LEGISLATIVE REPORT

Reenvisioning the Agency of Human Services Report

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:	November 1, 2025

Total Agency of Human Services Staff Time Preparing this Report: 1,736 Hours

VERMONT
AGENCY OF HUMAN SERVICES

Table of Contents

Executive Summary

Purpose and Background

This report fulfills the requirements of Act 119 of 2024, which directs the Secretary of the Vermont Agency of Human Services (AHS) to assess the current structure of the Agency and explore options for improving its organization, efficiency, and how well we meet Vermonters' needs. The report reviews how our structure, operations and service delivery impact the experience and outcomes of the people with whom we partner and engage. The report concludes with a set of recommendations to enhance coordination, ensure accountability, and support sustainable success.

Process and Engagement

We undertook a comprehensive, multi-phase process for engagement and analysis from August 2024 to September 2025. Over 325 participants contributed via interviews, focus groups, and facilitated discussions. We received another 950 online comments and survey responses. We completed the evaluation through manual review, AI assisted analysis of themes, several rounds of synthesis, and validation with subject matter experts. Additional inputs included literature review, a scan of AHS structural evolution over the years, and review of human services delivery in other states.

Key Findings

Participants in the feedback process consistently identified the following priorities:

1. **Enhance Coordination and Integration:** Strong desire for better connections between programs and departments to serve Vermonters holistically.
2. **Clarify Roles and Accountability:** Need for clearer decision-making authority and accountability across departments and leadership levels.
3. **Modernize Systems and Data:** Fragmented and outdated technology impedes efficient operations and client service.
4. **Improve Communication and Collaboration:** Greater transparency and accessibility are needed for internal and external communication.
5. **Strengthen Workforce Support:** Chronic staffing shortages, workload pressures, and limited professional development threaten sustainability.
6. **Align Resources with Strategic Goals:** Need for budgets, staffing, and facilities to be better coordinated to reflect statewide human service priorities.

Recommendations

The iterative process of engagement, feedback analysis, and translation to actionable information led to a natural categorization of the results. Opportunities to make changes toward agency improvement fell into three types of recommendation. We organized the recommendations into tiers to describe them based on the level of decision-making and

authority, resources needed, scope of effort and impact, and how many people would be involved.

Tier 1 Opportunities – Structural Options

Tier 1 opportunities include those needing the highest level of decision-making authority and scope. We considered potential structural changes that would require legislative involvement, including:

- **Maintain AHS as a unified Agency.** We should pursue structural and leadership improvements within the existing organizational framework.
- **Strengthen the Department for Children and Families (DCF).** Improve the Department for Children and Families by increasing leadership capacity, coordination, and internal alignment.
- **Integrate Substance Use and Mental Health Services.** Move clinical substance use functions to the Department of Mental Health to better support individuals with co-occurring conditions.
- **Retain the Department of Corrections (DOC) within AHS.** Keep DOC in AHS with purposeful coordination of health, social services, and reentry supports for people leaving incarceration.

Tier 2 Opportunities – Agency Operations

Tier 2 opportunities include agency-wide change initiatives. These are options where AHS Executive Leadership should advance broad internal reforms that do not require legislative action, including:

- Strengthening workforce supports, leadership development, and hiring pipelines.
- Improving communication, transparency, and interdepartmental collaboration.
- Modernizing technology and data infrastructure.
- Strategically aligning program and budget planning processes.

Tier 3 Opportunities – Ongoing Improvement

Tier 3 opportunities include smaller-scale, department- or program-level improvements. We will pursue continuous improvement across all levels of the Agency, guided by strategic priorities and available resources. People shared many valuable needs and ideas that reflect essential work happening throughout the organization.

Next Steps

We recommend maintaining the unified Agency structure while prioritizing immediate internal reforms. Across the Agency we are committed to working with partners, staff, and the people we serve to ensure positive organizational changes. We will focus on improvements and change initiatives that prioritize better outcomes for Vermonters and a strong and sustainable organization.

Purpose and Background

Legislative requirements

The stated purpose of Act 119 is “to create a meaningful process through which the Agency, its departments, and the individuals and organizations with whom they engage most can collaborate to identify opportunities to build on past successes and to make improvements for the future.”

Under Act 119, the Secretary of the Agency of Human Services (AHS) was directed to work collaboratively with department commissioners, and to consult with relevant commissions, councils, advocacy organizations, community partners, individuals and families served by the Agency, State employees, and other interested parties. The goal of this process was to collectively evaluate the Agency’s current structure, explore potential options, and develop informed recommendations for re-envisioning the Agency of Human Services. Additional text from Act 119 is provided in Appendix A.

Background and context

Created in 1970, AHS was designed to integrate human services under a single organizational umbrella. Over five decades, the Agency evolved into Vermont’s largest executive branch agency, encompassing six departments—the Departments of Health (VDH), Mental Health (DMH), Corrections (DOC), Children and Families (DCF), Disabilities, Aging, and Independent Living (DAIL), and Vermont Health Access (DVHA). AHS accounts for more than half of Vermont’s total state budget and serves hundreds of thousands of Vermonters annually. While the unified structure strengthened coordination and cross-program collaboration, AHS has also grown increasingly complex, creating challenges in communication, decision-making, and service navigation.

Proposals have been put forward for several years to restructure or divide the Agency of Human Services. The reasons cited include narrowing the scope of the Agency to lessen the burden on a single administration; and responding to the increased complexity and demands of healthcare in Vermont by separating those programs and responsibilities from other human services.

Process

The following section outlines how we conducted our assessment under Act 119, detailing the multi-phase approach used to gather input, analyze data, and develop recommendations through broad engagement with staff, partners, and Vermonters across the state.

Investigatory Approach

We adopted a straightforward, multi-phase approach to gather feedback for this report. Following an initial organizational phase that defined research design and identified participants, we engaged AHS staff, partners, and the public in an open-ended

feedback period. We collected input through structured and unstructured conversations, comment forms, site visits, digital feedback platforms, and a variety of organizational and committee meetings. We supplemented feedback with operational data, program metrics, and regulatory context to validate and deepen insights. We used AI tools and human qualitative reviews to identify key themes, issues, and practical ideas.

After identifying common themes, we re-engaged all staff and the public with a survey to prioritize these themes. Alongside the survey we conducted follow-up investigations into key questions from the initial phase. We organized recommendations into three tiers based on scope, complexity, decision-making authority, and relevance to the legislative charge. All of this resulted in actionable proposals for the Agency and a rich dataset to inform ongoing internal improvements.

The engagement strategy reflected a broader design philosophy: not only to address the questions that Act 119 required us to answer, but also to surface challenges, ideas, and operational improvements across the Agency. By asking participants about barriers, needs, and potential solutions—including the prompt, “If you had a magic wand, what would you change?”—the process encouraged open, systemic thinking. The resulting approach ensured we carefully analyzed feedback, verified it with data, and tested ideas with leaders, staff, and partners. This process allowed us to turn the information into feasible, high-impact priorities aligned with AHS’s mission to serve Vermonters.

Timeline and Project Phases

We approached this work in 5 phases over several months, moving from broad listening to analysis, prioritization, option development, and planning. The approach was intentionally iterative: listen widely, make sense of what we heard, focus on what matters most, then turn priorities into actionable proposals (with quick feedback loops at each step).

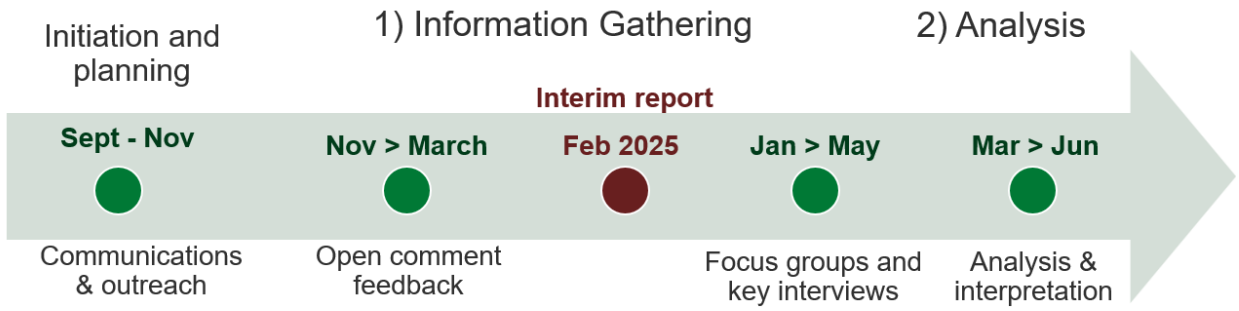

Figure 1: Act 119 Phases from September 2024 through June 2025: Initiation & Planning, followed by 1) Information Gathering, and 2) Analysis.

