

# Vermont's Response to Child Abuse & Neglect



**JANUARY 2014**  
**DCF FAMILY SERVICES**

# Fall 2008 –Intake Centralized



- **Goals:**
  - Address dramatic differences from district to district in report acceptance (8% - 35%)
  - Intentionally “widen the front door” to address concerns about child safety sooner.
  - Institute standard protocol to review all prior involvement with FSD, as part of screening decision.
- **Single toll-free number used 24/7.**
- **CIU supervisors make report acceptance and track assignment decisions.**
- **All unaccepted reports get 2<sup>nd</sup> review at the district.**

# Evaluation Conducted 2012

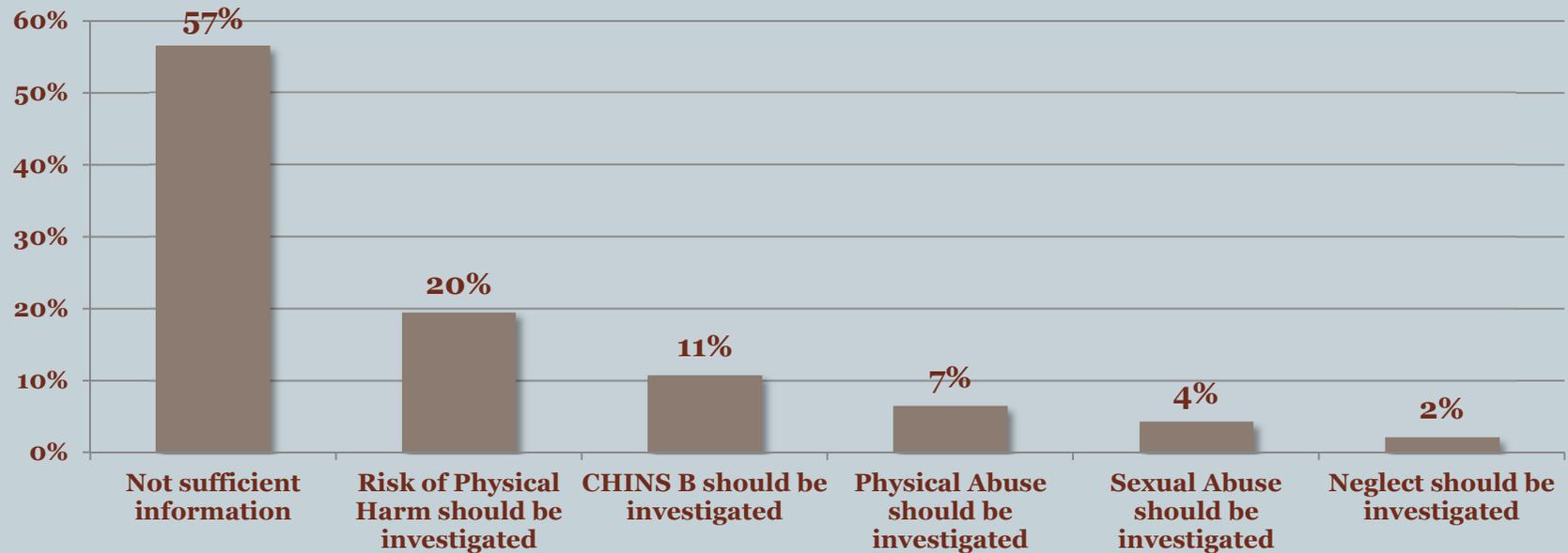


- Staff Survey – 80% positive, 13% neutral
- Mandated Reporter Survey – 59.8% positive, 28.7% neutral
- Case Review– 300 cases reviewed (100 accepted and 200 non-accepted, in proportion to usual screening decisions:
  - 94% of acceptance decisions were rated as accurate.
  - 78% of decisions on non accepted reports were rated as accurate.

