

DATA SPOTLIGHT: VERMONT'S CHILD WELFARE SYSTEM



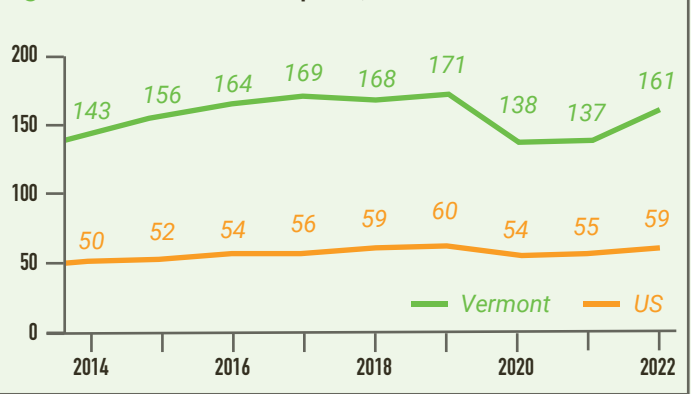
Vermont's child welfare system, housed in the Department for Children and Families - Family Services Division (DCF-FSD), is in crisis. This is reinforced by the 2024 federal Child and Family Services Case Review (CFSR). **The CFSR process found that only one of 36 outcomes and factors was rated as a strength, with the remaining 35 rated as areas needing improvement.**¹ Vermont has made progress through establishing the Office of the Child, Youth, and Family Advocate; allocating some funding to a new data system; carrying out diligent recruitment and retention efforts for foster families, and providing workforce supports and investments. However, it is clear that prompt and comprehensive action is needed for the safety and well-being of Vermont's children, families, and Family Services Workers (FSWs).

This data spotlight aims to spark conversation about our state's child welfare system. This is not a comprehensive review of the system but instead touches on several key factors, including high rates of reporting of suspected child abuse and neglect, a lack of adequate foster homes, an inadequate data system, and high workforce vacancy and turnover rates. Through legislation and investment, Vermont has the opportunity to make changes that could have a significant impact on vulnerable children and families.

Mandated Reporting

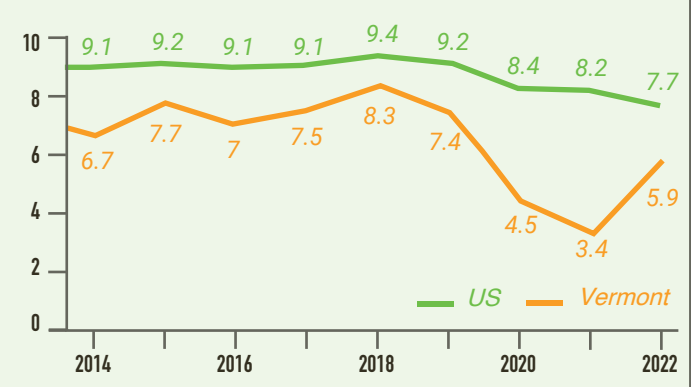
Vermont statute mandates that an individual working with children and families "who reasonably suspects abuse or neglect of a child" must report the case to the child abuse and neglect hotline.² The list of individuals—from health care providers, to school district employees or contractors, to child care workers, to members of the clergy—is similar to other states' lists, and the criteria are also similar; however, Vermont's rate of calls to the child protection hotline has been the highest in the country for at least the past decade. **As can be seen in Figures 1 and 2, Vermont's rate of intakes has been between 2.5 and 3 times higher than the national average, while the actual rate of child victimization consistently falls below the national average.**³

Figure 1: Rate of Intakes per 1,000 children 2013-2022³



All states are required to have mandated reporter laws in order to receive federal Child Abuse Prevention and Treatment Act (CAPTA) funds, as established in 1974, but implementation and approaches vary across states.⁴ The intent of the laws, and of Vermont's updates in 2015, is to protect children from abuse and neglect; however, there is no evidence that these laws are protecting children. In fact, there is evidence that the laws are deterring families in need of support from seeking resources to address their challenges, because of a culture of surveillance.⁵

Figure 2: Child Victimization Rates, 2013-2022³



Vermont's required training for mandated reporters is being revised by the Vermont Child Welfare Training Partnership. As is the case in many other states, the revised training seeks to address the challenges presented by the traditional approach to mandated reporting by providing additional information and strategies to move from a position of "Mandated Reporters" to "Mandated Supporters." The updated training will include practical steps for determining whether a call should be made, giving individuals more concrete criteria for types of abuse and neglect, and contrasting these types of abuse and neglect with more generalized concerns that could be addressed more effectively within the community. The training will add skill-building for critical thinking and ethical decision-making, encourage reporters to confer with other individuals to ensure that personal bias is mitigated, and provide them with information about who to contact at the Child Safe Program at the University of Vermont if they feel they are in need of an expert opinion.⁶

