



# Memo

**Date** December 15, 2014

**To** Ken Schatz, Commissioner, Vermont Department for Children and Families

**cc:** Cindy Walcott, Deputy Commissioner, Family Services Division

**From** Alan Puckett for Casey Family Programs

**Subject** Report of Casey Family Programs Assessment of Safety Decision Making

It is our pleasure to present the Executive Summary and full Report of Casey's assessment of safety decision making in Vermont's child welfare system. We hope that the report will be helpful in your efforts to strengthen your state's service system, and we look forward to working with you in the months and years ahead. Please contact us with any questions about the report or its recommendations.

Thank you,

Alan Puckett for Casey Family Programs

# **Casey Family Programs**

## **Assessment of Family Services Division Safety Decision Making**

### **Executive Summary of Final Report to the Vermont Department for Children and Families**

**December, 2014**

INTRODUCTION AND PRIORITY RECOMMENDATIONS

This executive summary outlines priority recommendations resulting from an assessment conducted by Casey Family Programs at the request of former Commissioner of the Vermont Department for Families and Children (DCF) Dave Yacovone. The primary purpose of the assessment project has been to evaluate safety decision making within the Vermont child welfare system and to make recommendations for actions which can help improve child safety outcomes in abuse and neglect cases. Assessment project methods, a summary of Vermont child welfare data, and more detailed findings and recommendations are available in the full version of this report.

We want to express our gratitude and appreciation to the DCF personnel who have helped us organize and conduct this assessment, and to the more than 220 Vermont stakeholders including Family Services Division (FSD) social workers, supervisors and managers; judges, attorneys and advocates; parents, foster parents and other caregivers; young adults formerly in out-of-home care; and representatives of various service provider agencies, who have shared their knowledge, views and ideas for improvements to Vermont's child welfare system. It is clear that Vermont is blessed with many committed and knowledgeable individuals who care deeply about the state's children and families.

While this describes concerns and outlines priority recommendations for improving child safety and the performance of Vermont's child protection system, it is important to note that the state's numbers of child maltreatment fatalities have been among the lowest in the nation—1 in 2008, 3 in 2009, 4 in 2010, 2 in 2011 and 0 in 2012—and that Vermont's rate of child maltreatment fatalities per 100,000 children in population was the lowest among all reporting states for 2012.<sup>1</sup> These figures align with other data from the National Center for Child Death Review which indicate that Vermont had an infant mortality rate of 4.4 deaths per 1,000 live births in 2010, compared with a national rate of 6.2 per 1,000; and that the state's child mortality rate (from all causes) of 34.6 per 100,000 in population was 36% below the national average of 54.1 per 100,000.<sup>2</sup> The Annie E. Casey Foundation Kids Count Databook ranks Vermont second among all US states in overall child well-being.<sup>3</sup> The Kids Count ranking is based on a composite of factors including measures of physical health and the economic well-being of families—major correlates of risk for child maltreatment.

Despite Vermont's overall performance in maintaining child safety, steps are urgently needed to keep vulnerable children from harm and to protect the state's status as a safe place for young people. The deaths during 2014 of two children previously in FSD custody have shaken public trust and led to legislative scrutiny of the department. A report released in November, 2014 by Vermont's Citizens Advisory Board<sup>4</sup> in response to a request from the state's Governor to review the two child deaths was based on different methods and source materials than the current assessment project, but produced a number of very similar findings. The degree of overlap and convergence between these two independent reviews suggests that the issues and concerns identified in these reports are valid and merit attention and action by policymakers and agency managers.

The full version of this report offers detailed recommendations for improving child safety and strengthening Vermont's child welfare system. We are aware that Vermont faces fiscal challenges and that it will not be easy to fund improvements to the state's child protection system during 2015 as recommended in the report. It is the view of this assessment team, however, that failing to provide needed resources now will leave vulnerable Vermont children at risk and may ultimately prove more costly to the state in both human and fiscal terms than implementing needed steps in a timely way. Policymakers should also be aware that enactment of any new requirements which increase the numbers of child protection referrals accepted or investigated by FSD will add to the workload for line staff and so will likely require additional new fiscal and human resources.