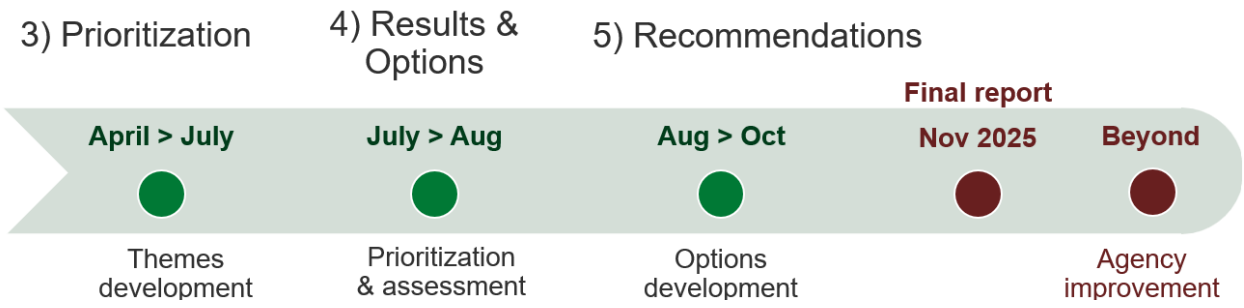

Figure 2 Act 119 Phases from April through October 2025: 3) Prioritization, 4) Results & Options, 5) Recommendations.

Phase 1 -- Information Gathering

Outreach and engagement

We gathered input on how AHS functions and where we need to improve. We engaged over 325 participants through interviews, focus groups, and facilitated discussions with staff, service providers, advocates, and Vermonters with lived experience. We received an additional 950 online comments and survey responses. This input provided the foundation for our next steps. Initial engagement informed where to focus resources for key informant interviews and further in-depth engagement and analysis.

Background research

Early feedback guided additional research beyond interviews and focus groups. Common themes and recurring issues informed areas of research and further investigation. Areas of study included organizational structure and theory, change management, comparison of human services and healthcare delivery in other states, and a historical review of how AHS's structure has changed over the past 20 years.

Phase 2 -- Analysis

A cross-functional team synthesized more than 1,500 discrete qualitative inputs through manual review, AI-supported thematic analysis, iterative consolidation, and validation with subject matter experts. We organized outputs into recurring themes, department- and program-specific issues, and practical, small-scale ideas. Across all categories of participants and contributors, clear themes emerged about how people experience AHS. Input from AHS staff, executive leadership, other State of Vermont leaders, partner organizations, people with lived experience, and other members of the public provided surprisingly similar feedback. These insights shaped a set of Themes for Re-envisioning AHS and informed the development of this report. We summarize these themes on our Act 119 webpage (https://humanservices.vermont.gov/act119) with supporting quotes and examples. These themes represent categorized issues which will serve to direct improvements in agency operations over the coming years.

Phase 3 – Prioritization

We asked staff and the public to review and prioritize the themes, as these represent issues that would most improve organizational performance and benefit Vermonters. We deployed prioritization surveys for internal AHS staff and external interested parties. Along with prioritizing which of these themes was most important to participants, we offered opportunities for further input and asked for ideas for how AHS can improve on these core issues. Through this we identified items with the greatest potential impact based on the lived experience of a variety of stakeholders.

Phase 4 – Results and Options

Appendix D includes data about what survey respondents prioritized. These priorities, taken together with the input of people and groups with key perspectives related to some of the Agency's biggest challenges, provided the foundation for exploring options for change. We further developed and refined options by engaging relevant expertise to balance near-term feasibility with long-term value and weighing potential trade-offs. We grouped options into three tracks, or tiers: 1) potentially requiring legislative input or support; 2) high-priority and broad scope, but not urgent for legislative consideration; 3) impactful, feasible options for later implementation within Agency scope and resources. We focused first on those that fell into our Tier 1 category – structural changes that would require the highest level of decision-making authority, and with the largest scope of impact.

Phase 5 – Recommendations

Decisions about potential options considered a variety of criteria to ensure any actions would maximize benefits and minimize potential cost. Criteria for prioritization included impact on Vermonters, impact on organizational sustainability, feasibility, resource cost, alignment with AHS mission, equity implications, and statutory/federal constraints. We also considered timeliness, complexity, and change-management demands when determining whether a potential option should be pursued now or explored further for later consideration. Validation with people and groups most informed or impacted and comparative evidence guided refinement.

This report focuses primarily on Tier 1 recommendations, given the intent of Act 119. It also broadly summarizes input, themes, priorities, decision-making processes, and proposals for all types of potential Agency improvements. These recommendations, themes, and additional ideas provide a pipeline of improvements staged for current and future implementation.

Summary of Key Findings

This section summarizes findings from internal and external engagement, analysis, and research. We drew recommendations from the findings outlined below. We combined input from staff, partners, clients, and Vermonters with administrative data and external research, including comparative studies of human services structures and lessons from national partners. This gave us a clear picture of opportunities and trade-offs. It highlights the major themes that staff, partners, and other Vermonters identified—revealing both the strengths of the Agency of Human Services and the structural and

operational challenges that most affect coordination, service delivery, and outcomes for Vermonters. While there is no single “right” structure, we see clear opportunities to strengthen alignment, coordination, and outcomes for Vermonters, alongside structural questions for legislative consideration.

We grouped the findings and subsequent recommendations into 3 tiers based on several factors. We considered scope and impact of any potential changes in AHS to understand what might rise to the level of interest or action from the Legislature. We made these areas the focus of report. Additional findings reflect improvement opportunities that we will consider as near-term or potential future priorities based on additional assessment of need, capacity, and resources.

We considered Tier 1 findings to be any issues or options that would require structural change, potentially need legislative support, and are a priority for AHS to begin pursuing immediately. Tier 2 findings include those that would have operational impact across the Agency, would require support from Agency leadership, and may be set as a near-term focus for the Agency. Tier 3 findings include other changes or improvement opportunities that can be led and supported at other levels in the Agency based on the needs, capacity, and resources of individual departments, programs, or groups.

Tier Level	Improvement type	Decision making & accountability	Time & resource priority level
Tier 1	Structural Options	Beyond AHS	Priority consideration
Tier 2	Agency Operations	AHS Executive Leadership	Near-term focus
Tier 3	Ongoing Improvements	Project Sponsors	Capacity-dependent

Figure 3: Tier levels for findings and recommendations

Tier 1: Structural Issues

We investigated several structural options to address challenges with broad, agency-wide impact. Given the level of decision-making and accountability for structural change, as well as the significant costs in money, time, and other resources, these all fall into our Tier 1 category of findings and options.

Size and Scope of the Agency

Concerns focused on the breadth of AHS—six departments, central programs, roughly 4,000 staff, and a multibillion-dollar budget—along with competing priorities and diverse missions. Remaining a single agency preserves coordinated services, shared infrastructure (data, eligibility systems, facilities), and strategic budget flexibility.

However, remaining a single agency places an immense burden on a single leadership team and creates internal coordination challenges. Options to address the scope and complexity of AHS included splitting AHS into two or adding capacity in the executive team to handle the workload. Splitting the Agency would duplicate core functions, renegotiate leases and contracts, fracture existing federal funding structures, and create new governance—all leading to more complexity. The dominant message was to "stick together." There were fewer calls to break up AHS and more calls to break down silos, share information, and coordinate services. Evidence from other states suggests that leadership, funding flexibility, and technology influence customer experience more than structure alone.

Size and Scope of the Department for Children and Families

Similar issues appear within the Department for Children and Families (DCF) on a smaller scale. The intensity of work in the Family Services Division (FSD) and Economic Services Division (ESD) can overwhelm a single leadership team, as crises in one area crowd out other priorities. Combining child welfare and benefits administration lacks consistent operational logic, with divergent missions, service models, technology systems, and client populations. This can discourage families from seeking help and reinforce internal silos as staff often identify more with their division than the department as a whole. Feedback highlighted two natural grouping—"child and family" (centered around the Family Services Division and the Child Development Division) and "benefits and services" (centered around the Economic Services Division and the Office of Economic Opportunity). Each of these groups has significantly different missions and client focus. Options to address the dichotomy included stronger executive alignment within one DCF or splitting into two or three departments. Pros of splitting include narrower focus and clearer accountability; cons include loss of shared business office advantages, risk of deeper silos, and higher administrative costs. Staff cautioned that we should guide any restructuring with clear, evidence-based benefits and careful change management at the forefront.

Fully Integrated Substance Use and Mental Health Treatment Systems

There is significant overlap between substance use and mental health programming across the continuum from prevention to treatment and beyond. The need to better integrate and align work in these areas is clear, given the prevalence of co-occurring conditions. We heard mixed feedback about structurally integrating the relevant organizational units, the Division of Substance Use Programs (DSU) and Department of Mental Health (DMH). Although feedback was mixed, many participants favored moving DSU into DMH, as most other states do (DSU currently sits in the Department of Health). Any change would require expanding DMH's leadership scope. It must also protect prevention functions that are rooted in a public health model and maintain the provider network, including peer-based services. Operational challenges alone do not justify restructuring; deliberate change management is essential to build trust and ensure inclusive leadership.