There are, of course, times when it is appropriate to make a report to the child welfare intake line. However, reporting should be considered in the context of the multiple resources that can support the safety and well-being of children. The revised training suggests that reporters pause and be intentional about reporting so that reports can be made at the right time with the right information informed by the understanding of the definition of abuse and neglect.⁶

Given the evidence of the range of potential harmful impacts of the current mandated reporting law, especially to traditionally marginalized children and families, Vermont has the opportunity to lead the country in reimagining a process to prioritize access to resources for vulnerable children and families before reporting them to the child welfare system. We look forward to tracking these indicators over time as the trainings are updated, as well as tracking the impact of any future updates to the current statute.

Children Entering Custody

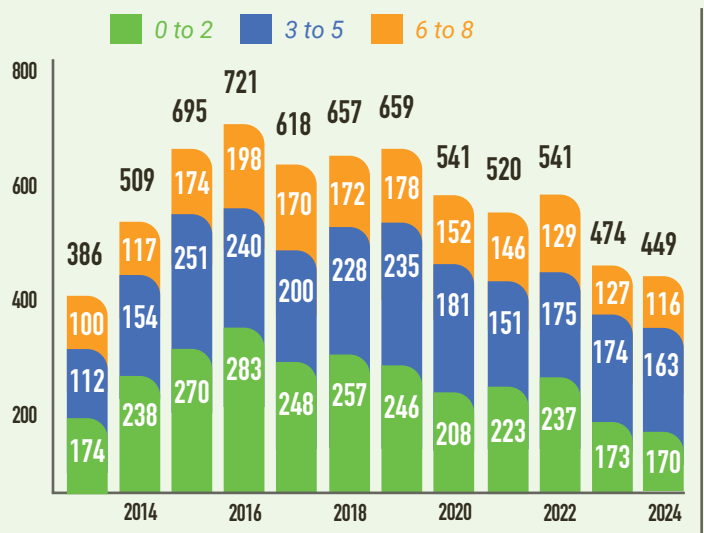
There were 19,537 calls to the child protection hotline in 2024, resulting in 1,521 assessments and 2,098 investigations.⁷ If a call meets the threshold for acceptance, a Family Services Worker is assigned to assess reported concerns and utilize formal and informal assessments to determine next steps to support the family. An intake can be closed with no need for ongoing FSD involvement, or a case can be opened and receive ongoing DCF-FSD involvement through one of the following types of intervention: DCF out-of-home protective custody, in which a child is placed with a relative or foster family; conditional custody, in which the child is in the custody of a parent, relative, or fictive kin with DCF-FSD supervision and services and court ordered conditions and oversight to ensure the child's safety; or family support, in which DCF-FSD provides support to families without court involvement. **On September 30, 2024, there were 907 children in out-of-home protective custody,**

407 children in conditional custody, and 129 family support cases. Unlike in some states, Vermont's child welfare and juvenile justice systems are combined. In 2024, there were 339 juvenile justice cases.⁸

In Vermont, as in most states, Black children are taken into custody at a disproportionately higher rate than any other racial group. **In Federal Fiscal Year 2024, Black children and youth accounted for 2.1% of the population under 199 but entered state custody at a rate of 2.8%.**¹⁰ Findings from the CFSR also indicated that "Black or African American children have the highest rate of placement instability (moves/1,000 days)."¹¹ Contributing factors include racial bias and discrimination, as well as intersectionality with economic well-being and social determinants of health, including political and societal structural racism.¹¹ The DCF-Family Services Division has taken, and continues to take, steps to address this disproportionate impact through analysis of qualitative and quantitative information.

The number of children under age 9 in protective custody on September 30, 2024, was 449 out of 907 children under 18.⁸ As can be seen in Figure 3, there appears to be a downward trend in the number of children under 9 in DCF custody after an elevated number between 2015 and 2019.