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<sup>1</sup> US DHHS Children's Administration report "Child Maltreatment 2012". Accessed 11-06-2014. Available: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

<sup>2</sup> "Child Mortality Data". Accessed 11-13-2014. Available: <http://www.childdeathreview.org/statistics.htm>

<sup>3</sup> Accessed 11-13-2014. Available: <http://www.aecf.org/m/resourcedoc/aecf-2014kidscountdatabook-2014.pdf>

<sup>4</sup> Accessed 11-25-2014. Available: <http://mediad.publicbroadcasting.net/p/vpr/files/201411/VCAB-DCF-Report-2014-vpr.pdf>

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Five priority recommendations are highlighted in this executive summary because the Casey assessment team believes that these items are of critical importance and can be implemented quickly without waiting for legislative action or significant additional resources. These five items are viewed by the assessment team as essential first steps for FSD to take in order to improve child safety and gain the confidence of policymakers and the public. While these priority recommendations are seen as necessary to improve child safety, enhance system effectiveness and increase public confidence in Vermont's child welfare system, managers and policymakers are advised that these items will constitute a good beginning rather than the fulfillment of needed changes. Further important policy and practice changes—some requiring additional resources—are outlined in the full version of this report.

### ***Priority Recommendation 1: Strengthening the Child Protection Workforce***

In order to improve child safety and services to families, FSD must take immediate steps to resolve a workforce crisis and improve working conditions among critical front-line staff including child safety investigators and case-carrying social workers. Research indicates that excessive caseloads and high rates of turnover in these positions can negatively affect safety and permanency outcomes for children referred for child protection.<sup>5,6,7</sup> Several other steps and recommendations in this report can be effective only if Vermont addresses its child welfare workforce issues. While FSD will need to hire and train significant numbers of additional staff in order to reduce caseloads and workloads to safe and manageable levels over the long term, several interim steps can be taken immediately. These include:

- A) Transfer of some secondary and time-consuming duties such as transporting clients and supervising family visits from line social workers to paraprofessional staff in order to alleviate excessive workloads and allow social workers to concentrate on key casework functions which require their professional training and expertise.
- B) Developing a workforce council composed of line staff representing the FSD centralized intake hotline, child protection investigators, and case-carrying social workers from each DCF District to act as management-workforce liaisons, to provide DCF and FSD managers with meaningful input on key agency decisions such as determining appropriate caseload and workload levels and working conditions for line staff, and to help restore workforce morale.
- C) Consider use of Business Process Mapping or a similar approach to identify and introduce efficiencies which can reduce redundant and burdensome administrative requirements for social workers.

### ***Priority Recommendation 2: Improving Safety and Risk Assessments and Safety Planning Practices***

Training and guidance for social workers in use of safety and risk assessment tools, and in use of safety plans in cases where children live with families having significant identified safety or risk concerns, require immediate attention. These tools are used to inform and structure critical case decisions and to monitor the safety of children, but add value only when used by trained staff with clear and appropriate guidance from the agency. Social workers must be given sufficient work time to conduct thorough assessments, and must have the skill to “go beyond the tools” to apply critical thinking in assessment and decision making.

We understand that FSD is already working with the Children's Research Center to improve safety and risk assessment procedures and to provide updated training for social workers in use of these assessment tools; follow-through and completion of this initiative merits priority attention.

More detailed suggestions regarding use of safety plans are provided in the Recommendations section of this report and will require careful attention. Casey Family Programs can recommend an expert to provide

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<sup>5</sup> United States General Accounting Office (2003). “HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff”. Accessed 12-03-2014. Available: <http://www.gao.gov/assets/240/237373.pdf>

<sup>6</sup> National Council on Crime and Delinquency and Cornerstones for Kids (2006). “Relationship Between Staff Turnover, Child Welfare System Functioning and Recurrent Child Abuse”. Accessed 12-03-2014. Available: [http://www.cpsrh.us/workforceplanning/documents/06.02\\_Relation\\_Staff.pdf](http://www.cpsrh.us/workforceplanning/documents/06.02_Relation_Staff.pdf)

<sup>7</sup> Wagner, D. Johnson, K. & Healy, T. (2009). “Agency Workforce Estimation: Simple Steps for Improving Child Safety and Permanency”. Accessed 12-03-2014. Available:

[http://ncwwi.org/files/Job\\_Analysis\\_Position\\_Requirements/Agency\\_workforce\\_estimation.pdf](http://ncwwi.org/files/Job_Analysis_Position_Requirements/Agency_workforce_estimation.pdf)

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consultation and training in this area if needed. It is also recommended that FSD continue working with the National Center for Substance Abuse and Child Welfare around use of safety plans with families in which substance abuse significantly threatens child safety.