Operational Distinctions within the Department of Corrections

The Department of Corrections' mission aligns closely with AHS's population-focused work, but operational and cultural differences are significant: public safety pressures, staffing models, and bargaining unit considerations create distinct needs. Participants warned that moving DOC out of AHS could weaken ties that help people in facilities—health care, mental health and substance use disorder services, reentry supports, and access to health insurance and economic benefits. Probation and Parole's link to district offices adds further complexity. The choice is between deeper integration within AHS versus establishing agreements and processes that maintain continuity of care if DOC were standalone or moved under a public safety agency. Staffing crises in facilities are an immediate concern regardless of structure, requiring tailored workforce strategies.

Tier 2: Operational Opportunities

Many of the recurring themes from the Act 119 feedback process speak to gaps in the Agency's operations. As mentioned above, effective government programs often have less to do with organizational structure and more to do with leadership, technology, funding, and operational agility. Feedback across a variety of stakeholder groups aligned into a few major categories that AHS should prioritize for operational improvement. These are not structural issues, nor do they require legislative action or decision-making. They are agency-wide opportunities for improvement that will have far-reaching impacts.

Strengthen Agency Alignment and Capacity

Participants emphasized the importance of shared, agency-wide goals and regularly checking that policies, programs, and budgets align with strategy. They noted uneven workloads and unclear roles, recommending that complex work be assigned to the people and systems best positioned to manage it. Staff highlighted the need to invest in culture, hiring, training, and retention—including telework arrangements that balance flexibility with in-person access. Staff and partners sought better communication about what AHS does, why it matters, and what is working. Leadership at all levels—appointed and career—is noted as critical to ensure coordination. The overarching theme: deliberate alignment alongside accountability is more effective than ad hoc fixes in moments of urgency.

Connect and Coordinate Services

Vermonters experience the Agency and our systems as a whole, not as separate departments. Feedback stressed linking similar programs across divisions and smoothing transitions, such as youth moving to adult services or reentry from residential or correctional settings. Staff recommended removing barriers to coordinated care when multiple teams serve the same person—within privacy requirements—so clients do not have to repeat their story. Suggested solutions included a single application and information release, targeted agreements for timely coordination, and adoption of person-centered models like Certified Community-Based integrated Health Centers (CCBHC) to integrate supports for physical health, mental health, substance use, and social needs.

Collaborate and Communicate Clearly

Participants called for clear, accessible information for clients and staff. Recommendations included plain-language service finders, a single intake to guide people to appropriate supports, and consistent use of communications resources to share updates quickly. Internally, aligning similar functions—communications, operations, policy support—can share capacity and best practices without undermining programmatic autonomy. Right-sized, clear updates help staff focus on essential priorities, particularly during emergencies or policy changes.

Use Resources Wisely

Feedback emphasized aligning funding across programs and departments, clarifying standards and connections for community providers, and organizing staff to meet client demand. Field Services Directors could strengthen connections between community providers and program/finance leads. Participants also highlighted shared management of facilities, equipment, and technology across AHS's 57 sites and called for clearer responsibilities with state partners. Key cross-cutting messages: align budget authority with responsibility to ensure decisions stick and explicitly plan for how to end programs when necessary, which is complex.

Understand Clients and Communities

Participants urged involving people early in program planning and seeking feedback regularly and systematically. Advisory approaches should treat end users as valued decision makers and provide transparent ways to show how feedback influences decisions, building both trust and effective programs. Feedback stressed the need to expand access to information and services—through evening hours, easy-to-use online services, and timely phone support.

Modernize Technology and Systems

Staff and partners recommended upgrading and connecting systems to reduce redundancy and accelerate service delivery, including shared data elements, integrated eligibility and enrollment, and modern, secure data-sharing agreements. They also suggested revisiting policies that slow adoption of efficient tools, while maintaining privacy and cybersecurity standards, and providing peer learning, guides, and training to maximize the use of existing tools. The clear goal is to leverage technology to remove everyday barriers so staff can spend more time serving Vermonters.

Tier 3: Ongoing Improvement

Alongside broad structural and operational changes, people and groups who participated in the Act 119 process shared an impressive range of ideas and innovations to improve how AHS serves Vermont. Suggestions arose from the unique perspectives of people engaged in the work day-in and day-out. Ideas ranged far and wide, including an agency-wide desk reservation system, improving the hold music of our call centers, or rethinking job shadow options for correctional officers. Potential improvements came up related to every department, as well as many cross-department

programs and functions. Going beyond the scope of this report, we will use these Tier 3 ideas and suggestions to engage staff across the agency in continuous improvement opportunities.

Conclusion

Taken together, these findings highlight immediate improvements to pursue and frame structural questions for future consideration. They reinforce that operational efficiency, funding flexibility, leadership, and culture are often the most critical levers for enhancing customer experience—regardless of organizational structure. Ultimately, clear goals, deliberate planning, and transparent accounting of costs and benefits should guide decisions. The next section presents recommendations that align with Tier 1 issues, including underlying causes, the rationale for making a recommendation, and considerations for implementation.

Tier 1 Recommendations

This section presents recommendations related to the Tier 1 structural issues identified above. These are the recommended options for changes that would require action or collaboration beyond AHS, including consideration by the General Assembly. Activities related to Tier 2 or Tier 3 operational improvements are outside the scope of this section as they will be prioritized and addressed internally by AHS and department leadership.

1) Agency of Human Services

The size and scope of the Agency of Human Services (AHS) emerged repeatedly in discussions and other feedback. Questions centered on whether the Agency is “too big” to operate effectively and whether structure itself drives outcomes. Feedback was mixed: some suggested a split would reduce complexity, while others highlighted the advantages of maintaining a single, integrated agency, including shared infrastructure, coordinated funding, and unified service delivery.

The central question is evaluative rather than categorical without a clear yes or no answer. AHS is not objectively “too big,” but the complexity of coordinating multiple departments, programs, and funding streams creates real challenges in clarity, timeliness, and equitable service delivery.

Analysis of Underlying Causes

- **Portfolio complexity:** Six departments, multiple specialized units and offices, differing missions, and multiple operational models make coordination difficult.
- **Leadership constraints:** Only a limited number of issues can reach the executive level at any time.
- **Program growth and scope creep:** Programs continue to expand with limited systematic processes to retire underperforming or duplicative services.

- **Coordination and communication barriers:** Staff, partners, and clients have difficulty navigating services; internal communication is uneven, and information is hard to find.
- **Resource competition:** Shared constraints and politically sensitive priorities can draw disproportionate attention.
- **Emergent service demands:** Crises in housing, health, and mental health require constant reprioritization, stretching leadership capacity.

These challenges are typical of large integrated human services systems. They reflect operational processes and leadership structures rather than the Agency's absolute size. Notably, separating the Agency would duplicate functions, complicate coordination, and likely amplify administrative burden.

Options Considered

1. **Keep the Agency unified (recommended):**
    - Focus on strengthening leadership capacity, improving alignment, and reducing coordination burdens.
    - Leverage cross-department collaboration, shared funding structures (especially Medicaid and other federal sources), and integrated service delivery.
    - Maintain flexibility to respond to crises and optimize support for clients with complex needs.
2. **Split AHS into 2 agencies:**
    - Potential models include dividing into a health-centric entity (VDH, DMH, DAIL, and DVHA) and a human services entity (DCF, DOC), or creating standalone entities for DCF or DOC.
    - Narrow focus and streamline accountability within fewer departments.
    - Risks include duplication of core functions, added administrative overhead, potential service disruption, and weaker integrated services.

