

# Drivers of Custody Rates in Vermont

## Policy Brief for Vermont General Assembly

2021



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The Vermont State General Assembly contracted with the University of Vermont (UVM) to investigate and report on the factors that have contributed to the number of children in state custody for their protection and safety. Specifically, UVM was asked to consider the influence of state policies, programs and practices, and resources that may contribute to, or conversely prevent, Vermont children being placed in foster care.

Vermont's General Assembly has a critical role in implementing the report's recommendations, particularly with respect to (a) both the types and amounts of appropriations for DCF/FSD and (b) changes to statute. The purpose of this policy brief is to summarize the study's findings and implications as considerations for legislative action.<sup>1</sup>

### Systems-level Factors Contributing to Foster Care Placement Rates in Vermont

The decision to place a child in foster care is influenced by factors that are and are not policy malleable.

Consistent with existing research and evidence in other states, we find that **contextual factors outside of policymakers control** impact whether a child is placed in foster care, including: (a) **child age**; (b) **household economic circumstances**; and (c) **likelihood of immediate threat or danger to a child**.

We also identified other **aspects of state policy, programs and practices**, and resources that impact decisions to place a child in foster care. Specifically:

- **Data systems that support field personnel's decision making are inadequate.** Vermont's child welfare data systems do not allow court and child welfare professionals to meaningfully measure and track child safety, permanency, or well-being. Data are inadequate to support data-informed practices recognized as effective in the field and create opportunities for individual bias in decisions to place a child.
- **Field personnel do not uniformly apply protocols for safety and risk assessment.** Vermont, like many other states, requires child welfare professionals to systematically assess child safety and risk using the *Structured Decision Making (SDM)* tool. This tool is designed to guide decision making related to child welfare practice. The study found that child welfare personnel do not uniformly or consistently apply this tool in their practice, especially when making decisions related to child custody. Additionally, the study finds that child welfare caseworkers' background, training, and potential bias can influence removal decisions.
- **Access to evidence-informed, community-based services is uneven across the state.**

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1. Strolin-Goltzman, J., Holbrook, H., & Kolbe, T. (2021). Drivers of Custody Rates in Vermont Final Report. Burlington, VT: *University of Vermont*.

Not all Vermont families with children have similar access to evidence-informed and community-based services that provide the types of supports and services struggling families need to stay intact. Such services include evidence-based mental health treatment, family counseling, childcare, parenting supports, and legal representation and advocacy that assist families both before and during times of crisis. Access to these supports and services varies considerably among Vermont communities, with places with low-population density and higher proportions of economically disadvantaged households at particular risk of not having access to these essential services.

- **Vermont has not yet maximized federal dollars to improve statewide practice.** The Federal Families First Prevention Act (FFPSA; 2018) intends for Title IV-E dollars to be invested in programs that support families *before* children are removed from their home. However, this funding can only be used to pay for evidence-based practices identified on a US Department of Health and Human Services' registry. Currently, it is unclear the extent to which evidence-based practices are employed and there lacks consistent evidence that the opportunity to use federal funding to transition to using evidence-based approaches is being maximized.

### **Considerations for Policymakers**

The study's findings have several identifiable considerations for Vermont policymakers, including:

- **Provide necessary funding to upgrade the data systems used by caseworkers and field personnel in their work with children and families.** Existing data systems are insufficient to support effective decision making, continuous quality improvement, and service array alignment. Investments in a statewide child welfare information system with a user-friendly reporting interface – such as *Casebook* – is an immediate priority. Alongside investments in a new data system, additional personnel with expertise in data driven practice are needed to set up the system and provide the support necessary for continuous quality improvement. In addition to providing funding for the one-time cost of upgrading the data systems, the legislature must commit to annual funding for this system to maintain standards for data-driven practice.
- **Encourage DCF/FSD to utilize federal funding to expand the array of services available to Vermont families.** There is a critical need to invest in efforts to expand the number and train practitioners working in community mental health, parent child centers, early childhood education who are trained in evidence-based, trauma informed approaches identified by the Title IV-E Prevention Services Clearinghouse. Two years ago, UVM worked with DCF/FSD and a Title IV-E funding consultant to expand the types of personnel who are eligible for federally-funded professional development, education, and training related to supporting families involved in or at risk of entering foster care. DCF should invest federal funding in training additional professionals in the field, particularly in areas of the state where

there are no or limited services available to families (as identified by current waiting lists or geographically-based service gaps).

A comprehensive evidence-based service array configuration plan should be established and funded by the legislature. Title IV-E federal funding may be available to pay for approved EBPs to families, however it is not available to fund training of professionals necessary to build an effective prevention-focused service array, or address the shortages of practitioners trained in EBPs across the state. Funding will be needed to build an effective service array that addresses the shortage of prevention and family preservation services, as well as necessary training for professionals and para-professionals from multiple sectors (e.g., child welfare workforce, child care providers, mental health clinicians, mentors, birth parents, foster/kin caregivers, school personnel).

- **Provide necessary requirements and funding to ensure families' access to culturally-responsive services and supports.**

The report highlights the need for culturally-responsive supports and services for families from underrepresented and minoritized racial and ethnic groups as well as economically-disadvantaged families. In particular, DCF should be encouraged to engage organizations such as the Associations of Africans Living in Vermont to identify opportunities for collaboration and to close service gaps within the state's BIPOC community. Additionally, it is necessary to consider the availability of services across the state, particularly in small and geographically-isolated communities with concentrations of economically-disadvantaged households.

- **Consider statutory changes that would revise mandatory reporting requirements.**

In Vermont, anyone who is a mandated reporter must report *any* instance of child maltreatment, regardless of whether anyone else has also reported the concerns. This results in a high rate of calls and administrative burden to the agency. For instance, Vermont has the highest rate of child maltreatment hotline referrals in the country (172 per 1,000 children in 2019). At the same time, it also has the lowest screen-in, or acceptance, rate in the country, with just 21% of calls to the hotline meeting acceptance criteria. Changes to Vermont statute that clarify instances where mandatory reporting is necessary when multiple reporters may be involved in a case, may improve the system's efficiency as well as minimize potential bias and surveillance disproportionately impacting families identifying as economically-disadvantaged or BIPOC.