### ***Priority Recommendation 3: Strengthening the Alternative / Differential Response Track***

Vermont's adoption of a non-investigative child abuse assessment track (Differential Response, or DR) for responding to some low- and moderate-risk referrals is well-supported by precedent and research from other states, and holds potential to connect more families with services sooner and to reduce investigative burden on social workers without compromising child safety. The state's implementation of the assessment track must be given priority attention, however, in order to fulfill its potential as a safe and effective alternative to investigating all accepted referrals. The following immediate steps are recommended:

- A) A clear decision process must be consistently followed in making track assignments so that the assessment track is utilized only with appropriate cases.
- B) Child safety and risk must be assessed initially and on an ongoing basis in assessment track cases, and a clear protocol consistently followed in re-assigning assessment cases to receive a full investigation if needed.
- C) Families assigned to the assessment track must have timely access to evidence-based treatment services as needed, and to concrete and supportive services such as housing assistance, transportation assistance and respite care when required.
- D) Assessment cases need ongoing case management and monitoring in order to verify that children are safe and that families receive needed supports and services. If FSD social workers are responsible for ongoing case management and monitoring of cases assigned to the assessment track, they must be given adequate work time to fulfill these functions.

### ***Priority Recommendation 4: Working More Effectively With Substance Abusing Families***

This assessment has found that many professionals in various roles and across agencies within Vermont's child welfare system lack knowledge and understanding about how to work most effectively with families affected by substance abuse. Due to the number of such cases currently being referred for child protection services and their disproportionate impact on the state's service system, it is critically important that professionals within FSD, the court system, and in service provider agencies receive training and ongoing technical assistance to help them respond effectively to the needs of children with substance abusing parents.

- A) Vermont has already reached out to the National Center for Substance Abuse and Child Welfare for consultation regarding the state's opioid crisis. It is recommended that the state broaden its request to include in-depth technical assistance and training from the NCSACW for FSD staff, courts personnel and staff members of service provider agencies.
- B) There is an urgent need for FSD social workers in each District to have access to substance abuse content expertise to help assess child safety and risk and in order to tailor safety plans to the strengths and challenges of families with substance abuse issues. It is recommended that the agency contract for expert consultation from the NCSACW or other qualified entities where needed until enough social workers in each District have received content expert training and certification in this subject area.

### ***Priority Recommendation 5: Improving Outcomes Measurement And Reporting***

Gaining the confidence of policymakers and the public will require both action and results. Vermont and other states are currently assessed by federal regulators on a number of Child and Family Services Review (CFSR) measures intended to gauge the safety of children referred for child protection, and system performance in other key areas. Making reports of the state's progress toward CFSR goals available online with frequent updates would move FSD toward greater transparency, accountability and public trust. Publishing regular summaries of additional Vermont-specific data—for example, average social worker caseloads by District—together with CFSR measures would allow FSD managers, policymakers and the public to track other key indicators as well. Timely completion of work already begun in implementing a Results Oriented Management (ROM) data system for FSD (see full Recommendations section for more detail) would be a logical step toward providing the agency with the capability to meet this recommendation.

## CONTEXT AND OVERVIEW OF THIS ASSESSMENT

Figures from the National Child Abuse and Neglect Data System (NCANDS) indicate that Vermont had the highest per capita rate of child maltreatment reporting<sup>8</sup> in the nation during 2012 at 117.9 referrals per 1,000 children in the state's population, compared with the national average of 46.1 referrals per 1,000 children.<sup>9</sup> FSD managers suggest that Vermont's referral numbers are explained in part by the fact that the agency encourages anyone with concerns about a child's safety to call the hotline and counts all calls received, including duplicate reports about the same incident. Vermont's referral numbers are also affected by the fact that state law requires FSD to respond to reports of sexual abuse alleged to have been committed by perpetrators other than a parent or caregiver—reports which are investigated by law enforcement agencies in most other states.

Data provided by FSD indicate that Vermont has had a significant increase in child protection referrals since FY2011 and experienced a sharp increase in the number of children in out-of-home care during FY2014. The number of children entering care has grown faster than the number leaving care since 2011. Vermont had 7.5 children in out-of-home care per 1,000 children in population in FY 2013 compared to a national average rate of 4.9 placements per 1,000 children. The state's placement rate increased to 9.1 per 1,000 in FY 2014<sup>10</sup> (national data for FY 2014 were not available at the time this report was written). Vermont's child protective services (CPS) response rate—the per capita rate at which children in the state received either a child maltreatment assessment or an investigation—was 34.8 per 1,000 children for 2013<sup>11</sup>, below the 2012 national average of 42.7 per 1,000 but well within the range of response rates for a number of other states.<sup>12</sup>

Two significant issues have framed the context for this assessment. The first involves the deaths during 2014 of two children known to FSD, and extensive media coverage and legislative attention directed toward the agency in the wake of these child fatalities. These tragedies have shocked Vermonters, and rightly so; any child death from abuse or neglect is one too many. We know that the state's citizens, its legislators, and all who work in Vermont's child protection system feel the loss of these children on a personal level. It is our hope and intent that the report's findings and recommendations will help FSD do the best possible job of protecting the state's vulnerable children. To this end, it is incumbent on policymakers, agency managers and practitioners to engage in a candid discussion regarding how best to strengthen the state's child protection system. It is also important, however, to understand that no single agency or system can keep all children safe from harm. Child safety is best understood as a community responsibility requiring collaboration among FSD, families, the courts, other stakeholders and the public.

