well-being of people in Vermont” is supported by innovation (one of our key practices), and a long-standing culture of continuous improvement. The work we do shows how we prioritize efforts to better serve our clients, with organized performance improvement and workforce development programs at both the Agency and departmental level.

Therefore, as our agency leadership teams reviewed the requirements of the Act, conversations quickly shifted to ways that the intention of the Act could be used to assess agency optimization beyond fulfilling the requirements of the final report. The requirements of the Act present an opportunity for us reflect on our work, our impact on people and communities, and to hear from our staff, our partners, and Vermonters. Thus, our Act 119 efforts and process will reflect this broader goal to comprehensively assess the structure, scope, and impacts of the Agency of Human Services.

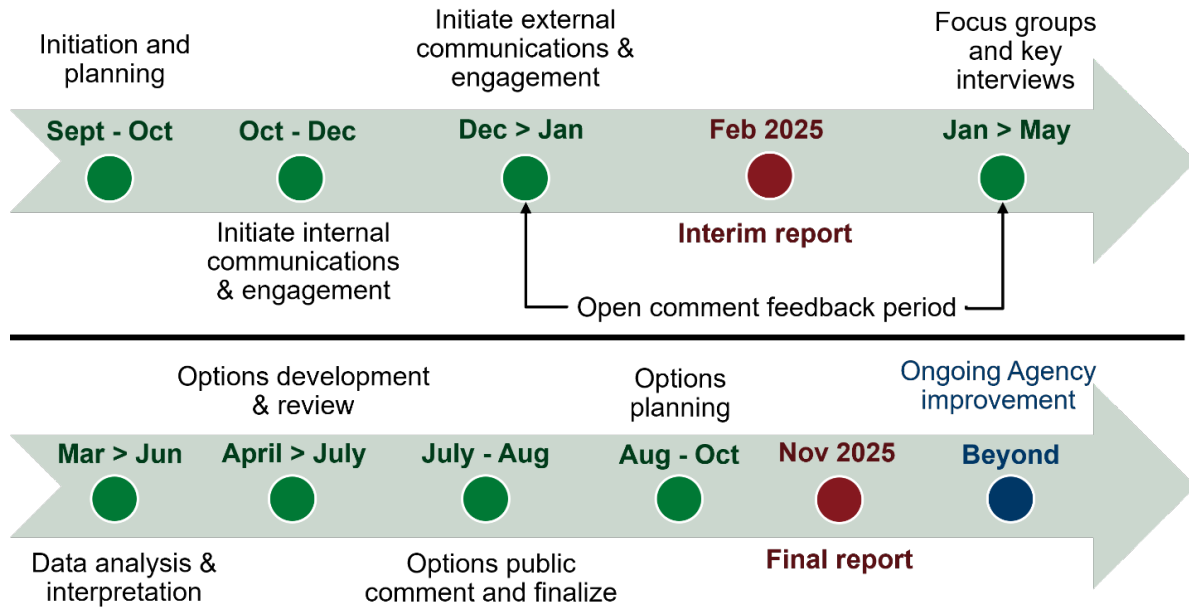
Progress Update

Since the effective date of the Act, AHS has completed planning, background research and project structuring phases. This includes identification of resources, project milestones and deliverables, and a timeline for completion. Below is a timeline diagram showing the current active phase of feedback gathering about the successes and challenges of how the Agency currently operates to provide programs and services for people in Vermont. The methods of outreach, engagement, and gathering feedback are further outlined below. Alongside the collection of new feedback directly from entities most interested and most impacted by potential changes to the Agency, we are gathering existing data that can tell us about the success and opportunities for improvement within the Agency.

Timeline

Currently, AHS is actively pursuing broad outreach and open feedback. We intend to continue seeking feedback throughout the process nearly up until the issuance of the report. Collating, analyzing, and interpreting themes will begin in March and progress into the summer. Themes will be continuously reviewed to inform the development of options for improvement in late spring and early summer. Evaluation and public comment on potential options will refine and inform decisions and plans for presentation in the final report. A summary of feedback, data, and evaluation of options will be included in the final report along with any recommendations.

Figure 1 – Act 119 Timeline



Graphic Description: the Act 119 project began with initiation and planning in September 2024. Information and data collection will be followed by the development of potential options for improving the Agency, with a final report and any implementation plans due November 2025.

Outreach and Engagement

Per the requirements of Act 119, we are casting a wide net to gather broad feedback from “relevant commissions, councils, and advocacy organizations; community partners; individuals and families impacted by the Agency and its departments; State employees; and other interested stakeholders” to inform our recommendations pursuant to the Act, as well as our broader consideration of how to effectively structure our operations and programs. Please see [the appendix](#) for a full list of currently planned outreach tactics and methods for engagement and feedback gathering.