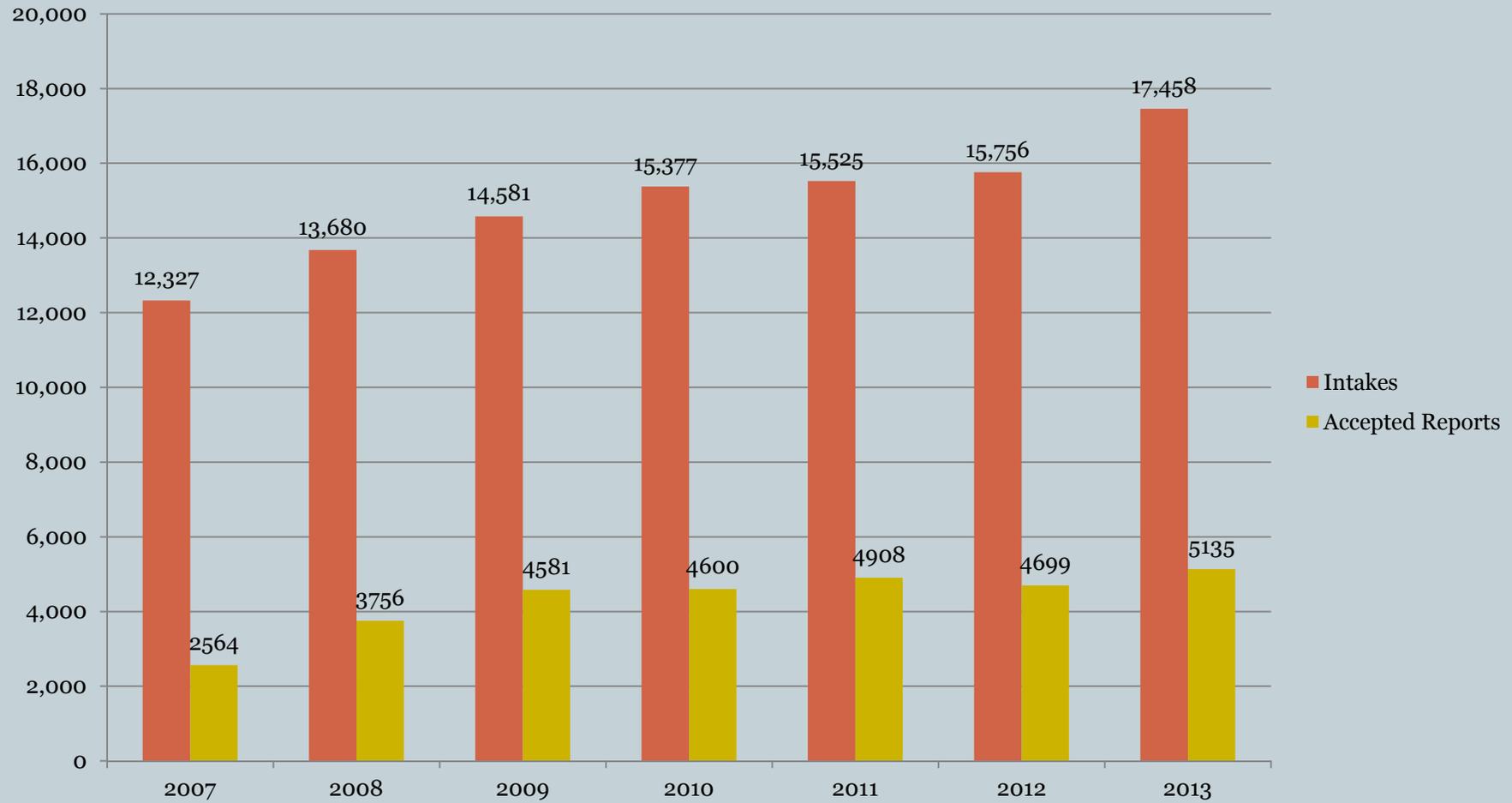
# Detail -Lack of Accuracy on Unaccepted Reports



