

Sally Borden  
Executive Director, KidSafe Collaborative  
Co-Chair, Vermont Citizens Advisory Board to DCF  
Joint Legislative Child Protection Oversight Committee  
November 19, 2021

Good morning Senator Lyons and members of the Committee. For the record, my name is Sally Borden, I am the Executive Director of KidSafe Collaborative, and am here today in my capacity as Co-Chair of the Vermont Citizens Advisory Board to the Department for Children and Families. I've served on VCAB since 2009, and as Co-Chair since 2014.

I've been asked to speak regarding the letter we sent to you from VCAB, a copy of a letter submitted to Agency of Human Services Secretary Mike Smith, regarding our concerns about the inadequacy of DCF's IT systems and our recommendations. I welcome the opportunity to further address this – not because I'm an IT expert which I'm certainly not, or because I'm particularly passionate about IT systems, or but because I'm passionate about child protection and children's care and well-being – as I know you are.

We have heard and known for years that the DCF Family Services IT systems are inadequate. Some of us have been around long enough to recall when then-SRS intakes were filed on paper face-sheets. When a report was accepted for investigation, the information was entered into a computer system, and...I believe we are still using that same DOS-based SSMIS computer system today. We keep adding on new "fixes", but they are cumbersome, clunky, and totally inadequate.

I know you are well aware of two recent reports that highlighted the need for improved information systems: The UVM Report on "Drivers of Custody Rates in Vermont" issued in September, and the CHINS Case Processing Study prepared with the Court Administrator's Office by the National Center for State Courts, and that you've recently heard directly from the UVM study authors. So I won't reiterate the details of their findings, but I hope what I present further underscores the need, and the recommendations to address this issue.

The very first finding in the UVM Report states "*data systems that support field personnel's decision making are inadequate.*" So what does that mean? In a nutshell, Family Services Workers aren't able to get information they need in order to make critical decisions in a timely fashion. Decisions that can affect the safety of a child. Decisions that have profound ramifications for families.

FSD Workers have to access and navigate multiple systems on multiple computer screens – a veritable alphabet soup of SSMIS, FSDNet, D.O.C. and Court records, etc. not to mention various spreadsheets and documents; they have to enter and re-enter duplicative information. Time consuming, and there's room for human error. They could miss information that is relevant and maybe terribly important.

When a new case is opened the Family Services Worker has to complete a form – similar to the information that is on the Intake that is completed by the Centralized Intake Unit when they take the initial report; then they fill in a paper form and give it to an administrative staff member where it is entered into SSMIS. This is important because that information populates the child protection registry, and is also the basis, as I understand it, for drawing down funds. The redundancy of information is staggering, and the fact that there aren't *more* errors or missing information is amazing.

AND more importantly, our systems don't track the information needed to do quality social work with families. Our databases don't have fields for: what does the child or family need? What service referrals did you make? Did the family access those services?

This information is often recorded in case notes, which of course makes sense. A Family Services Worker meets with a family, maybe goes over the Structured Decision Making tools, identifies concerns such as domestic violence, substance use disorder, etc., and refers the family to appropriate services. And then they write up their case notes. Excellent social work.

Two weeks later they go back to meet with the children and family again, they pull up the case on their FSDNet dashboard, but none of that is in the information they're looking at on their screen. It's in their casenotes – which by the way can't simply be scanned and uploaded, they need to be filled out separately and entered into the system. And the Structured Decision Making Tool isn't embedded into FSDNet, that's in another system, on a different screen that the worker needs to log into separately.

As you may know, in my role at KidSafe Collaborative, I coordinate the CHARM team, Children and Recovering Mothers, which is a multi-disciplinary team working to coordinate services to support pregnant and post-partum women with a history of opioid use disorder, and their infants. We meet with medical personnel, substance abuse treatment providers, DCF Family Services, WIC, Reach Up, Lund and others, and share information so everyone on the team can best support these infants and families in very challenging situations. What I see – what I saw at our meeting just yesterday - is an excellent, dedicated DCF Family Services supervisor, who often says "wait a minute, I have to go to another screen to get that information."

Was this pregnant mom referred to residential treatment? Did she go? Did she do her intake at Lund? Because she is a very experienced supervisor, she's adept at quickly scanning the worker's case notes. If the information is there. Yes, the patient was referred to Serenity House. No note about whether she made it there or not. Oh wait, further down there's a discharge date, so she did get there. But then there's a note about court – so she goes to a different database for that information.