We are gathering both qualitative and quantitative data, as well as informally seeking ideas, thoughts, perspectives and concerns from many sources. We are analyzing this information (hereinafter, feedback) on a rolling basis, and using themes identified to iteratively update our questions and methods of soliciting information from staff, our partners and Vermonters.

We have identified a broad range of interested parties, partners, and collaborators who reflect the scope of work we do, including those who are most impacted by our programs and services.

Internal engagement

Staff engagement was the first phase of communication and outreach, as this group is both highly knowledgeable and significantly impacted by Agency structure and operations. To date we have completed an initial round of communications to AHS staff, stood up an internal webpage for ongoing updates and to share feedback received, and are continuing to provide regular updates via email, newsletters, and promotion through AHS leaders. As part of communication to staff, an anonymous, open comment form is promoted regularly and is linked on the Agency Intranet. All feedback from this form is gathered through an automated process to optimize the review, analysis, and interpretation phase. Additionally, focus groups with field staff who work most directly with Agency clients are in progress. Additional staff focus group discussions are planned.

External Engagement

Engagement of external parties who work most closely with AHS or would be most impacted by potential changes to the Agency were the next phase of communication and outreach. To date we have begun engaging key partners through existing committees, commissions, and workgroups. We are seeking feedback from participating people and organizations, along with promoting more broad, public communication to be shared through partner groups and networks. Such communication consists of an [external webpage](#), press release, social media, and use of Agency and Department community outreach networks (e.g. newsletters, and email lists). An anonymous, open feedback form available to all Vermonters is linked on the public webpage, and is actively being promoted through the communication channels mentioned above. the communication channels mentioned above.

In accordance with the recommendations of the Act, we are focusing our initial efforts to “engage existing boards, committees, and other channels to collect input from individuals and families who are directly impacted by the work of the Agency and its departments”. The following list was carefully curated in consideration of which existing groups, committees, and workgroups were inclusive of the largest number of people and organizations who work most closely with, or will be most highly impacted by large-scale change to the Agency (see full list of identified organizations and people in the Appendix: [Interested and Impacted Parties](#)).

Active engagement:

- Agency Finance Office (December 2024)
- Field Services and District Office Leadership and Staff; including Vermont Chronic Care Initiative (December 2024)
- Agency District Offices Leadership (January 2025)
- Agency Integrated Eligibility and Enrollment (January 2025)

- Medicaid Exchange Advisory Committee (January 2025)
- Health Care Reform Workgroup (January 2025)
- Autism Workgroup (January 2025)
- State Interagency Team (January 2025)
- Act 264 Advisory Board (January 2025)

Future scheduled engagement:

- Vermont Care Partners, Designated Agencies, Special Services Agencies (February 2025)
- Youth Services Advisory Council (February 2025)
- Vermont State Employees Association (February 2025)
- Recovery Partners of Vermont (February 2025)

Full list of parties for planned engagement is in the Appendix: [Interested and Impacted Parties](#)

Environmental Scan

In addition to feedback from AHS staff, partners, and the public, we are using a range of existing data and information about the Agency to develop our recommendations. These data sources include but are not limited to employee engagement survey data, fiscal data, customer satisfaction data, program analytics, historical information about AHS structure and policy, and information about the organization of government social services in other states.

Agency Resources

It is important to note that no resources were appropriated by the legislature to meet the requirements of this act. However, in recognition of the value of this process, the Agency has committed to prioritizing significant resources within the capacity of our existing staff and budget. We view this work as an important investment in the future of the Agency, and of the Vermonters we serve.

The Agency is fortunate to have experienced staff across our departments with knowledge and training qualitative data collection, analysis, and interpretation. Many of these colleagues have agreed to serve as technical advisors for our project team and given generously of their time. It is important to the Agency to make sure we are gathering feedback effectively and basing our analysis and conclusions on inclusive, unbiased information.

Next Steps

As data collection progresses, focus will turn to collation, analysis, and interpretation of gathered data, beginning in March.

The Agency will first identify themes in the feedback we collect, share those themes with stakeholders, and seek reactive input. Feedback received from staff, partners, and the public will be combined with gathered quantitative data about the Agency, our programs, processes, and staff. This combined information will advise exploration and development of options to improve the Agency. Potential options will be iteratively developed, reviewed and evaluated. Public comment will be sought on any proposed options to be included in the final legislative report in November 2025.

