

May 19, 2011

MEMORANDUM

TO: CBComments@acf.hhs.gov
FROM: Frank Farrow
Director
SUBJECT: Comments on CFSR Federal Register Notice

The following comments are submitted by the Center for the Study of Social Policy in response to the ACF Children's Bureau request for public comment on proposed changes to Federal Monitoring of Child and Family Services Programs, Federal Register/Vol. 76, No. 65, dated April 5, 2011.

1. How could ACF best promote and measure continuous quality improvement in child welfare outcomes and the effective functioning of systems that promote positive outcomes for children and families?

We believe there are three primary ways the Administration for Children and Families (ACF) can promote and measure continuous quality improvement in child welfare outcomes. The three recommendations, discussed separately below include:

- 1) ACF should certify state/tribe/local agency led qualitative case reviews for use in the CFSR process,
- 2) ACF should establish the technical assistance capacity needed to support qualitative case reviews, and
- 3) ACF should deepen the CFSR assessment related to the child and family outcomes, specifically related to infant, toddler, child and youth healthy development and well-being, to reflect recent research.

Federally Certified, State/Tribe/Local Agency Led Qualitative Case Reviews to Promote Positive Outcomes

The Center for the Study of Social Policy (CSSP) and the Child Welfare Strategy Group of the Annie E. Casey Foundation (AECF) joined together in 2010 to assess the experiences of state and local child welfare agencies in using qualitative case

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reviews, specifically the Quality Service Review¹ and the Child and Family Service Review, as a core component of an overall quality improvement system.

Based on this study, we recommend that the Administration for Children and Families, in partnership with states/tribes/local agencies, invest in helping to build the capacity to implement qualitative case reviews throughout the United States.

Once fully implemented and certified, each state/tribe/local agency would use this qualitative case review instead of being required to participate in the federal onsite review as a part of the current Child and Family Services Review.

Furthermore, we do not recommend a substantial conformity determination on any of the seven (7) child and family outcomes² be made directly as a result of the qualitative case review. Rather, the data gathered from the qualitative case review would be used to better understand the underlying issues that may be impacting the national, quantitative data indicators and provide direction for improvement strategies. A certified, qualitative case review process could help a state/tribe/local agency demonstrate achievement on the systemic factor related to quality assurance systems.

For states/tribes/local agencies already using a qualitative case review process, ACF could support steps to improve the quality of these case reviews and, thereby, meet certification standards. This might include the following.

1. Improving the link between qualitative case reviews and quantitative metrics, such as the quality of teaming process in relation to the number and percent of children and youth exiting to permanency.
2. Helping to translate review findings to field staff and local managers to use the findings to inform and aid in the development of practice improvement efforts.
3. Offering peer to peer learning opportunities.

¹ In addition to the Child and Family Service Review, the other most prominent qualitative case review tool currently in use in child welfare systems is the Quality Service Review, which was originally developed for state mental health quality assurance systems by the founders of Human Service Outcomes, Inc. in the early 1990's. Quality Service Reviews (QSR) use an interview protocol and process to assess different aspects of a child and family's current status and recent progress and system performance. The protocol is system specific and co-designed with local practice leaders and the developers of the approach, Human Systems and Outcomes, Inc. Sample cases are reviewed over two days by teams of two through file review and interviews with the child, family members, nonfamily caregivers, professional team members, and others who might have relevant information. Reviewers conclude the assessment by scoring the status of each aspect, providing feedback to individual caseworkers, exploring family and system themes with other reviewers and, typically, summarizing the case in some form of narrative that justifies the assessed scores. A final report presents aggregate scores and themes, illustrated with specific case examples.

² The child and family outcomes referenced are from CFSR Round 2 and include an assessment of the following.