A second issue currently affecting Vermont's child welfare system is the state's struggle with a large increase in opioid abuse cases. Opioid-related admissions to state funded substance abuse treatment programs more than tripled between 2004 and 2013,<sup>13</sup> while the rate of infants exposed to opioids per 1,000 Vermont resident hospital deliveries more than doubled between 2008 and 2012.<sup>14</sup> The proportion of new FSD out-of-home care placements related to parental substance abuse more than doubled from FY2011 through FY2014,<sup>15</sup> contributing to an overall increase in the state's number of Vermont children in out-of-home care, which grew

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<sup>8</sup> Official reports by mandated and non-mandated reporters concerning suspected child abuse or neglect.

<sup>9</sup> US DHHS Children's Administration report "Child Maltreatment 2012". Accessed 11-06-2014. Available: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

<sup>10</sup> Based on AFCARS and NCANDS data from Casey Family Programs Data Advocacy Unit, 11-04-2014.

<sup>11</sup> Ibid.

<sup>12</sup> US DHHS Children's Administration report "Child Maltreatment 2012". Accessed 11-06-2014. Available: <http://www.acf.hhs.gov/sites/default/files/cb/cm2012.pdf>

<sup>13</sup> Vermont Department of Health (2014). "Treating Opioid Addiction". Accessed 10-30-2014. Available: [http://www.healthvermont.gov/adap/treatment/opioids/documents/TreatOpioidsBrief\\_June2014.pdf](http://www.healthvermont.gov/adap/treatment/opioids/documents/TreatOpioidsBrief_June2014.pdf)

<sup>14</sup> Vermont Department of Health (not dated). "Neonates Exposed to Opioids in Vermont". Accessed 10-30-2014. Available: [http://healthvermont.gov/research/documents/opioid\\_expos\\_infants\\_4.18.14.pdf](http://healthvermont.gov/research/documents/opioid_expos_infants_4.18.14.pdf) The number of 2012 cases may reflect increased outreach and identification, as well as increased incidence of infants being exposed to opioids.

<sup>15</sup> Based on AFCARS and NCANDS data from Casey Family Programs Data Advocacy Unit, 11-04-2014.

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from 897 in FY 2010 to 1103 in FY 2014.<sup>16</sup> The share of the state's out-of-home care population accounted for by children in care due to a parent's substance abuse has grown by nearly 20 percentage points over the past three years. The increase in reports of serious child maltreatment associated with substance abuse is challenging the service capacity of FSD and other agencies in Vermont and contributes to ongoing public debate about how the state will respond to substance abuse problems among families referred for child protection services.

Initial planning and contacts for the assessment project began in early July, 2014. Casey teams conducted focus groups with FSD staff and other stakeholders and reviewed a sample of FSD case records during September; Web surveys and telephone interviews with key stakeholders continued through mid-October. Approximately 15 Casey staff worked on the assessment project and contributed to this report.

### NEXT STEPS

This assessment has revealed both strengths and areas of concern in Vermont's child welfare system. The state benefits from the contributions of many experienced and committed professionals within FSD, in the courts, and in service provider agencies. Vermont has also tested and implemented innovative practices which could improve service delivery if more widely adopted, such as co-location of clinicians and case managers in FSD Districts, and the state's CHARM program for opioid abusing mothers.

However, many FSD social workers struggle under excessive workloads which hinder their ability to do their jobs, and many need additional training and guidance in core job functions including safety and risk assessment and safety planning. Improved early assessment and better access to prevention and treatment services are needed for families with substance abuse and mental health problems, and increased child safety monitoring and case followup are needed for non-custodial cases, including those in the assessment track. Professionals at all levels of Vermont's child welfare system need more training and coaching in working with families with substance abuse problems.

The full version of this report offers a number of recommendations for improving outcomes for children and families referred to FSD. Organizational studies have shown that agencies and organizations can successfully implement only a limited number of change initiatives concurrently. Some recommendations proposed in the report may require more time and resources to implement than others.

There are, however, a number of steps outlined as priority recommendations in this executive summary that FSD and the state of Vermont could implement quickly to improve child safety. Most immediately, steps must be taken to reduce the burden of administrative tasks on social workers and to move some work duties such as transporting clients and supervising family visits to paraprofessional staff.

Casey Family Programs offers our continued support to act on these and other opportunities to improve outcomes for Vermont's children and families during 2015 and further into the future.

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<sup>16</sup> Based on AFCARS and NCANDS data from Casey Family Programs Data Advocacy Unit, 11-04-2014.