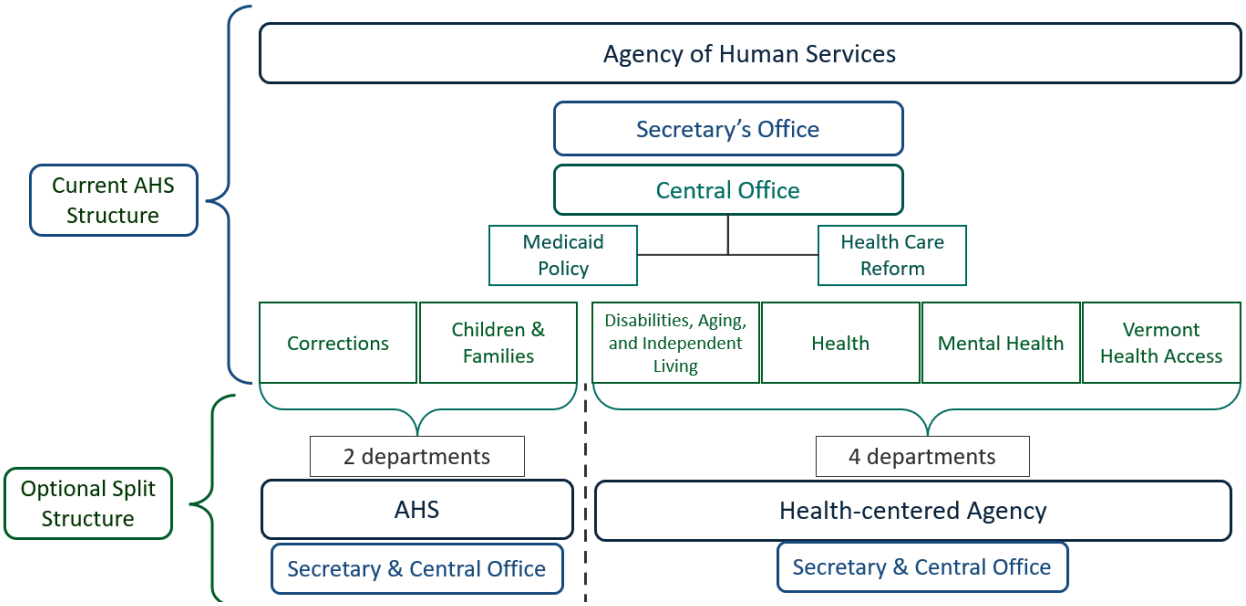

Figure 4: Structural options for the Agency of Human Services

Recommendation and Rationale

Strengthen AHS as a Unified Agency

Keep AHS together while pursuing targeted improvements to leadership, coordination, communication, and service integration.

Rationale

- **Sustainable success:** Retaining a unified structure addresses the symptoms of complexity without the disruption, cost, or risk of splitting.
- **Leadership efficiency:** Expanding internal leadership capacity is less resource-intensive than creating a new agency and avoids duplicative administrative infrastructure.
- **Future flexibility:** Strengthening AHS's internal structure and systems positions the Agency to pivot quickly in emergent situations without encountering unnecessary structural barriers.
- **Broad support:** Feedback from staff, partners, clients, and former executive leaders consistently favored addressing coordination internally rather than restructuring.

Supporting Evidence

- Linked programs and shared infrastructure improve client experience and policy flexibility.
- COVID-19 demonstrated the ability of a unified AHS to coordinate rapidly and pivot resources efficiently.

- Splitting the Agency would create substantial duplication of core functions, revising contracts, memorandums of understanding (MOUs), leases, and systems, and hiring an estimated 20–100 full time equivalent positions (FTEs) to maintain internal capacity across separate entities.

Implementation and Considerations

To enhance coordination and leadership effectiveness within the current structure, AHS will:

1. Build executive leadership capacity:
    - Continue and enhance the Executive Leadership Team (ELT) and Senior Leadership Team (SLT) as deliberative, shared decision-making bodies.
    - Emphasize collective agency goals over departmental competition, ensuring more voices inform the Secretary's decisions.
2. Consider formalizing executive leadership roles:
    - Options include formally establishing two executive positions reporting directly to the Secretary, a deputy, and a Medicaid Director, overseeing defined portfolios (e.g., Medicaid/health and broader human services).
    - Aligns with models in other states and strengthens strategic oversight across complex, multi-department portfolios.
3. Optimize departmental and matrix structures:
    - Enhance coordination of functional roles (policy, finance, communications, operations, workforce) across departments.
    - Provide additional Central Office support for cross-agency coordination.
    - Ensure equitable resourcing for departmental leadership teams with standardized structures, where beneficial.
4. Advance continuous improvement projects:
    - Streamline communications and information management.
    - Align strategy across programs.
    - Modernize IT systems and tools.
    - Reduce duplication and improve coordination at the district and field levels.

Conclusion

After extensive engagement with staff, partners, clients, and stakeholders, the clear consensus is that AHS should remain unified but undergo significant internal improvements to better align its services, strengthen coordination, modernize technology, and improve the experience of Vermonters interacting with the Agency. The perception that AHS is "too big" stems from coordination and integration challenges rather than absolute size. Strengthening leadership, communication, and alignment within a unified structure addresses these challenges effectively while avoiding the cost and disruption of structural separation. AHS will implement these operational

improvements while continuing to monitor effectiveness and opportunities for incremental adjustments.

2) Department for Children and Families

Stakeholder input and internal analysis consistently identified the divergent mission and siloed nature of the Department for Children and Families (DCF) as a barrier to effective service delivery. Staff often identify more closely with their divisions than with DCF as a whole, and clients and partners describe DCF as confusing and difficult to navigate.

The central question was often stated as whether DCF is "too big". As with the broader Agency, size itself is not the diagnosis. Rather, the focus is on how DCF's scale, configuration, and mission diversity affect coordination, leadership capacity, client access, and overall effectiveness.

Analysis of Underlying Causes

- **Distinct work streams:** Economic services (including the Economic Services Division, the Office of Economic Opportunity, and Office of Child Support) operate differently in mission, operations, and systems from family- and child-centered services (Family Services Division and Child Development Division).
- **Siloed operations:** the ESD and FSD divisions operate with "walls" more closely resembling inter-departmental boundaries due to separate funding, technology, client needs, and service models.
- **Leadership bandwidth constraints:** A single commissioner with deputies acting as division heads limits capacity for department-wide strategy and policy alignment.
- **Brand and trust issues:** Staff identify more with divisions than DCF; families may hesitate to seek economic supports from the same department that handles child protection, reducing program uptake.
- **Complexity from scope creep:** Programs added over time without clear thematic alignment further complicate coordination.

These are issues of structure, operations, and resources—not size alone. Notably, the lack of any 'true' Deputy Commissioner position significantly limits the executive leadership capacity of DCF. These causes and constraints lead to limited department-level cohesion, executive bottlenecks, and persistent operational silos.

Options Considered

1. **Keep the Department for Children and Families unified (recommended):**
    - Invest in leadership capacity and coordination mechanisms.
    - Create a true deputy commissioner or chief of staff role to support department-wide alignment and strategy development.
    - Clarify division director roles and strengthen policy, budget, and communication functions.

- Address brand and identity issues and deliberately break down silos where permissible.

2. **Split DCF into two departments:**
   - Potential models include dividing into a Children and Families Department successor (FSD and CDD) and an economic benefits-focused department (ESD, OEO, OCS).
     - Disability Determination Services (DDS) may be reassigned to DVHA or DAIL based on operational fit and federal alignment.
   - Narrow focus and streamline accountability within fewer divisions per commissioner's office.
   - Maintain and strengthen linkages across successor departments and with other AHS departments (VDH, DMH, DAIL, DVHA).
   - Risks include duplication of core functions, added administrative overhead, weaker integrated services.

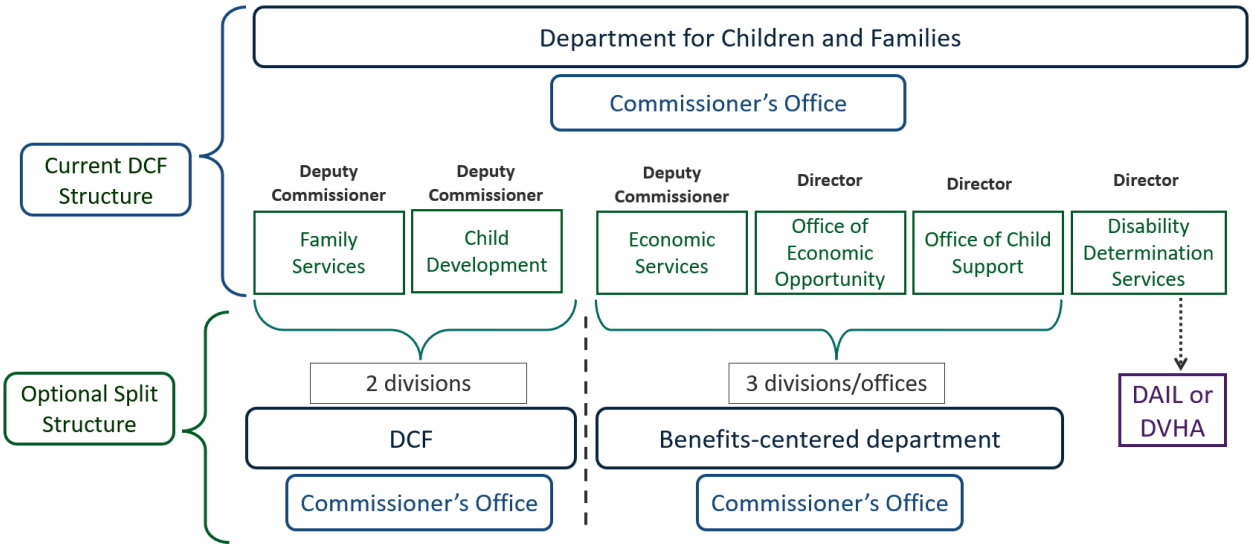

Figure 5: Structural options for the Department for Children and Families

Recommendation and Rationale

Strengthen DCF as a Unified Department

Keep DCF together while pursuing internal restructuring and targeted investments to enhance leadership capacity, improve organizational identity, and preserve alignment in a single, integrated department.