- Safety Outcome 1 (Children are, first and foremost, protected from abuse and neglect)
- Safety Outcome 2 (Children are safely maintained in their homes when possible and appropriate)
- Permanency Outcome 1 (Children have permanency and stability in their living situations)
- Permanency Outcome 2 (Continuity of family relationships and connections is preserved)
- Well-Being Outcome 1 (Families have enhanced capacity to provide children's needs)
- Well-Being Outcome 2 (Children receive services to meet their educational needs)
- Well-Being Outcome 3 (Children receive services to meet their physical and mental health needs)

4. Assessing ways the state/tribe/local agency could identify efficiencies that could reduce costs associated with the review process and potentially expand capacity.

We recommend four (4) core steps to support states/tribes/local agencies without existing qualitative case reviews to move towards full implementation and, ultimately, certification.

1. Start up would require each state/tribe/local agency to develop a protocol in partnership with key local stakeholders and introduce the qualitative case review process as a non-punitive and learning-focused process.
2. Each state/tribe/local agency would need to identify and train reviewers to conduct these reviews, provide needed and ongoing professional development and implement steps to ensure the integrity and fidelity of the process.
3. Front line staff persons and their supervisors would need to be trained on the overall review process. Supervision processes and tools would need to be aligned with the qualitative case review protocol. Jurisdictions would need to identify and assign staff persons with the ability to manage the data gathered through the review process and link this information with broader, systemic outcomes.
4. Leadership and other stakeholders such as birth parents, foster and adoptive parents, staff persons from early childhood education programs, service providers, advocates, judges and legislators, would need to be involved throughout the process to ensure ongoing sustainability, make system-wide improvements and hold people accountable for results.

Establish Technical Assistance Capacity to Support Qualitative Case Reviews

ACF would need to ensure the availability of technical assistance to support the implementation of qualitative case reviews, and more importantly, use the information gathered through these reviews to support the implementation strategies to improve child and family outcomes.

To support this implementation, ACF guidance would need to clearly outline expectations and through its Regional Offices and consultants, ACF should provide needed implementation support. This might include the following.

1. Investing in state/tribal/local agency experts and potentially outside consultants to aid in the development of qualitative case review processes in areas where these are not already in place.
2. Supporting jurisdictions in building a qualitative review process through development of a certification process. ACF could provide fiscal incentives through annual development and sustainability grants and highlight states with robust, certified qualitative review processes through the Child and Family Services Review. Ultimately, at some date certain determined by ACF, every state/tribe/local agency would be

expected to have a certified, qualitative case review as a part of an overall quality assurance process.

3. Requiring staff persons from ACF's regional offices to participate in the development of the states/tribes/local agencies' qualitative review process to ensure the approach meets federal requirements and there are not unnecessary delays related to federal approval.
4. Expanding the technical assistance now available through the National Resource Center for Organizational Improvement or a new center or non-profit provider to support qualitative case review learning networks by identifying and supporting states that have extensive experience with qualitative case reviews to serve as peer mentors to other states. This mentoring would be needed not only to develop and implement qualitative case review processes, but would help in the development of strategies to improve child and family outcomes.
5. Supporting research and knowledge building that explores the efficacy of qualitative case review methods in improving outcomes for children and families. Such research would evaluate the link between practice improvement efforts, improved review findings and improvement in key quantitative measures.

Promoting Infant, Toddler, Child and Youth Healthy Development and Well-Being

Infants and toddlers represent the largest age group entering state custody and, once removed, many of them remain in care longer than older children and youth in state custody.³ Despite efforts through the Child and Family Services Review to place a high priority on child and family well-being, specifically in the areas of child and family engagement in case planning and assessment, the frequency and quality of visitation as well as the extent to which the educational, physical and mental health needs of children and youth are being met, child welfare systems have not done very well at addressing the developmental needs of children served by the child welfare system..

Part of this is a result of the historical lack of clarity within the field about the definition of child and family well-being, the factors that promote child and family well being and the role of child welfare, specifically, in addressing and being held accountable for these outcomes. While the developmental needs of older children and youth have not been studied to the extent that the needs of young children have, our knowledge base has grown tremendously in the past decade through recent research and the resulting synthesis of this research. .

