

# Drivers of Custody Rates in Vermont

## Final Report Executive Summary

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## Executive Summary

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## Executive Summary

The Vermont state legislature contracted with the University of Vermont's College and Education and Social Services Faculty to investigate and report on "*the drivers of variance in Vermont's custody rates over time...and consider the influences of policies, programs, casework practices, and other practices or conditions that are presumed to prevent or influence foster care placement*" (pg 5, UVM-JFO contract #39513).

Decisions regarding the removal of a child are complex and complicated by strong family context, professional opinions, limited time, limited resources, and high levels of accountability and visibility, resulting in an atmosphere where consistent decision making can be a challenge. In the full report, we present our organizing conceptual framework—the *decision-making ecology*—which intentionally considers the multiple contextual and systems factors that influence custody. In the executive summary, we focus on presenting the factors that are *malleable* through actions that can be taken by courts, agencies, and legislature such as policies, programs and practices, and resources.

The study utilized a multiphase design—framed by the decision-making ecology (Fluke and colleagues, 2014) that included a review of the literature, analysis of administrative data, survey data, focus groups, and case reviews. This report summarizes the findings and offers considerations for the (a) courts, (b) family services and community partners, and (c) policymakers.

## Summary Findings

Based on all the data we collected, the major drivers that rose to a level of significance are similar to what we see across the nation: *age, immediate danger, poverty, caseload size, risk, and previous reports*. While some of these are contextual and cannot be changed, the study uncovered some systems-level factors contributing to foster care placement that are policy malleable and if addressed would improve Vermont's child welfare system. These include opportunities related to aspects of state policy, programs and practices, and resources that impact decisions to place a child in foster care. Specifically, the factors are as follows:

- **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 wellbeing. 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
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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.** Not all Vermont families with children have similar access to evidence-informed and community-based services that provide the types of support and services struggling families need to stay intact. Such services include evidence-based mental health treatment, family counseling, childcare, parenting support, and legal representation and advocacy that assist families both before and during times of crisis. Access to this support 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 homes. However, this funding can only be used to pay for evidence-based practices identified in a U.S. Department of Health and Human Services registry. Currently, it is unclear to what extent evidence-based practices are employed and consistent evidence that the opportunity to use federal funding to transition to using evidence-based approaches is being maximized is lacking.

## Implications & Considerations

### *Considerations for Family Services Division and Community Partners<sup>1</sup>*

The study's findings have several identifiable implications for Vermont's FSD and community partners, as well as offer opportunities for future consideration and policy development. DCF-FSD should consider actions in two areas: (1) policy and practice; and (2) infrastructure and funding – including:

#### *Infrastructure & Funding*

- **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 re-alignment. Investments in a statewide child welfare information system (CWIS) with a user-friendly reporting interface – such as Casebook – is an immediate priority. Such systems can link administrative data with assessment tools that measure and report child safety and well-being (e.g., SDM and CANS). Child welfare information systems also can: (a) aid intra- and cross-agency coordination, including referrals and service provision; (b) enable more efficient progress monitoring; and (c) facilitate collaboration with outside experts in CQI and data-driven practice. Alongside investing in a new data system, additional personnel with expertise in

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<sup>1</sup> As a result of this study, FSD has already begun to address several of the recommendations and considerations.

data-driven practice are needed to set up the system and provide the support necessary for continuous quality improvement.

- **Utilize federal funding to expand the number and reach of practitioners trained in evidence-based prevention and intervention practices.**

There is a critical need to invest in efforts to expand the number of trained practitioners, and continue to train additional practitioners working in community mental health, parent child centers, and early childhood education. Specifically, Vermont needs quality practitioners trained in evidence-based services identified by the FFPSA's Prevention Services Clearinghouse, and other trauma informed approaches. Three years ago, UVM worked with DCF/FSD and a Title IV-E funding consultant to expand the definition of the child welfare workforce with the aim of increasing the types of personnel who are eligible for federally funded professional development, education, and training under section 8.1H of Title IV-E. The expanded definition included childcare providers, mental health clinicians, mentors, birth parents, foster/kin caregivers, healthcare, and school personnel. DCF should build on that change and invest federal funding in additional training and education for prevention focused professionals and para-professionals from multiple sectors, with targeted prioritization 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). Additionally, FSD could explore using federal funding for upstream strategies such as: (a) college tuition for birth parents and foster parents to enter Title-IV- E training degree program; (b) certificates and training opportunities for paraprofessionals and teachers in trauma-informed instruction; (c) legal advocates to work in collaboration with FSD workers and parents; and (d) foster parent/birth parent mentoring programs.

- **Increase funding, workforce professionalization, and family-based services provided by the state's Parent-Child Centers.**

Vermont's Parent-Child Centers provide an existing infrastructure for expanding the range of family support and mental health services available to families with young children. Evidence suggests that there is greater family engagement when services are accessed through family resource centers housed within communities, as often community-based mental health agencies carry stigma. FSD might consider diverting funding for prevention services toward family resource centers while enhancing funding for evidence based treatment interventions toward community-based mental health centers.

Investing in Parent-Child Centers is well-aligned with this preferred service delivery model. Specifically, Parent Child Centers can provide functional family-centered, community-based practices that go beyond face-to-face contacts and family time visitation to focus on primary prevention of child maltreatment. Instead, they provide concrete supports that can enable families to maintain crucial connections and meet identified needs in their home communities (e.g., childcare respite to birth parents struggling with domestic violence or substance use; violence prevention hotline for perpetrators such as *respectphonenumber.org*).