Rationale

- **Continuity of operations**: Maintaining DCF's unified structure avoids disruption to federal funding streams, contracts, and community partnerships.

- **System integration**: Keeping economic, child development, and family services within one department supports whole-family approaches and reduces fragmentation.
- **Leadership efficiency:** Expanding internal leadership capacity is less resource-intensive than creating new departments and avoids duplicative administrative infrastructure.
- **Capacity generation:** Establishing a true deputy position increases the Commissioner's capacity to focus on core departmental priorities—such as advancing childcare and early childhood education—while balancing leadership attention across both high-profile and less publicly visible divisions within DCF.
- **Brand improvement over structural change:** Communication, culture, and service design will better strengthen public trust than organizational division.
- **Future flexibility:** Strengthening DCF's internal structure positions the department and AHS to adjust over time without legislative reorganization.

Supporting Evidence

- Linked programs and shared infrastructure improve funding and policy flexibility.
- Coordinated and holistic support requires coordinated strategy at the executive level and program integration at the point of service delivery.
- Splitting the department duplicates core functions, revising contracts, MOUs, and hiring an estimated 10-30 additional employees to maintain internal capacity across separate entities.
- Maintaining coordinated development and funding will support significant technology enhancements for cross-division programs and services.

Implementation and Considerations

1. Enhance leadership capacity and alignment:
    - Establish a true deputy or chief of staff role to support department-wide strategy, operations, and performance management.
    - Clarify division director roles to ensure shared accountability for cross-division goals.
2. Invest in coordination mechanisms:
    - Create formal structures for policy, budget, and program alignment across divisions.
    - Strengthen cross-division teams focused on shared client populations (e.g., families facing both economic and child welfare challenges).
3. Address brand and identity challenges:
    - Develop a unified DCF identity emphasizing family and child well-being, prevention, and support.

    - Improve communication and outreach to reduce stigma and make access pathways clearer to clients and partners.
4. Modernize systems and processes:
    - Use ongoing technology and business process modernization to simplify navigation and enhance data sharing across programs.
    - Align eligibility and case management systems to support “no wrong door” access for families.
5. Support workforce and culture change:
    - Promote shared training, supervision, and professional development across divisions to strengthen a collective sense of mission.
    - Empower district offices to continue integrating services at the local level with clearer guidance and support.

Conclusion

After extensive engagement with staff, partners, clients, and others, it’s clear that unifying and strengthening the Department for Children and Families must be an Agency priority. Similar to the question of the Agency structure, the perception that DCF is “too big” stems from coordination and integration challenges. DCF has a broad mission which includes services focused on family and child wellbeing as well as economic-focused benefits provision. However, with enhanced leadership capacity, stronger internal cohesion, and modernized systems, DCF can more effectively deliver integrated, family-centered services across the lifespan for Vermonters.

3) Mental Health and Substance Use

Vermont’s mental health (MH) and substance use (SU) systems share overlapping purposes in prevention, treatment, and support. Feedback from staff, leaders, partners, and the public consistently affirmed the benefits of deeper integration and coordination. The question is evaluative: Should clinical SU functions be structurally integrated into the Department of Mental Health (DMH) to improve whole-person care and operational outcomes, while preserving public health prevention? The focus is on whether current arrangements support coordinated care for co-occurring disorders and whether structural changes would improve outcomes without unintended harm.

Analysis of Underlying Causes

Currently, public health elements of SU (including prevention) are separate from MH treatment and system leadership. The Division of Substance Use Programs (DSU) is part of the Department of Health (VDH), whereas mental health services are all contained within DMH. Stakeholders reported duplication across systems, confusion about service pathways and funding sources, and misalignment for people needing coordinated care. Outcomes—particularly for Vermonters with substance use disorders—indicate that status quo approaches are insufficient.

Designated Agencies (the system of community mental health and developmental services providers) and the Preferred Provider network (community substance use

disorder services providers) serve overlapping populations. However, they operate under different rules, billing pathways, and program expectations. The current split was largely historical and administrative, not designed for today's high prevalence of co-occurring disorders. Both MH and SU rely on shared statewide mechanisms (e.g., Medicaid, Blueprint for Health), creating duplication and confusion. Integration could strengthen leadership focus, clinical coherence, and accountability.

Options Considered

1. **Maintain the current split**: DSU remains in public health, MH in DMH. This preserves current structures but continues duplication and misalignment.
2. **Full integration**: Fully place DSU within DMH, unifying clinical treatment, with enhanced leadership, alignment across AHS departments, and integration of all providers.
3. **Partial integration (recommended)**: Clinical SU functions move to DMH for co-occurring care, while prevention remains in VDH, maintaining population-level public health strategies.

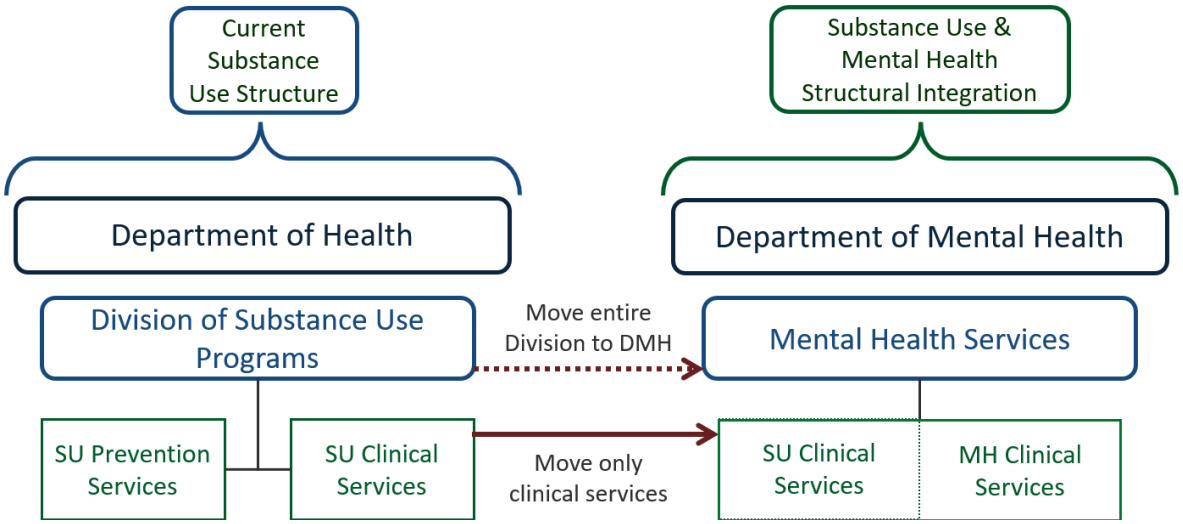

Figure 6: Structural integration option for Substance Use and Mental Health Clinical Services

Recommendation and Rationale

Integrate Clinical Substance Use Functions into DMH

Structurally integrate clinical substance use functions currently in DSU into DMH; while substance use prevention is maintained in VDH. DMH will reorganize internally to incorporate SU, strengthen leadership dedicated to SU, and elevate SU's profile alongside MH as preventable and treatable conditions. This approach reduces duplication, improves care coordination for co-occurring disorders, and aligns leadership and statewide frameworks (Medicaid, Blueprint for Health). Close collaboration with

VDH, DVHA, and other relevant AHS departments ensures prevention and clinical care remain coordinated.

Rationale

- **Clinical coherence:** Integration of treatment reduces duplication, aligns clinical standards, and centers care on co-occurring conditions.
- **Leadership focus:** DMH leadership can prioritize SU alongside MH, improving accountability, resource allocation, and advocacy.
- **System alignment:** Unified clinical leadership simplifies policy application, Medicaid billing, and statewide frameworks.
- **Prevention integrity**: Keeping prevention in VDH preserves population-level approaches while enabling collaboration with DMH for clinical interfaces.

Supporting Evidence

Feedback was mixed. Early input reflected policy debates: some favored aligning SU with MH, others keeping it in public health. Public health staff generally preferred the status quo while mental health staff perspectives were more divided. Partner organizations and other stakeholders emphasized that any change must stabilize the provider network, expand DMH leadership, and preserve prevention capacity. Over time, consensus leaned toward unifying clinical treatment while maintaining prevention separately.

Implementation and Considerations

Implementation will be phased and prerequisite based. Successful change for such a complex system will require sufficient time and resources to be prioritized. Sustainability is key, as ongoing and emergent shifts in the current human services environment will influence the timeline of a phased approach.