**Reasons Why Non Accepted Reports are Inaccurate**  
Inaccurate Non Accepted Reports (n=46)



# Trends – Intakes and Accepted Reports



# Accepted Reports Detail



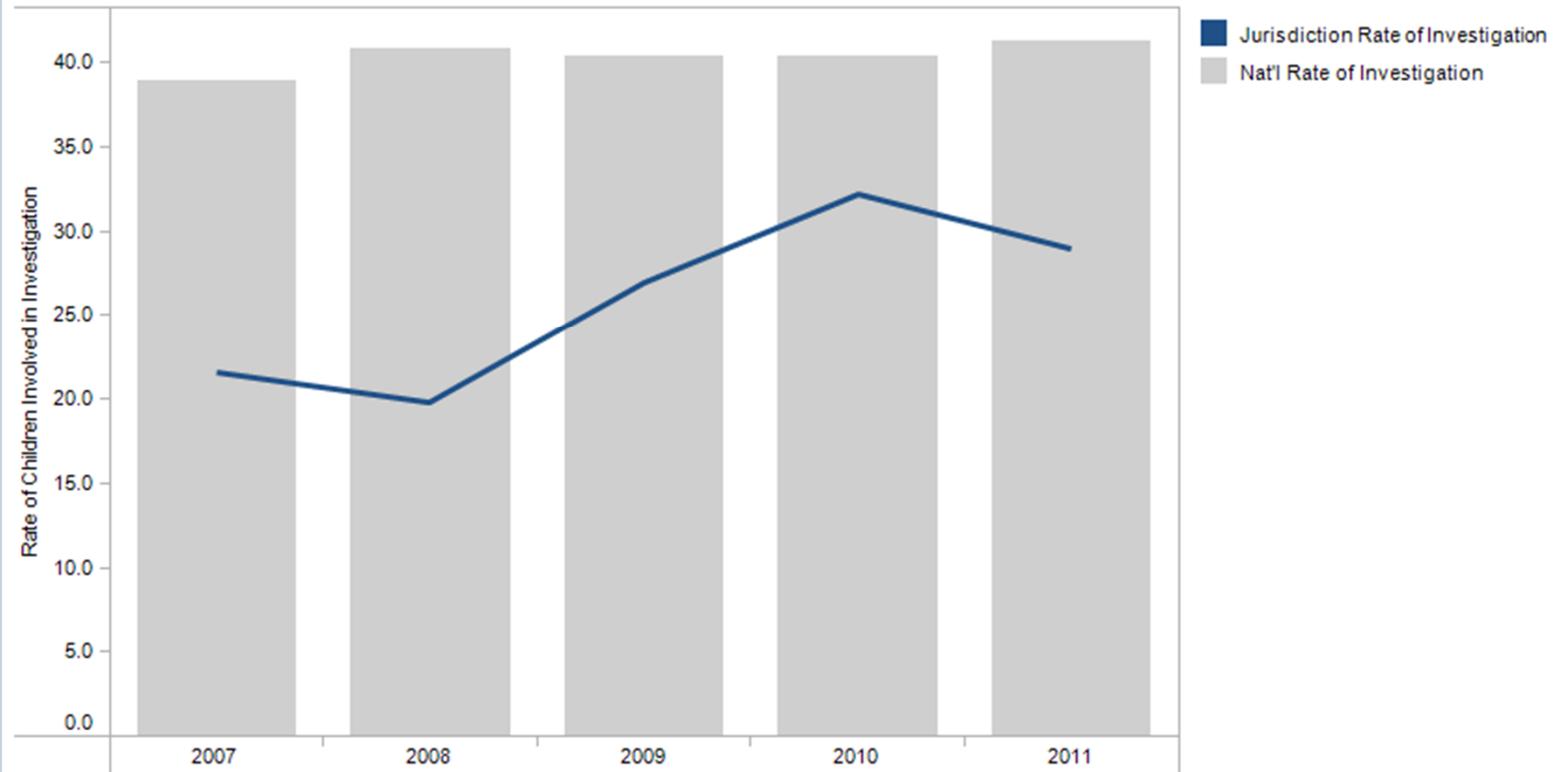
# How Does Vermont Compare to the Nation? (Chapter 49 Assessments/Investigations only)



## Vermont:

### Rate of Children Involved in an Investigation

(unique count of children investigated per 1,000 children in child population)



Data source: NCANDS

# Differential Response – 7/1/2009



- An approach to allegations of child abuse or neglect that allows FSD to respond differentially, depending upon the nature of the allegation:
  - Investigation - Required for “substantial child maltreatment, defined as:
    - ✦ Sexual abuse by an adult
    - ✦ Abandonment
    - ✦ Child fatality
    - ✦ Malicious punishment
    - ✦ Serious physical injury
  - Assessment – All other cases
- Statute allows FSD to assign any case as an investigation. Also, any case that begins as an assessment may be switched to an investigation.

# Safety is the First Priority in Both Tracks



- The same safety assessment tool is used to inform decisions about immediate safety concerns.
  - The same options, including seeking a CHINS petition, are available.
- The same risk assessment tool is used to inform the decision about the need for ongoing services to the family.
  - Families are referred to needed services in either track.
- A family may received ongoing services after either intervention. No substantiation is required.