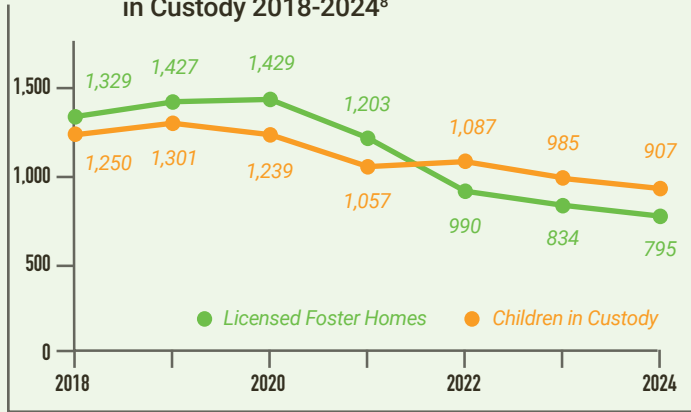
Figure 3: Children Under 9 in DCF Protective Custody by Age⁸



Infants Entering Custody

Looking more closely at the youngest children entering care, the peak and downward trend follow overall custody rates. **Between 2014 and 2023, there were 574 infants 0-15 days old entering custody, with 73% with a first placement in a hospital setting.**¹² The first placement for the majority of infants entering custody was a hospital setting, ranging from 60% to 86% of infants between 2013 and 2023. Additional settings include foster homes, non-final adoption, and kinship care.¹²

Figure 4: Vermont Licensed Foster Homes and Children in Custody 2018-2024⁸



Placement for Children in Custody

There are different placement options for children in DCF custody, depending on their individual needs and case factors as well as the available placement options. As of September 30, 2024, **7% of children under 9 were living in a preadoptive home in which the adoption was not yet finalized, 48% were placed in a licensed foster home, and 41% were placed with a relative, with the remaining children placed with a parent for trial reunification, in a hospital, or in an intensive residence.**⁸ As seen in Figure 4, the number of licensed foster homes (including kinship care) has declined since 2020 and has fallen below the number of children in custody for the past three years, with **795 foster homes for 907 children in custody in 2024.**⁸

To address these gaps, there continue to be efforts through the DCF-FSD Diligent Recruitment and Retention Program to recruit, train, and retain foster parents. This includes, but is not limited to, adjusting training and training requirements, adjusting regulations for kinship providers, and engaging in targeted recruitment of foster parents.

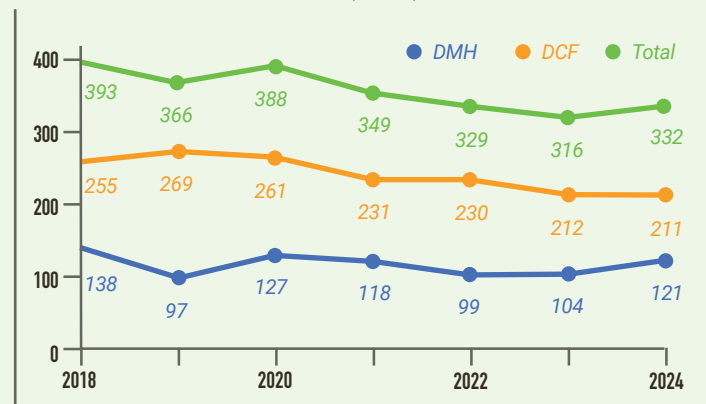
Residential Treatment

For some children, community-based supports may not be adequate to effectively address the clinical needs of the child and family. In these instances, the family and the support team may consider out-of-home treatment, such as a community-based therapeutic foster home, small group home, or residential treatment program. However, **Vermont currently has its lowest number of residential treatment beds available for use in over two decades.** Staffing shortages are a primary cause for this drop in residential capacity and are a problem across the country. The issue may be compounded by the increased acuity in children’s and youths’ behavioral challenges and the lack of availability of step-down programs. In addition to full residential treatment program closures, some programs have had to temporarily close

beds or shift from seven to five days of operations per week due to staffing challenges. New rate-setting rules and payment methodologies were adopted in July 2024 for Private Non-Medical Institutions—a significant step toward stabilizing programs with the aim to improve capacity.¹³

The majority of Vermont children and youth in residential assessment or treatment are placed by the Department for Children and Families (DCF) or the Department of Mental Health (DMH), with some placed by Department of Disabilities, Aging, and Independent Living (DAIL). **As can be seen in Figure 5, in 2024 there were 332 children and youth under 19 in residential assessment and treatment, with 211 placed by DCF and 121 by DMH.**¹⁴ Of these children, 35% were under the age of 13. 27% of these residential stays lasted between 0-6 months, while 12% were over 2 years.¹⁴ While not captured by the Case Review Committee quarterly reports, the length of stay for DCF placements can be extended due to the lack of an appropriate kinship, foster, or adoptive home or an alternative placement.