1. Readiness and capacity building:
    - Clarify DMH mission.
    - Expand leadership and clinical policy capacity.
    - Map provider networks and billing pathways.
2. Business and operational systems:
    - Align Medicaid claiming, contracts, grants, and chart of accounts.
    - Prepare DA network and SU providers for integration.
3. Coordination with VDH and DVHA:
    - Define prevention roles, interfaces, shared performance measures, and governance
    - Align Medicaid coverage and billing.
4. Iterative improvements:
    - Unify clinical guidelines
    - Share provider training

    - Develop joint case conferencing.
    - Support Medicaid billing alignment.
5. Communication:
    - Clearly explain roles, responsibilities, and care pathways.
    - Report progress to providers, partners, and Vermonters.

Conclusion

The desired outcome is a cohesive clinical system that provides whole-person care for people with co-occurring MH and SU disorders. We will integrate the clinical system where it matters most for treatment and will anchor it in strong public health prevention. This will ensure all SU services are supported by Medicaid and statewide frameworks that reduce duplication and confusion.

4) Department of Corrections

The placement of the Department of Corrections (DOC) within AHS is rare among other states. Vermont's experience has been more integrated: coordination across AHS departments and with statewide partners (e.g., Department of Public Safety) has supported positive outcomes for people in the criminal justice system. The question is evaluative: Should DOC remain part of AHS? We assessed whether current placement enables coordination, access to services, continuity of care for incarcerated individuals and those under community supervision. We also considered whether alternative structures would meaningfully improve outcomes.

Analysis of Underlying Causes

Feedback from staff, leadership, and partners highlighted both integration benefits and distinctive DOC characteristics.

- **Separate support structures:** DOC has a separate bargaining unit, a department-specific employee engagement survey, dedicated staff training programs, and narrower mission
- **Unique needs:** Operationally, DOC has unique facility, security, staffing, and technology requirements. Facility infrastructure, staffing, training, and technology have not fully adapted, creating gaps in practice.
- **Duality of mission:** Corrections straddles public safety and human services with close collaboration necessary across all AHS departments and with the Department of Public Safety (DPS).
- **Increased acuity:** Policy shifts toward diversion for low-level, non-violent offenses have increased acuity among the incarcerated population, resulting in more complex health, mental health, and substance use needs.
- **Reliance on AHS:** Clients of DOC rely heavily on AHS programs for health care, mental health and substance use treatment, housing, benefits, and reentry supports.

Options Considered

1. **Keep DOC within AHS (recommended):** Strengthen and align strategy and service coordination with health, mental health, substance use, housing, and benefits programs; improve workforce supports; and adapt operations for facility-specific needs.
2. **Move DOC out of AHS**: Either merge with Department of Public Safety or establish DOC as a standalone entity. Creating a standalone entity could simplify executive oversight but risks disrupting service integration, continuity of care, and cross-department coordination.

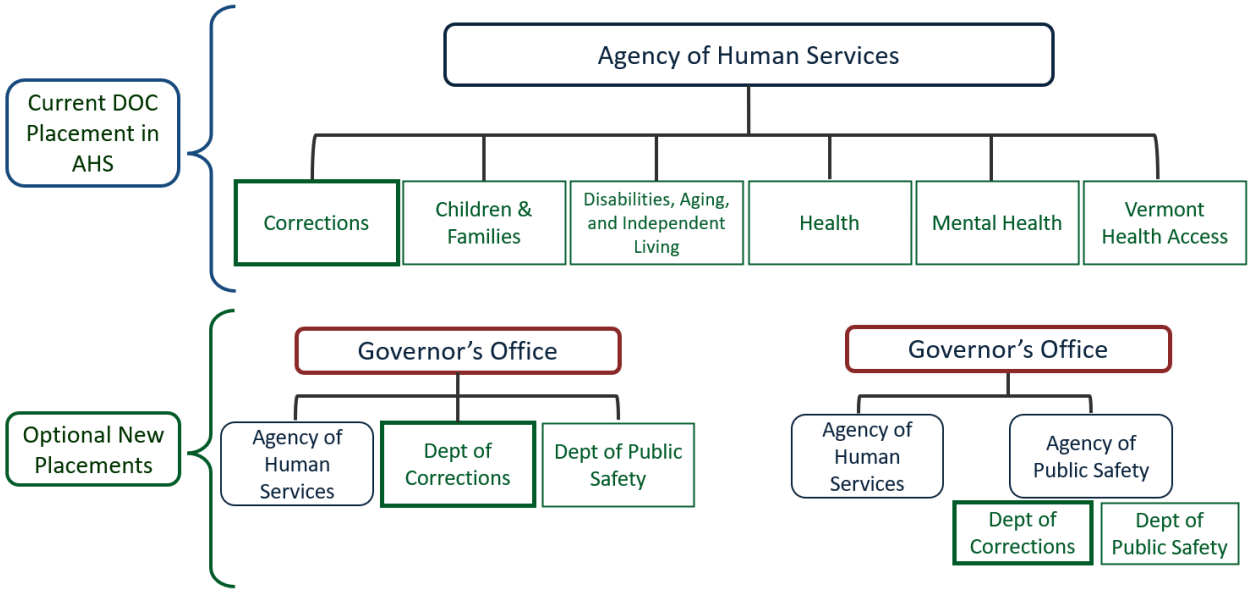

Figure 7: Structural options for the Department of Corrections

Recommendation and Rationale

Enhance AHS Support for DOC

We recommend keeping DOC within AHS to leverage essential human services support for clients and programs.

Rationale

- **Integrity of human services:** This structure preserves access to integrated human services for incarcerated individuals and those under community supervision.
- **Alignment of client needs:** High-priority needs for incarcerated individuals mirror broader AHS services.
- **Employee support:** Increasing access to human services-focused workforce development for DOC staff, including operational adaptations for secure environments, meets unmet needs.

- **Continuity of operations**: Maintaining DOC integration within AHS avoids disruption to Medicaid, reentry supports, housing and care coordination; separation would complicate delivery.
- **Shared solutions:** Custodial functions exist elsewhere in AHS with similar workforce and facility challenges (e.g., psychiatric care facilities and nurses) allowing cross-department learning and improvements.
- **Experience under stress:** COVID-19 highlighted the benefits of integrated human services.

Supporting Evidence

Like Mental Health, there were multiple viewpoints on alignment of DOC. A minority of staff, often in longer tenure, aligned with public safety, with some even recommending a merger with DPS. More often, it was not mentioned, or newer staff spoke of the value of alignment with AHS. Community partners referenced the benefits of alignment frequently, especially Probation and Parole, where service coordination is commonplace.

Feedback was mixed, but key themes emerged:

- Staff expressed affinity with first responder communities but acknowledged DOC's mission differs from broader public safety.
- Facility and probation staff emphasized the benefits of co-location and shared governance with AHS departments for client continuity and access to benefits and services.
- Progression from positions in facilities to positions in the probation and parole program who work closely with other AHS field staff is common and a valued career path.
- Advocates and families noted that integrated reentry planning, Medicaid, housing, and benefits are simpler to maintain when DOC remains in AHS.
- The training and workforce development opportunities in AHS are valued and can be better adapted for facilities staff schedules and work environments to allow DOC staff more access.
- Other AHS services support DOC so it is not their sole responsibility to provide comprehensive care for the DOC population.

Implementation and Considerations

1. Service integration:
    - Expand DMH and substance use program presence in facilities.
    - Formalize cross-department case pathways.
    - Strengthen Agency coordination for reentry.
2. Workforce supports:
    - Adapt training for secure environments.

- Improve professional development, mentoring, and career pathways.
- Address staffing challenges.

3. Operating adjustments:
    - Upgrade secure technology access.
    - Clarify shared safety and clinical protocols.
    - Maintain DPS coordination for public safety interfaces.
4. Governance and communication:
    - Establish shared metrics across DOC and other departments.
    - Create an executive forum for progress review.
    - Clarify roles and responsibilities.

Conclusion

Keeping DOC within AHS prioritizes client outcomes, strengthens service integration, and allows adaptation to today's higher-acuity population. We can maintain and improve operational distinctions through innovation and increased coordination with DMH facilities. Increased integration and support within AHS rather than structural changes will best address the most pressing needs of the department.

Conclusion

The work undertaken through Act 119 has reaffirmed both the strength and the complexity of Vermont's human services system. The Agency of Human Services remains a cornerstone of state government—one that touches the lives of nearly every Vermonter and delivers critical support through thousands of staff and partners. While structural reform can play a role in improving efficiency and accountability, the findings of this process underscore that leadership, communication, technology, and coordination are the primary levers for lasting improvement. The Agency's unified structure continues to provide the best platform for aligning programs, resources, and people around shared goals of health, safety, and well-being.

Moving forward, we will focus on strengthening what works: modernizing systems, investing in leadership capacity, and deepening collaboration across departments and with community partners. We will continue to dismantle operational silos, enhance district-level integration, and ensure that policy, budgeting, and performance management reflect a single, coordinated mission. These efforts will be guided by transparency, evidence, and a commitment to meaningful engagement with staff, providers, and Vermonters.