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- **Equitably allocate available state and federal funding among service districts and communities.**

Families' abilities to access support services varies greatly among Vermont districts and communities, and according to community need. Future funding should be allocated differentially to reflect community-based need. The Community Opportunity Map<sup>1</sup> (Casey Family Services) can be used to identify communities where there is more or less need for family services and supports. State funding should be distributed (weighted) in a way that reflects such differences in need, and likely demand for family preservation services.

- **Support caseworkers and other child welfare personnel who experience secondary traumatic stress (STS) as a result of their work.**

Secondary traumatic stress (STS) (i.e., compassion fatigue) is common among child welfare, mental health professionals, and school-based personnel who are regularly exposed to the stories of traumatic experiences faced by their students and clients. Findings from this study suggests that more than half of Vermont's child welfare professionals may experience moderate-to-high/severe levels of STS. Other studies also show moderate to high rates STS experienced by teachers and mental health clinicians. DCF should regularly assess all child welfare professionals for STS and provide formal education about STS and trauma-informed resources/referrals. Additionally, personnel would benefit from organizational structures that address STS, like reflective supervisions and transformational leadership approaches that move beyond self-care.

### *Policy & Practice*

- **Take steps to minimize decision-making bias.**

Individual bias plays a significant role in child welfare caseworkers' decisions to place a child in foster care. Specifically, study findings show that a caseworkers' different orientations toward risk play an oversized role in decision making, while objective assessments of current and immediate danger are inconsistently applied. Consistent application of practice strategies may minimize these types of bias, including:

1. Embedding training on decision making bias in new employee onboarding.
2. Implementing *Blind Team Decision Making*, a teaming model where prior to any custody recommendation caseworkers utilize team decision making without any demographic or socioeconomic information in case presentation.
3. Promoting a culture of data-informed practice by FSD and the courts.
4. Engaging with the media to explain the impact of the sensationalized high-profile cases on future outcomes for children, families, and caseworkers.

- **Develop expanded practice guidance for caseworkers to use when applying the SDM safety assessment to decision making.**

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<sup>1</sup> The Community Opportunity Map uses US Census Bureau data to describe differences across regions in the likely need for family support and other social and mental health services.

The SDM safety assessment is inconsistently applied in decision making. FSD should develop new, explicit practice guidance that establishes guidelines for what circumstances do and do not apply to each specific danger item identified on the tool. This may be undertaken in partnership with Evidence Change (formerly the National Council on Crime and Delinquency and Children’s Research Center, CRC). Additionally, DCF should establish policies that promote regular aggregated reviews of the safety assessment data for the specific purpose of reviewing how these data are influencing decision making at the system level.

- **Expand the service array of EBPs available to Vermont families in addition to shoring up the EBPs that are already available in VT.**

The system would benefit from focusing prevention funding on specific opportunities for high-impact, evidence-based, professional development such as *Parent-Child Interaction Therapy*, *Child-Parent Psychotherapy*, and *Motivational Interviewing, Strengthening Families, LifeSet*, and *Families and Schools Together* (native American adaptation).

### *Considerations for Court Systems*

The study’s findings have several identifiable implications for Vermont’s court system, as well as offering opportunities for future consideration and policy development. Specifically, the Vermont courts should do the following:

- **Request and incorporate documented evidence of immediate danger prior to making custody decisions.**

The case studies undertaken for this study revealed that children frequently entered custody before an updated SDM safety assessment was completed. The SDM was designed to be used prior to custody decisions, particularly whether safety concerns and threats to imminent danger for a child can be adequately mitigated by implementing a safety plan. Whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Judges should request documented evidence of completed safety assessments (e.g., updated SDM) at the time they are asked to consider a child’s case.

The study shows that incorporating documented evidence of immediate danger is not standard practice in judicial proceedings for child custody cases. As noted above, whether danger can be mitigated is a necessary consideration for the courts prior to placing a child in custody. Time pressure and emergency situations may place pressure on the process to skip this step, or the data may not have been requested by the courts at the time of adjudication.

Establishing a shared database between the family services division (FSD) and the courts where this information can be easily tracked and accessed by the courts could encourage the use of safety assessments in decision making and may also streamline access to available information. For instance, comprehensive data systems (e.g., Casenotes) would allow the completed safety assessment data to be stored electronically and easily retrieved by both FSD and court personnel.

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Judges may also benefit from additional training on the SDM tool and how this tool may best be used in evidence-informed determinations that are aligned with best practices for collaborative child welfare approaches to support families.

- **Consider the match between family needs and the services they have received.** The study found evidence that not all families have received the range of possible evidence-based services that might mitigate the risk of immediate danger and harm to a child. Judges may not always know what constitutes the appropriate constellation of services and supports needed by a family. Judges should be encouraged to inquire about what evidence has been collected to demonstrate that a family has received services or interventions and whether these services are evidence-based or shown to be effective with other families with similar needs.

Multidisciplinary representation that includes a licensed social worker and high-quality legal representation for families may also provide the courts with the additional knowledge and capacity to evaluate whether appropriate steps have been taken to mitigate risk.<sup>2</sup> This model has been successful at assisting the courts in adjudication and as a result reducing custody and disproportionality in custody while increasing family engagement in services.

### *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.**

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<sup>2</sup> This recommendation was also highlighted by Deal & Robinson (2021) in the CHINS report that discusses how Title IV-E prevention funds can be used for multidisciplinary representation.



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