# Key Differences



- **Child Interview**
  - Investigation – Can interview without caretaker permission
  - Assessment – Must have permission
- **Orientation of Focus**
  - Investigation -- Historically / Incident Focus
  - Assessment -- Future Oriented w/ Focus On Incident only as it informs future risk
- **Case Findings**
  - Investigation -- Substantiation decision made. Due process available. Entry on child protection registry.
  - Assessment – Finding is “services needed”, or “no services needed”.

## 2012 Child Safety Interventions (N= 4699) Families with Repeat Involvement w/i 12 mos.



|                      | <b>Assessment</b> | <b>Investigation</b> | <b>Total</b> |
|----------------------|-------------------|----------------------|--------------|
| <b>Assessment</b>    | 76                | 91                   | 167          |
| <b>Investigation</b> | 74                | 217                  | 291          |
| <b>Total</b>         | 150               | 308                  | 458          |

# 2012 Study on DR Implementations



- “Lessons Learned from the Beginning of Differential Response: Why It Works and When It Doesn’t” by Gary L. Siegel, Ph.D., Institute of Applied Research, St. Louis, MO.
  - IAR conducted detailed research on DR implementation in Missouri (starting 1994) and Minnesota (starting 1999).
  - 40 page study looks retrospectively at those implementations: what worked and what did not.

# Summary of Study Findings



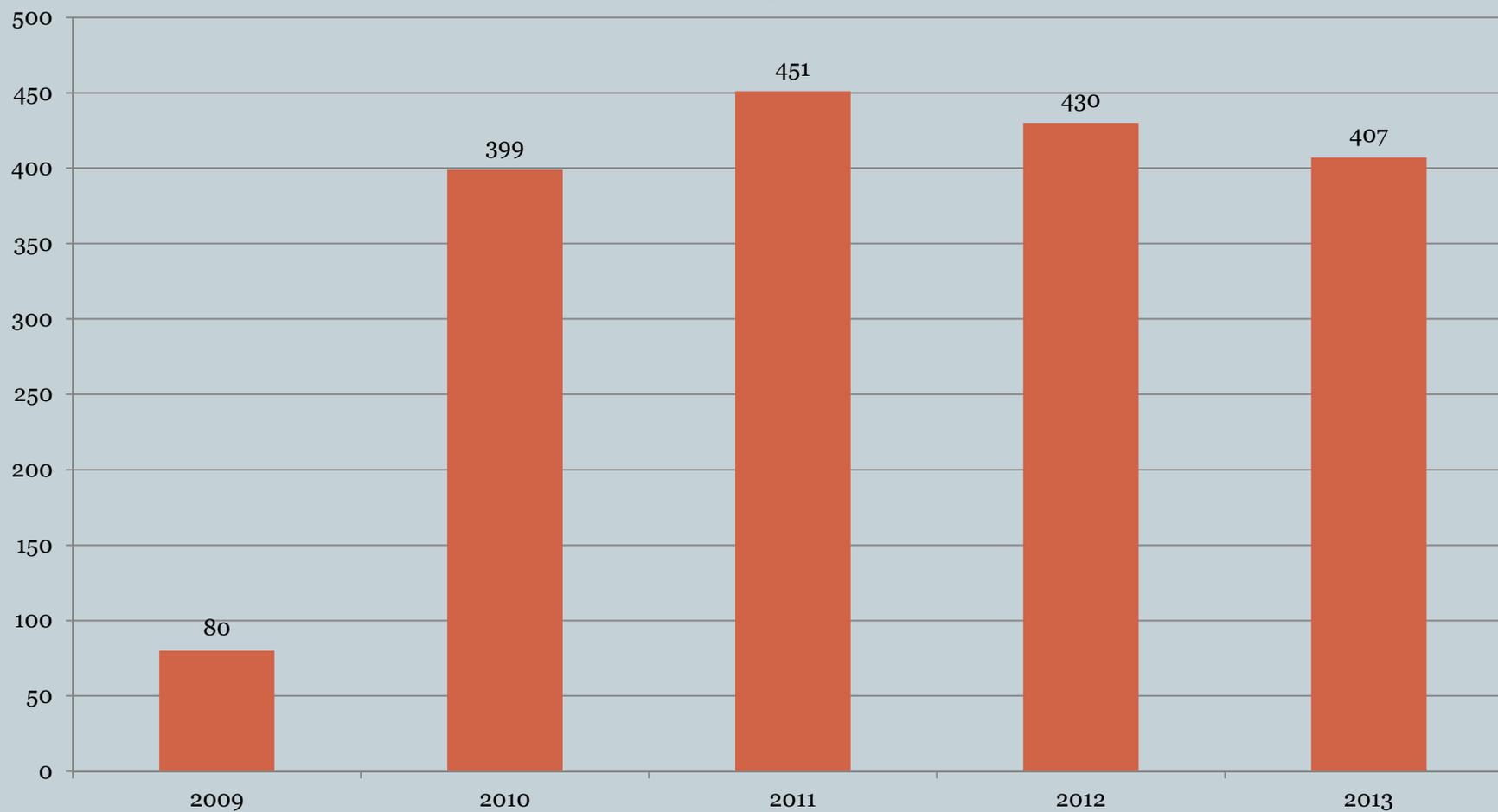
- In both investigation and assessment responses:
  - Safety is most important consideration.
  - Most children are not in imminent danger. Rather, they are at risk due to chronic conditions, very often including poverty.
  - Assessment of underlying conditions should be addressed
  - Investment in services to assist families in addressing underlying conditions is key.
- The reporter tends to see the “tip of the iceberg”. Over time, we develop a more complete picture of a family.
- High levels of poverty complicate the work with families.
- Staff engagement in planning for practice change creates buy-in.
- Differential response works because it institutionalizes family-centered practice, which increases family buy-in, and engages natural and community supports.
- System reform is never done.