Ultimately, reenvisioning AHS is not a one-time exercise but an ongoing process of continuous improvement. The recommendations in this report are intended to build resilience, responsiveness, and clarity within an organization that has evolved with the state it serves. By strengthening internal alignment while maintaining its unified structure, AHS can better meet the challenges ahead and continue advancing the wellbeing of Vermonters with efficiency, compassion, and accountability.

Appendix A

Act 119 Text

Act No. 119. An act relating to reenvisioning the Agency of Human Services.

Sec. 2. REENVISIONING THE AGENCY OF HUMAN SERVICES; REPORT

(a) The Secretary of Human Services, in collaboration with the commissioner of each department within the Agency of Human Services and in consultation with relevant commissions, councils, and advocacy organizations; community partners; individuals and families impacted by the Agency and its departments; State employees; and other interested stakeholders, shall consider options for reenvisioning the Agency of Human Services, such as restructuring the existing Agency of Human Services or dividing the existing Agency of Human Services into two or more separate agencies.

(b) The Secretary of Human Services and the other stakeholders identified in subsection (a) of this section shall evaluate the current structure of the Agency of Human Services, identify potential options for reenvisioning the Agency and engage in a cost-benefit analysis of each option, and develop one or more recommendations for implementation.

(c) The Agency shall solicit open, candid feedback from the stakeholders identified in subsection (a) of this section to inform the evaluation, identification of options, and development of recommendations. To the extent feasible, the Agency shall 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.

(d) [References interim report]

(e) On or before November 1, 2025, the Secretary shall provide the recommendations developed by the Secretary and stakeholders to the House Committees on Government Operations and Military Affairs, on Health Care, and on Human Services and the Senate Committees on Government Operations and on Health and Welfare, including the following:

1. the rationale for selecting the recommended option or options;
2. the likely impact of the recommendations on the departments within the Agency and on the Vermonters served by those departments, including Vermonters who are members of historically marginalized communities;
3. how the recommendations would center the needs of and lead to better outcomes for the individuals and families served by the Agency and its departments and make the Agency more accountable to the Vermonters whom it serves;
4. how the recommendations could improve collaboration, integration, and alignment of the services currently provided by the Agency and its departments

and how they could enhance coordination and communication among the departments and with community partners;
5. how the recommendations could address the workforce and personnel capacity challenges that the Agency and its departments encounter;
6. how the recommendations could address the facility challenges that the Agency and its departments encounter;
7. how the recommendations could strengthen the use of technology to improve access to programs and services, increase accountability, enhance coordination, and expand data collection and analysis;
8. a transition and implementation plan for the recommendations that is designed to minimize confusion and disruption for individuals and families served by the Agency and its departments, as well as for Agency and departmental staff;
9. a proposed organizational chart for any recommended reconfigurations;
10. and the estimated costs or savings associated with the recommendations.

Appendix B

Outreach and Engagement Process

Consistent with the requirements of Act 119, we cast a wide net to gather 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. We collected both qualitative and quantitative input and treated it as rolling "feedback" for analysis—iteratively updating our prompts and engagement methods as themes emerged and new questions surfaced.

We launched initial communications to AHS staff, stood up a webpage for ongoing updates and provided regular communication via email, newsletters, and through AHS leaders. We promoted anonymous, open feedback via online form, held open and unstructured conversations—tabling events, site visits, and impromptu meetings—and completed focus groups with field staff who work most directly with Vermonters.

We then expanded to external engagement, standing up a webpage for ongoing updates and provided communication to partner groups through AHS leaders and networks. We met with key partners through existing committees, commissions, and workgroups. We sought reflections from senior leaders in partner agencies. We engaged stakeholder groups and representatives of clients and patients in facilitated discussions, and invited anonymous, open feedback via online form. We communicated our efforts via press release, social media, and Agency and Department outreach networks, and community channels such as Front Porch Forum.

List of Engaged Parties who Contributed Feedback

Groups with External Partners and Advocates

- Act 264 Advisory Board

- Autism Work Group
- Building Bright Futures – State Advisory Council
- Healthcare Reform Workgroup
- Medicaid and Exchange Advisory Committee
- Recovery Partners of Vermont
- State Interagency Team
- Vermont Care Partners
- Youth Services Advisory Council

Groups within the Agency of Human Services

- 12 Agency of Human Services (AHS) District Offices – Department and Division District Directors and Regional Managers (Barre; Bennington; Brattleboro; Burlington; Hartford; Middlebury; Morrisville; Newport; Rutland; Springfield; St. Albans; St. Johnsbury)
- Field Services Directors and Vermont Chronic Care Initiative (VCCI) staff
- 6 Department of Corrections Facilities
    - Northwest State Correctional Facility (NWSCF)
    - Northern State Correctional Facility (NSCF)
    - Marble Valley Regional Correctional Facility (MVRCF)
    - Northeast Correctional Complex (NERCF & CCWC)
    - Chittenden Regional Correctional Facility (CRCF)
    - Southern State Correctional Facility (SSCF)
- 2 Department of Mental Health Facilities
    - Vermont Psychiatric Care Hospital (VPCH)
    - River Valley Therapeutic Residence (RVTR)
- Integrated Eligibility and Enrollment
- AHS Leadership Team (Secretary and Deputy Secretary, Commissioners, Deputies, Medicaid Director)
- AHS Chief Financial Officers (Rich Donahey – former, Tracy O'Connell – current)
- Department for Children and Families Commissioner and Deputies (including specific feedback related to Act 76)
- Staff with recent experience moving between departments (Blueprint and VCCI)
- Staff who experienced the 2005-2007 move of the Division of Mental Health Services (part of the Department of Developmental and Mental Health Services at the time) into the Department of Health and then separated back out to become the Department of Mental Health

Interviews with Other State of Vermont Entities

- ADS: Agency of Digital Services (Secretary Reilly-Hughes, Deputy DeLaBruere)

- AGO: Attorney General's Office (AG Clark, Deputy McDougall, L. Jandl, Human Services Division Chief Conners, Criminal Division Chief Padula)
- ANR: Agency of Natural Resources (Secretary Moore)
- AOA: Agency of Administration (Secretary Clarke, Deputy Brown)
- AOE: Agency of Education (Secretary Saunders)
- BGS: Department of Buildings and General Services (Commissioner Minoli, Deputy Kisicki, Director Aja)
- DFR: Department of Financial Regulation (Deputy Commissioner Block – Insurance Division)
- DHCD: Department of Housing and Community Development (Commissioner Farrell)
- DHR: Department of Human Resources (Commissioner Fastiggi, Deputy Fuller, J. Berard, C. McConnell, K. Lucier, K. Minall, T. Waldman)
- DPS: Department of Public Safety (Commissioner Morrison, Deputy Batsie)
- VSEA: Vermont State Employees Association (S. Howard and staff union representatives)

Additional Key Informant Interviews

- Senator Jane Kitchel (former AHS Secretary, 1999-2003)
- Charlie Smith (former AHS Secretary, 2003-2005)
- Mike Smith (former AHS Secretary, 2005-2006; 2019-2022)
- Al Gobeille (former AHS Secretary, 2017-2019)
- Jenney Samuelson (current AHS Secretary, 2022-current)
- Monica Ogelby (former Medicaid Director)
- Jim Baker (former DOC Commissioner)
- Ken Schatz (former DCF Commissioner)
- Sean Brown (former DCF Commissioner)
- Mark Larson (former DVHA Commissioner)
- Morgan Crossman (Executive Director, Building Bright Futures)

Additional represented groups

- Addison County Parent/Child Center
- Addison County Restorative Justice Services
- Charter House Coalition
- Childcare provider
- City of Burlington
- Common Good Vermont
- Developmental Disability Housing Initiative
- HOPE

- Janet S. Munt Family Room
- Lenny Burke's Farm
- Martha's Barn
- Montpelier School District
- Retired State employees
- Retired psychiatrist
- Sharon Health Initiative
- Turning Point Recovery Center, Bennington
- UVM Autism Collaborative

Appendix C

Tier 2 Opportunities

One of the most valuable results of this report was our focus on the stated purpose to:

> "…create a meaningful process through which the Agency, its departments, and the individuals and organizations with whom they engage most can collaborate to **identify opportunities to build on past successes and to make improvements for the future**".

Throughout the process of feedback and information gathering for this report, some of the most valuable information has been unrelated to the organizational structure of AHS. During this process we learned that coordination of programs and services and collaboration between parts of the organization are more important than an organizational chart.

As we reviewed and analyzed the feedback we gathered during our initial phase, some clear themes emerged about how people experience our Agency. Whether as an employee working in AHS, a partner funded through AHS, or a client who engages with us regularly, we observed some common threads. Most importantly, we heard that coordination of programs and services and collaboration between parts of the organization are more important than an organizational chart.