A child welfare database – which is what is needed - would have fields to track client needs, referrals made, services accessed, and most importantly, outcomes. How else are we – you, VCAB, DCF - going to know whether what we're doing is effective?

If you want a DCF report on how many pregnant women with a substance use disorder, who have open DCF cases, were referred to inpatient treatment, or how many are on Medication Assisted Treatment, there's no way to extract that information. So no way to do any evidence based planning, or to strategically deploy resources to best meet the needs.

You may recall that the only data we have about the number of parents with open DCF cases with substance use disorders, or more specifically with opioid use disorder, is gathered once a year as point-in-time information, via a hand count derived from asking Family Services Workers to count up their cases. This, in the middle of an opioid crisis, is absurd.

One more point about this is that critical safety information can be buried in case notes – maybe there was a note about a restraining order, or an identified safety risk to a Family Services Worker, and they should only do a home visit with law enforcement. Then that worker is out or maybe moved on from Family Services, the case wasn't flagged and then another worker picks up the case, and didn't see that note, buried in a case note, from months ago...

And actually, one more example: in a similar vein, a priority for VCAB and for the Family Services Division – and I'd venture to say for all of us - is to address racial inequities in our child welfare system and to focus on improving Diversity, Equity and Inclusion efforts. Deputy Commissioner Radke has made this a priority, for which we at VCAB most certainly commend her.

In our VCAB Statement on Anti-Racism, approved last March, we committed to the following actions: *“We will call upon DCF to start by doing the following: examine their policies and practices in the context of racial bias; collect and analyze data that informs us about racial disparities;...”*

What we have learned is that the latter is virtually impossible to obtain. DCF's systems track the data required by the federal government, but frankly it is inadequate and not

always readily accessible in a useful way. We do have race and ethnicity information which is gathered on the initial intake report, as accurately as the reporter has at the time of the report. This information is maintained in SSMIS, so we *can* get that much.

But then more specific or accurate race and ethnicity information may be obtained later, as the Family Services Worker gets to know the family, and finds out that perhaps they are a racially mixed family or they identify differently than the initial report stated. This information would have to then be updated on SSMIS, but is more often just in a case note.

And to measure outcomes? Well Structured Decision Making, asks how a family's race/ethnicity/culture impacts child safety, so that is helpful – but remember that is a different data system and screen altogether, so relevant/updated information needs to be reentered into SSMIS. SDM offers the opportunity for the worker to plan for appropriate family and community supports to help guide safety planning: maybe a referral to a community organization, reaching out to a community elder, intervention regarding corporal punishment, etc. -- which are then recorded in case notes, and not able to be tracked.

Can we find out how many families are served where the parents' primary language is, say, Mai Mai? Maybe if it was obtained and recorded on the initial intake. Were they able to access linguistically and culturally appropriate support services? Was the family able to get the support they needed? Did we fairly and equitably treat this family? How can we assess whether DCF is doing a good job or making progress if we can't get this information?

We need to be able to know whether our DCF Family Services staff is identifying families needs, making referrals, and helping families access the services and supports to keep children and youth safe and hopefully be able to safely parent.

Further, families' ability to have input about their needs is basic to family-centered practice, and a data system that reflects this, and whether those needs are being addressed – which a CWIS system can do - is vital as we move forward.

We'll need this as we embark on the Families First Plan, which I know you're hearing about next. So it's really not optional if we are to meet the goals and be able to draw down the funds to implement a shift to prevention oriented services.

I'll share just one more example because, Senator Sears, of your focus on the juvenile justice system: The YASI screening tool, which is used to assess juvenile offenders' risks, protective factors and needs, is a set of forms not on FSDNet. There is a tab on the FSDNet screen that links to Caseworks, then the worker needs to log in separately to that system. The same for Youthful Offender information – the worker needs to re-enter all the information from court into FSDNet, so instead of spending their time

helping that young person get the services they need, they are spending time entering redundant information into two different databases. And then information can't be extracted by fields that would be useful for planning, or for more efficiently deploying the workforce.

So our call to you today is to underscore the need – if we are really committed to improving child protection and how we serve children, youth and families in this state, we need an updated, robust information technology system to specifically meet the needs of child welfare.

I also know that this is not Appropriations Committee! And this isn't a financial ask per se.

But our recommendations are clear, and we ask for your support, your influence, your advocacy within the Legislature to move this forward.