## Opening Cases for Ongoing Support – 7/1/2009



- New policy criteria for offering ongoing services after an assessment or investigation.
  - Before 7/1/2009 – Only substantiated high risk families were opened for ongoing services from an FSD social worker.
  - After – Any family assessed as high risk is opened for ongoing services.
- Vermont uses a validated risk assessment instrument.

# Family Support Cases, Point in Time



# Services We Invest In



- Protective Services and Family Support Child Care – 1184 average enrollment
- Children’s Integrated Services, with mandatory referrals of substantiated victims of child abuse/neglect under 3.
- Intensive Family Based Services -- \$1.8M
- Child and Family Supports, \$6M
  - Parent Educator Services – in-home parent education
  - Family Safety Planning – structured dialog with families about risks and protective factors
  - Family Group Conferencing – structured meeting with families that includes private family time
  - Family Time Coaching – supported parent child contact model

# Strengthening Families Pilots



- Barre, Rutland, St. Albans
  - Partnership between FSD and CDD.
  - Funded by federal Juvenile Justice and Delinquency Prevention funds managed by Child and Family Council for Prevention Programs
  - Grants to Parent Child Centers,
  - FSD refers high risk families with children under 3.
- Focus on Strengthening Families Framework:
  - Parental Resilience
  - Social Connections
  - Concrete Support in Times of Need
  - Knowledge of Parenting and Child Development
  - Social and Emotional Competence of Children

# Juvenile Proceedings Act – 1/1/2009



- More emphasis on a careful consideration of alternatives to DCF custody, including the option for a conditional custody order with the custodial parent, noncustodial parent or a relative.
  - FSD must notify non-custodial parents and relatives that the child is the subject of a CHINS proceeding.
  - FSD must conduct suitability assessments on non-custodial parent and relatives.
  - The judge must eliminate the parent, non-custodial parent and relatives as a suitable custodial option, before continuing custody with DCF past the first 72 hours.

# Current Conditional Custody Orders



| <b>Relationship to Child</b> | <b>Number</b> |
|------------------------------|---------------|
| Parent                       | 314           |
| Grandparent                  | 68            |
| Other                        | 30            |
| <b>Total</b>                 | <b>412</b>    |