It is the intent of the Agency that ongoing improvements informed by Act 119 feedback will continue well beyond the final report to the legislature.

Other Considerations

Several other policy conversations are ongoing that may relate to a greater or lesser extent to the work contemplated in Act 119. Those conversations are appropriately separate and distinct from both the legislative charge of Act 119 and its ultimate value to the Agency as a performance improvement opportunity. However, due to the importance of awareness and alignment, some items are briefly outlined here to highlight the relationship of these conversations to the broader question of the effectiveness of AHS.

1. **Prekindergarten Education (PreK)** and associated oversight and support structures in **DCF's Child Development Division (CDD)** and the **Agency of Education (AOE)**. The State of Vermont is considering new models for administration of PreK, with a report required pursuant to Act 76 of 2023 and submitted December 6 of last year. While the report does not recommend changes to the joint oversight and governance model of PreK (shared between AOE and AHS), centralizing childcare and early education governance under one entity has been proposed in the past.
2. **Structure of the Department for Children and Families (DCF)**. Related to item 1, above, Act 76 of 2023 also requires AHS to submit an implementation plan on how to reorganize DCF in order "to increase responsiveness to Vermonters and elevate the status of childcare and early education within the Agency of Human Services." The Act 119 project team and the team at DCF working on this implementation plan are coordinating to share information and align recommendations.
3. **Substance Use Disorder (SUD) Continuum of Care**. Many programs in the Division of Substance Use Prevention (DSU) in the Vermont Department of Health are highly integrated with programs in the Department of Mental Health (DMH) and other partners. Both Departments, with the support of the Agency as a whole, are actively identifying new ways to better serve clients who struggle with this disorder. Options may include changes to the relationship between DSU and DMH.

Appendix

Interested and Impacted Parties for Engagement

Below is the detailed list of the people, organizations, and entities considered for prioritization and future engagement in our process. Many of these organizations are participants in committees and workgroups actively being engaged ([see active engagement list above](#)). Prioritization for engagement is necessary to ensure project scope fits within resource capacity. Prioritization was based on knowledge of AHS, influence in decision-making relative to AHS structure and operations, and potential of being impacted by large changes to AHS.

Internal to the Agency of Human Services:

- Agency and Department Leadership
- Field Services and District Office Leadership and Staff; including Vermont Chronic Care Initiative
- Finance and Business Office Directors and staff
- Policy Directors
- Emergency Operations and Management
- Office of Healthcare Reform
- Medicaid Policy
- Additional AHS Staff and Cross-Department Workgroups
- Vermont State Employees Association (AHS staff representatives)

External to the Agency of Human Services:

- Designated Agencies and Special Service Agencies
- Vermont Care Partners
- Home Health Agencies
- Area Agencies on Aging
- Child Family Advocate, Healthcare Advocate, State Assigned Assistant for Adults with a Disability
- Green Mountain Self Advocates
- Vermont Disabilities Council
- Vermont Center for Independent Living
- Recovery Partners of Vermont
- Vermont Federation for Families
- Vermont Association of Hospitals and Health Systems
- Housing and Homeless Alliance
- Vermont Medical Society
- Vermont State Employees Association (professional organization)
- Governor's Office

- Agency of Education
- Agency of Administration
- Municipal Leaders
- AHS Client Representatives

Please note: These lists are the currently identified parties. Additional parties may be engaged as they are identified or reach out to us.

Outreach and Engagement Methodology and Tactics

Tactics for outreach include, but are not limited to:

- Soliciting public input and promoting public comment opportunities via earned media (press releases), email listserv communications, both from AHS, its departments, and via partner organizations
- Passive methods, including content on Agency websites, links to comment forms in email signatures of AHS staff, and social media outreach
- Direct solicitation of individuals and organizations (via email or otherwise), both to share methods of capturing feedback (survey and comment), and to engage in dialogues or schedule interviews
- Joining existing groups, including professional and advocacy groups, boards and councils, and other interested organizations and entities at regular meetings and conferences, as well as joining meetings of AHS employees to hear their feedback.

Methods for engagement and feedback gathering include, but are not limited to:

- Offering opportunities for public comment or questions via an [anonymous form for Act 119 feedback](#) or email to the [AHS performance improvement email](#).
- Conducting informal or unstructured listening sessions with staff and key partners.
- Conducting structured focus groups with staff and partner entities.
- Conducting key informant interviews with selected partners, other state agencies, legislators and former legislators, and other individuals with specialist knowledge or insight into AHS operations and the client impact.