We support the funding – 2M - that has been approved for the first part of an upgraded information system. But that is only the first step. Vermont needs to make a *long-term investment* in a comprehensive CWIS, a Child Welfare information System.

We echo the UVM Report recommendation:

“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 [Quality Improvement] and data-driven practice.”

I appreciate that you are aware, from the reports, that 45 of the 50 states have already invested in upgrading their child welfare information systems. There are a number of systems out there. I and others on VCAB are not the experts on IT systems, but we certainly don't need to reinvent the wheel. There is federal matching money available to do this, and we would be severely remiss to leave that money on the table when the need is so urgent.

In our letter, our second VCAB recommendation was “*Including the next module of the data system in the FY23 budget.*” I daresay that as an advisory board we didn't go far enough – we need to recognize that this is a multi-year effort, requiring a multi-year

commitment. We know that a lot can change administratively and legislatively, so we are advocating for that commitment to be made now.

You know, when you convene next session, you – probably Senator Lyons' Health and Welfare Committee – are likely going to want to get a report on how many children in DCF custody received COVID vaccinations. Or how many were impacted by COVID? Had to move out-of-home placements due to positive COVID tests for themselves or household members?

How can we respond effectively to this crisis we're in, when we don't know and can't get that information? Perhaps there is Covid-related funding that could be made available as we cope with this ongoing crisis that continues to impact families – and also to destabilize our workforce which certainly impacts DCF Family Services' ability to meet the acute needs of kids and families.

We need to have a commitment now, and we have an opportunity now, to commit to purchasing a CWIS system that fully meets our needs.

So I'll leave it at that, respectfully requesting your support, and happy to answer any questions – or defer to the experts here from DCF!

*VCAB*  
**Vermont Citizen's Advisory Board**  
**to the**  
**VT Department for Children and Families**

September 29, 2021

Secretary Mike Smith  
Vermont Agency of Human Services  
280 State Drive - Center Building  
Waterbury, VT 05671-1080

Dear Secretary Smith:

Vermont's Citizens Advisory Board (VCAB) was established by the federal Child Abuse Prevention and Treatment Act of 1988. Since then, VCAB has supported the work of DCF and advocated for systemic improvements. For over a decade, VCAB has acknowledged the ways in which Vermont's antiquated data system interferes with its ability to achieve best practices.

DCF's data system was launched in the early 1980s, prior to the launch of the world wide web. Vermont has been asking our DCF Family Services staff to use 11 separate systems and 30+ Excel spreadsheets to support their work and reporting requirements. We know that this practice is time intensive, increases the likelihood of human error, and is cumbersome. We also know that the lack of a comprehensive data system that communicates across silos disadvantages us and the children, youth, and caregivers in our child welfare system. We are currently unable to speak confidently about trends in outcomes for the system that is responsible for the well-being of some of Vermont's most vulnerable children and youth.

Deputy Commissioner Radke was asked to provide a status update during the June, 2021 VCAB meeting. In that update, she reported:

*"In May of 2016, the federal government issued revised data systems requirements to state child welfare systems that wanted to update their current data systems. In response, 45 out of 50 states in the nation have now declared they have implemented or are now planning implementation of a new system, known as the Comprehensive Child Welfare Information System (CCWIS). Vermont is not among them, and FSD's need for a new database system, and the consequences of not having one are looming large."*

During our September VCAB meeting, Commissioner Brown shared the wonderful news that there are plans to begin the first module of the data system update. As a group, we want to express our gratitude for this investment. That said, this is a first step which only begins to meet the IT needs of the Department.

VCAB strongly encourages the administration to prioritize a comprehensive data system for DCF. This should include an incremental update of the full data system, which will allow us to


take advantage of the matching federal dollars, and will set us up for the implementation of the Families First Prevention Services Act.

VCAB respectfully requests:

- Commitment to using the \$2 million dollars set aside for the first module of the data system in the carry forward section of the FY22 budget.
- Including the next module of the data system in the FY23 budget.
- Community input on ways in which a system can be developed to increase stakeholder communication and benefit current practice.

VCAB deeply appreciates your attention to this issue and looks forward to partnering with you on this project.

On behalf for the Vermont Citizens Advisory Board, per a vote taken on September 1, 2021,

  
James Metz, MD, Co-Chair

  
Sally Borden, M.Ed., Co-Chair

Cc: Sean Brown, Commissioner  
Aryka Radke, Deputy Commissioner  
Vermont Legislative Child Protection Oversight Committee, Sen. Ginny Lyons Chair