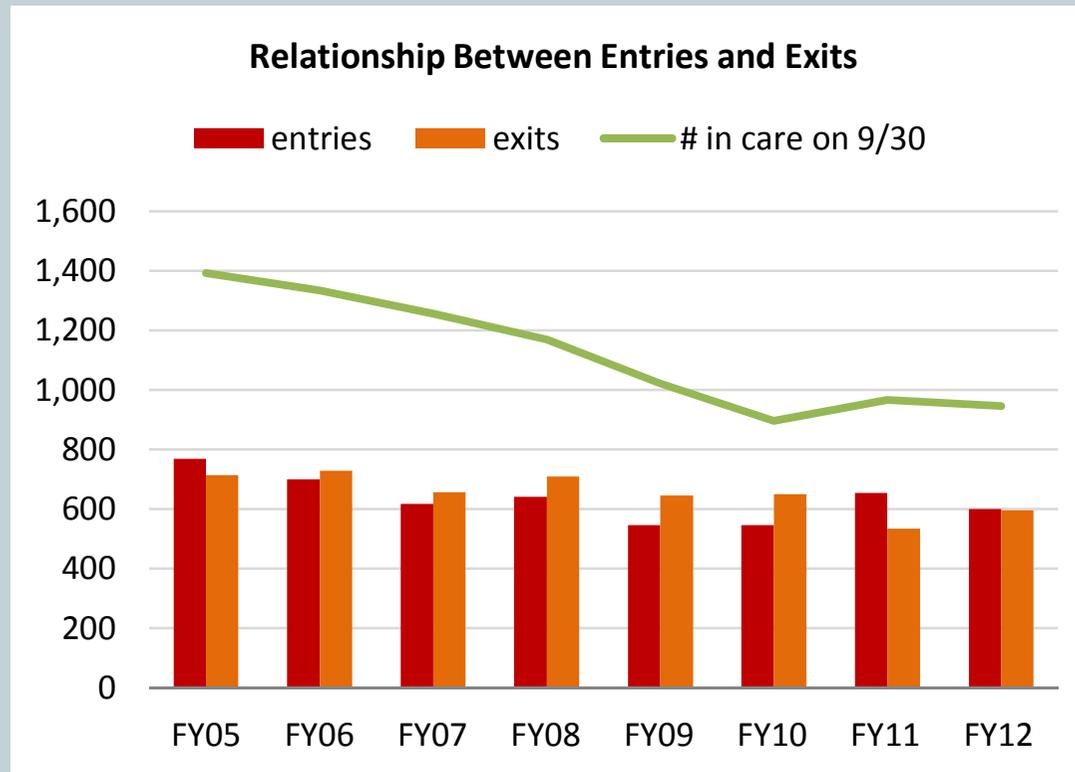
# Trend for Children in DCF Custody



## # Children in DCF Custody - Point in Time



# Number of children in care at any point in time is a function of entries and exits

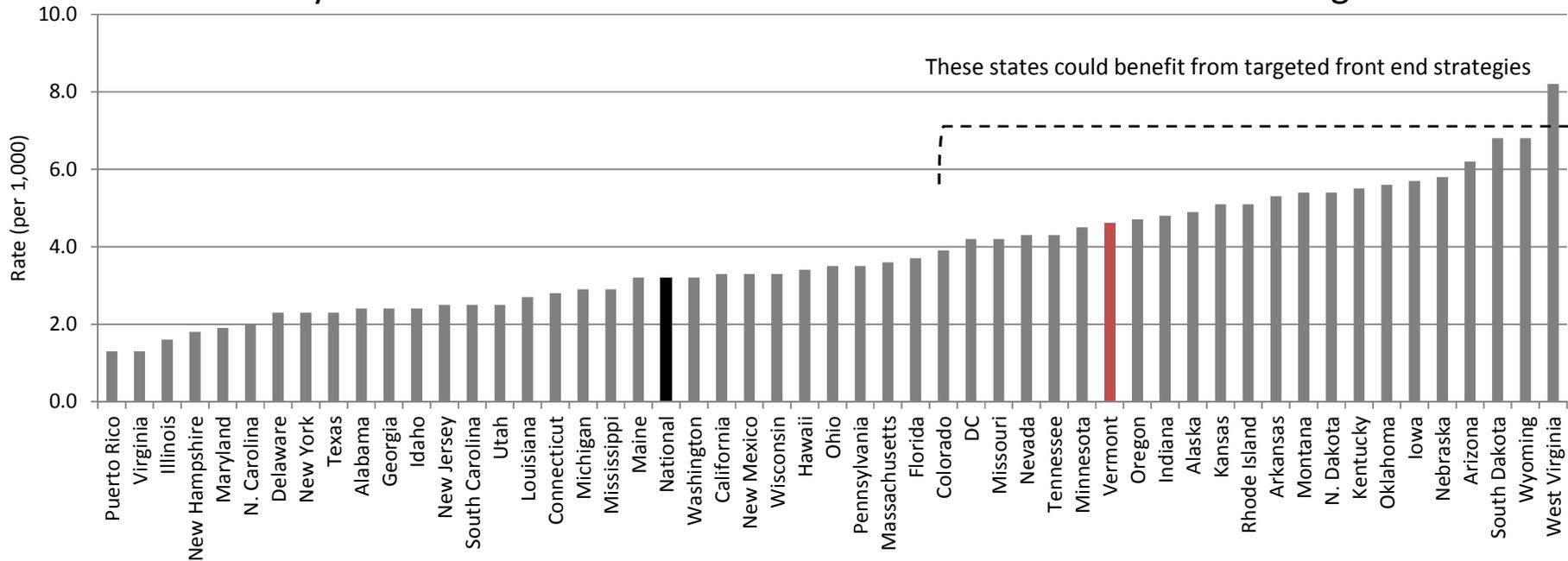


**Data source: AFCARS state submitted files**

The entry rate in VT(4.6 per 1,000 in FY12) is higher than the national rate (3.2 per 1,000 in FY11).  