We summarized these key **Themes for Re-envisioning AHS** in a document on our website: Act 119: Re-envisioning AHS (https://humanservices.vermont.gov/act119). These are the foundational areas to move forward for highly impactful internal improvements. Based on the direct feedback of staff, partners, community organizations, and clients, these are the priorities on which we should focus our efforts. Further prioritization of these themes was conducted through a survey. See Appendix D for survey results.

Themes for Re-envisioning AHS

Make the Agency Stronger

Work toward common goals

→ Make sure our programs and departments are working toward the same big-picture goals.

- **Can you give an example?** Regularly check that policies, programs, and budgets across the agency match our shared goals.
- **What might we try?** Develop agency-wide strategies that are flexible and reviewed often to make sure we use money wisely, combine our thinking, and link the work we do.

Balance the workload

→ Check that the work we do is balanced and has the right support and resources.

- **Can you give an example?** Divide large and complex types of work among the people, groups, and systems that can prioritize it and do it best.
- **What might we try?** Investigate positions and areas in the agency that do too many different things and find ways to separate work equally.

Support staff

→ Improve our work culture and how we hire, train, and keep employees.

- **Can you give an example?** Find creative ways to support a good work-life balance for all kinds of employees and build ways to give honest feedback and share new ideas.
- **What might we try?** Develop telework options that make sense for employees and still provide the best service for people we serve where and when they need us.

Tell our story better

→ Help the public, our partners, and our clients understand what AHS does and how we help Vermonters.

- **Can you give an example?** Share more about what our programs do for Vermont and celebrate what's working.
- **What might we try?** Explore new ways to tell our story and share our successes with our partners and the public.

Connect Services

Link similar programs

→ Connect programs and services that exist in different departments.

- **Can you give an example?** Bring together parts of programs that offer similar supports or serve the same groups of people.
- **What might we try?** Join different work areas across the agency into combined programs.

Make it easier to navigate different kinds of services

→ Help people move smoothly between programs when their needs change.

- **Can you give an example?** Fill in gaps for people with needs that change across different parts of our system; like youth moving into adult services or people leaving residential care.
- **What might we try?** Develop new programs or better connect programs for people between age 18-22 that use services with different rules for children, youth, and adults.

Share client information across programs

→ Help staff to quickly and easily get the information they need about clients.

- **Can you give an example?** Fix barriers to make it easier to share information between staff working with the same clients.
- **What might we try?** Review which programs in the agency can't share important information, and figure out how to change rules, make agreements, or provide access to coordinate services better.

Make it easier for clients to work with us

→ Make it easier to apply for services and support from different parts of the agency.

- **Can you give an example?** Make it so people can give us just the information that is needed in an easy way to get all the help they need.
- **What might we try?** Use one application and one information release for all or most of our services so people only need to share information about themselves once.

Collaborate and Communicate

Share information about our services more clearly

→ Make it less burdensome for clients and staff to understand what services are available for people in different situations.

- **Can you give an example?** Improve our website or use technology to match services with people's needs.
- **What might we try?** Develop a single application where people can share what they need and what their circumstances are and get the right information quickly about what help is available for them.

Improve communication

→ Share updates and changes quickly across the agency and with the public.

- **Can you give an example?** Better use communication resources to share program updates or emergency information.
- **What might we try?** Use information and communication methods in creative ways so people aren't overloaded with too much information and can find information where and when they need it.

Integrate internal functions

→ Bring together offices and groups doing similar work across departments.

- **Can you give an example?** Align things like communications or operations teams to coordinate and share capacity and ideas.
- **What might we try?** Look at roles that are duplicated across departments to discover more ways they can collaborate, share skills, and coordinate their work.

Use Resources Wisely

Improve how we use funds

→ Better align and use money across the different parts of the agency.

- **Can you give an example?** Make funding decisions more collaboratively and better align rules for spending money across the agency.
- **What might we try?** Review money coming into the agency from different sources and discover new ways to use it where it is needed, no matter which department or program holds the funds.

Make sure partners do good work

→ Check that the groups and organizations we fund are helping people effectively.

- **Can you give an example?** Set clear standards and make better connections for local staff to check in on the work and give guidance to service providers.
- **What might we try?** Support the Field Services Director positions to more formally connect between community-based service providers and department central staff that oversee the program and funding.

Organize staff to meet client needs

→ Make sure we have enough people in the right positions to provide the services people need when they need it.

- **Can you give an example?** Balance the responsibilities of central office staff with frontline workers and match staff resources to consumer needs.
- **What might we try?** Compare the number of employees in the agency that directly serve clients with the number of central support staff to ensure we have the right people in the right places to do our work well.

Improve shared management of important resources

→ Make sure we work well with different parts of state government to manage buildings, equipment, and technology.

- **Can you give an example?** Work with building services to better manage and support sites where our staff work and communicate better to improve collaboration with technology support staff.
- **What might we try?** Review and clarify responsibilities and communication channels between agency staff and building services staff across the 57 sites that our employees use around the state.

Understand Clients and Communities

Involve people early

→ Include staff and clients from the beginning when planning new programs or practices.

- **Can you give an example?** Include local communities in designing services that meet their needs and bring in front-line staff in to help make decisions that will impact the way they work.

- **What might we try?** Create advisory groups with customer partners to ensure the end-user is a valued decision-maker in planning our services.

Ask for feedback often

→ Give people more chances to tell us how we're doing—for staff, partners, consumers, and the public.

- **Can you give an example?** Create more and better ways to give useful feedback about our programs and the way we do our work.
- **What might we try?** Create an agency-wide system to enable more programs to get and use direct feedback from people and communities across Vermont.

Make our services easier to access

→ Offer services and support in new ways that work best for clients.

- **Can you give an example?** Understand when, where, and why people are coming to our local offices or calling our phone lines so we can get them what they need in the way that's best for them.
- **What might we try?** Add evening hours or new ways to work with us and use our services online.

Improve Technology and Systems

Upgrade our systems

→ Connect computer systems so staff can work more easily, and clients can get help faster.

- **Can you give an example?** Build and connect shared databases used across departments.
- **What might we try?** Plan for the right resources to continue supporting the Integrated Eligibility and Enrollment program that will streamline application processes for clients and improve data sharing for staff.

Remove tech roadblocks

→ Change rules that keep staff from trying better and more efficient ways to work.

- **Can you give an example?** Update digital policies to allow staff to more easily use technology that improves their work.

- **What might we try?** Review the rules to make sure they allow as much flexibility as possible and still ensure good and safe use of statewide resources.

Support staff to use tools better

→ Teach staff how to get the most from the technology they have access to.

- **Can you give an example?** Use peer learning and shared resources to help staff learn new skills.
- **What might we try?** Develop peer support opportunities to build staff skills and create shared guides and processes to incorporate new technologies like AI and automation.

Appendix D

Prioritization Survey Results

To focus our improvement efforts, we shared the Themes for Re-envisioning AHS and asked staff and the public to review and choose which of these they see as priorities for AHS. We created a staff and public version of the Themes for Re-envisioning AHS prioritization survey. We wanted to understand how staff and public priorities differ, given their perspectives and how they interact with the Agency. We were glad to see strong overlap across both surveys.

It is important to note that many of the themes are interrelated and represent different angles of root issues. As we further explore these opportunities and begin concrete improvement projects, we will undoubtedly find ways that improving in one area will lead to better outcomes in many areas.

Top 5 priorities from external survey

This survey was open to anyone outside of AHS staff. A total of 293 surveys were completed.

Ranking	External participant priority area
1: 141 votes	Make it easier to apply for services and support from different parts of the agency.
2: 134 votes	Make it easier to understand what services are available for people with different needs and situations.
3: 105 votes	Help people move smoothly between programs when their needs change.
4: 85 votes	Make sure that the groups and organizations we give money to are helping people effectively.
5: 73 votes	Offer services and support in new ways that work best for clients.

Top 5 priorities from internal AHS staff survey

This survey was available to all AHS staff. A total of 354 surveys were completed.

Ranking	Internal staff priority area
1: 180 votes	Improve our work culture and how we hire, train, and keep employees.
2: 175 votes	Better connect or integrate programs and services that exist in different departments.
3: 144 votes	Make sure we have enough people in the right positions to provide the services people need when they need it.
4: 110 votes	Include staff and clients from the beginning when planning new programs or practices.
5: 106 votes	Make sure our programs and departments are working toward the same big-picture goals.

Overlapping priorities

These priority areas were chosen in the **top 10 for both** survey groups.

- Make sure that the groups and organizations we give money to are helping people effectively.
- Include staff and clients from the beginning when planning new programs or practices.

- Make sure all AHS programs and departments are working toward the same big-picture goals.
- Make it easier to understand what services are available for people with different needs and situations.
- Connect and improve computer systems so staff can help clients more quickly.