Figure 5: Children in Residential Treatment or Assessment via The Departments for Children and Families (DCF) and Mental Health (DMH) 2018-2024¹⁴



Children Exiting Custody

Depending on the goals and outcomes of case plans, children exit custody to one of several permanent placement types. **In Federal Fiscal Year 2024, permanency was attained for 79.1% of children who exited custody. 38.5% of these children reunified with a parent or primary caretaker, 38.5% of these children were adopted by a relative or non-relative family member, and 2.1% of these children achieved permanency through guardianship with a relative or non-relative family member.**¹⁵ During the same time period, permanency was not attained for 11.6% of children who exited custody. 11.3% of these children/youth aged out of foster care, and 0.3% transferred to another agency. The remaining 9.2% of children who exited custody in Federal Fiscal Year 2024 have a Missing/unknown exit reason due to delays in data entry.¹⁵

Systemic Factors

Updating the Child Welfare Information System

Vermont's child welfare information system was built in 1983 and is one of the oldest in the country. The national standard for child welfare information systems, implemented in 45 states and territories, is the Comprehensive Child Welfare Information System (CCWIS). Vermont Family Services Workers (FSWs), who are already managing large caseloads with complex dynamics, have a heavy administrative burden because of the lack of a CCWIS. This burden takes time away from the case management needs of particularly vulnerable children and families. **The current system is directly responsible for preventing Vermont from accessing all federally available dollars and results in increased federal financial penalties annually.**¹⁶ A modern CCWIS would enable Vermont's DCF-FSD to move away from paper files, reduce administrative burden for frontline workers, and expand data reporting to enable Vermont to track programmatic interventions and fully draw down federal funding for the child welfare system.

While Vermont has allocated \$7.8 million toward a new CCWIS, the current estimate for development ranges from \$40 to \$50 million. Even with a 50% federal match, a significant investment from the state will be required. As endorsed for two years in a row by Vermont's Early Childhood State Advisory Council Network in its Policy Recommendations, Vermont must "secure sufficient state funding to fully implement the Comprehensive Child Welfare Information System (CCWIS)." See page X for the full slate of 2025 Policy Recommendations.

The Office of the Child, Youth, and Family Advocate (OCYFA)

In 2023, after a unanimous Senate vote and signature by Governor Scott, Vermont officially launched the Office of the Child, Youth, and Family Advocate (OCYFA). The OCYFA's mandate is to engage in individual and systemic advocacy "on behalf of Vermont's most vulnerable children, youth, and families, with a focus on children and youth involved in the child protection and juvenile justice systems." The OCYFA is an independent, nonpartisan office within Vermont state government but outside the chain of command of DCF. As a result, the OCYFA is able to assess child welfare and juvenile justice systems holistically and from a child- and family-centered perspective. **In its first two years of operation, the OCYFA responded to more than 200 individual complaints, including a 63% increase in complaints in 2024 over the previous year.** During the 2024 legislative session, OCYFA staff testified 14 times on issues such as juvenile justice and child poverty. The OCYFA was recognized by Governor Scott for its work supporting the passage of Act 173 of 2024, which for the first time gives Vermonters previously in foster care the right to access their DCF and court records. The OCYFA's 2024 annual report issued specific recommendations to support children remaining in their communities; encourage state investments in supportive, community-based services; and leverage federal money to create a family-centered child welfare system.¹⁷

Families Come First

In 2018, federal policy changes allowed for child welfare funds (Title IV-E) to be used for prevention services for the first time. Vermont's current five-year Title IV-E Prevention Plan under the federal Families First Prevention Services Act includes the implementation of two evidence-based prevention services: Parent Child Interaction Therapy and Motivational Interviewing.¹⁸ In addition to these services, FSD is adjusting policies and practices to increase the use of preventive approaches. Two examples include shifting to voluntary case participation when applicable and participating in the Kinship Navigator Collaborative evidence-based model to better support individuals caring for children of a relative.

Workforce

Family Services Workers (FSWs) are frontline service providers for Vermont's children and families. Like many direct service providers navigating the complex early childhood system, FSWs need time for official onboarding (four months before holding a full caseload) and to develop and learn strategies for supporting children and families. In addition, "up to 50% of child welfare workers are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma."¹⁹ **As can be seen in Figure 6, FSW vacancy and turnover rates have increased since the pandemic, with an 11.4% vacancy rate and a 16.1% turnover rate.**²⁰

Recognition of these workforce challenges has led to the development of two new positions within the Family Services Division: the Workforce Development Director and the Wellness Navigator. Vermont has also been selected by the Children's Bureau to receive long-term intensive technical assistance from the Quality Improvement Center for Workforce Analytics to identify Vermont's specific workforce challenges and support implementation of selected strategies to strengthen the workforce.

Figure 6: Family Services Worker Vacancy and Turnover Rates, FFY 2015-2024²⁰