 However...not all states include Juvenile Justice entries...



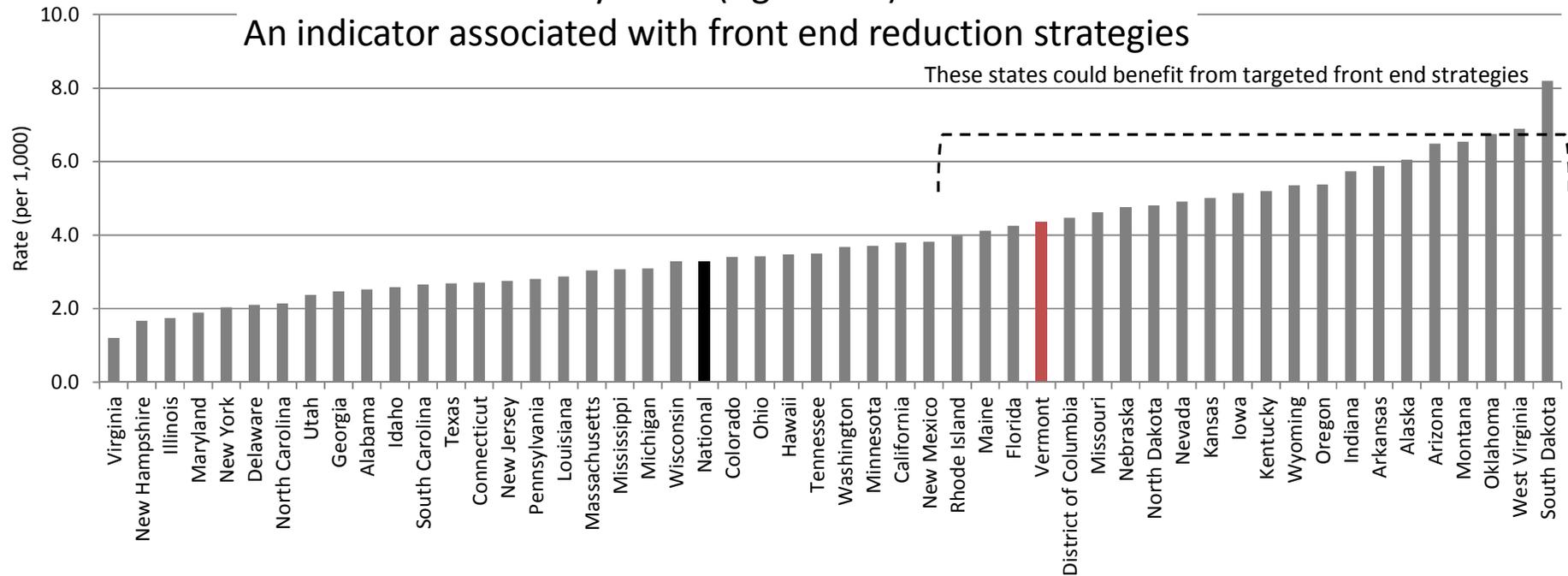
### Entry Rates: An indicator associated with front end reduction strategies



Entry rate is the number of children (ages 0-17) entering care during the year for every 1,000 in the general population.  
 Data source is FY12 AFCARS (FY11 in PR, CT, NM, SD and National) CA data from CWS/CMS

# Even for just younger children (ages 0-12), VT has an entry rate that is higher than the national rate.

## Entry Rates (Ages 0-12):

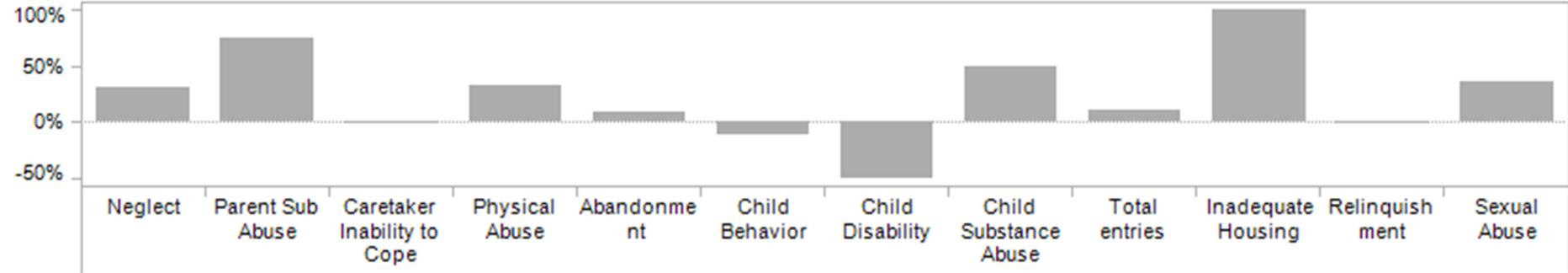


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# Conditions Associated with Entries FFY 2009-2011



**Change in Entries, by Reason for Removal**  
(FY09-FY12)



# Two Fundamental Questions



- Would we agree that removal of each child was the only safe option for the child at the time?
  - DCF does not have the power to remove children.
  - First the state's attorney must agree that there are grounds for a CHINS petition;
  - Then, a judge must find that action necessary, based on grounds laid out in statute.
  - The judge has the option to leave the child in the parent's custody, with conditions
- Even if we would -- What are we doing as a state to support families so they don't get to this point?

# Getting to the Detail



- This fall, we reviewed data and information about the 96 children under the age of 1 entered DCF custody 101 times from 9/1/2012-8/30/2012.
  - In 55 entries, family was not working with DCF Family Services prior to the Child Safety Intervention that resulted in the child's removal.
  - In 46 entries, the family had an open Family Support or other open case at the time of custody.
- 34 children have subsequently left DCF custody

## Conditions Present at Removal – Most Families had Multiple Reasons



| Conditions   | # Children |
|--|------------|
| Parental substance abuse   | 54         |
| Parental mental health   | 32         |
| Previous termination of parental rights or other significant FSD history           | 32         |
| Domestic violence  | 18         |
| Risk of physical harm (i.e. severe physical harm of a prior/older child in family. | 12         |
| Parent or caretaker with a charge or substantiation of sexually abusing a child.   | 11         |
| Parents with developmental delays or low cognitive functioning                     | 10         |
| Parents homeless   | 10         |
| One or both parents incarcerated at time of custody                                | 9          |
| Neglect (not providing adequate food and/or subsistence)                           | 8          |
| Severe physical abuse (shaken baby, broken bones, etc.)                            | 6          |
| Mother under the age of 18   | 7          |
| Medical neglect of infant  | 5          |
| Methamphetamine manufacturing in the family home                                   | 3          |
| DCF acting on behalf of other state (Interstate Compact)                           | 2          |
| Family homes physically unsafe (mold, disrepair, unsafe)                           | 2          |
| Parental abandonment   | 1          |
| Mother left Lund against medical advice  | 1          |
| Permanency concerns (family member not able to commit)                             | 1          |
| Parents temporary medical incapacitation (voluntary care)                          | 1          |

## New Opportunity – Reach Up Temporary Absence Rule



- In Feb 2013, Reach Up implemented a new role that allowed for continuation of Reach Up Benefits for families experiencing temporary absence of a child or parent, when reunification is likely within 180 days.
- During FY ‘13”
  - 53 children from 30 families have benefitted.
  - 34% of the children returned home within 180 days.
  - The average length of stay out of home for those children was 60 days.

# Plans for Further Dialog



- This spring, DCF Family Services, with support from Casey Family Programs will hold a “Community Conversation” that will focus on the rate of entry of children into DCF custody.
- State and local stakeholders will be invited to:
  - Focus on our data;
  - Dialog about options that hold the promise of keeping families together and safe.

# Are We There Yet?



- “Implementing a new human services model is not like taking a trip in a car with the child in the back seat asking: Are we there yet? Program managers will always want to maintain forward momentum in improving the service system.”<sup>1</sup>

<sup>1</sup> Seigel, Gary L.. PhD, “Lessons Learned from the Beginning of Differential Response: Why It Works and When It Doesn’t”, St. Louis, MO: Institute of Applied Research, page 40)