ACF has already begun to outline clearer expectations for states/tribes/local agencies related to addressing the developmental needs of infants and toddlers.⁴ A next step would be to modify the CFSR process to deepen and focus the child and family outcome measures, specifically

³ A Call to Action on Behalf of Maltreated Infants and Toddlers (2011)

⁴ ACF's recent issuance of the letter on partnerships between early childhood education system and child welfare agencies is a good example.

related to child and family well-being, based on this evolution in thinking and understanding of the factors that promote healthy development and well-being not only for these very young children, but for older children and youth as well.

Specifically, we recommend the following additions to the CFSR.

- CFSR's should assess the extent to which infants, toddlers and young children (ages 0 – 5) in state custody or at risk of state custody are prioritized for specialized treatment or quality early childhood programs. One way to do so would be to modify the criteria for assessing the systemic factor, Service Array, to assess the existence of partnerships between child care and child welfare agencies to ensure priority access to child care programs funded through the Child Care Development Block Grant (CCDBG), Temporary Assistance to Needy Families (TANF), Head Start or other state or local funds. See attached, *A Call to Action on Behalf of Maltreated Infants and Toddlers*, for additional detail.
- To ensure that children and youth have access to quality, developmentally appropriate assessments, evidence could be gathered through interviews with key stakeholders and the on-site child specific case review that these are conducted by qualified persons with expertise in the areas of child development and trauma-informed practice.
- Interviews with key stakeholders regarding the systemic factor, Service Array, should be designed to assess the extent to which state/tribal/local agency services and supports are delivered in a developmentally appropriate manner. Examples might include evidence of recruiting staff persons and foster and adoptive parents with training in age-specific developmental needs and brain development, training and coaching for birth parents on overall development and brain development, policies that include specific information on the unique developmental needs of all children, the implementation of trauma-informed care, and quality early care and education programs using a protective factors framework;
- The CFSR process should assess state/tribal/local agency compliance with *Fostering Connections to Success and Increasing Adoptions Act of 2008*, specifically regarding educational stability, and behavioral and physical health and the extent to which children under the supervision of the child welfare agency have the opportunity for stable, caring relationships essential for healthy development, such as the 30 day notification requirement or the ability to waive non-safety standards for relative placements.
- The CFSR process should collect information broken out by age group, including children ages one and two.

2. **To what extent should data or measures from national child welfare databases (e.g., the Adoption and Foster Care Analysis and Reporting System, the National Child Abuse and Neglect Data System) be used in a Federal monitoring process and what measures are important for State/Tribal/local accountability?**

National data measures should be used in a Federal monitoring process. However, these measures should be refined and used in a more limited way using cohort, longitudinal data with an accounting for state and local variances related to the population of children and families served and state and local law, policy and practice. There would need to be national, agreed upon definitions for certain, identified data elements to ensure valid and comparable information.

We further recommend that data be broken down by different racial and ethnic groups to promote knowledge about the unique needs of children and youth of all races and ethnicities as well as potential disparities.

3. **What role should the child welfare case management information system or systems that States/Tribes/local agencies use for case management or quality assurance purposes play in a Federal monitoring process?**

As mentioned in our response to Question 1, state/tribal/local agency child welfare qualitative review processes already being used or to be developed should heavily inform the Child and Family Services Review.

State/tribal/local agency child welfare case management systems should be relied upon to provide quantitative data for CFSR standards such as time to permanency and worker contact with children and youth. In the same way that we have already recommended for qualitative case reviews, we recommend a similar entity be identified to provide support to state/tribal/local agencies as well as ACF to help ensure data integrity and utilization of cohort, longitudinal data to more accurately understand improvement or the lack thereof on safety, permanency and well-being outcomes. This entity would need the ability to provide this information to jurisdictions to enable them to track progress based on their own historical performance as well as compared to other, similar jurisdictions. Lastly, to identify the right experts to inform policy and practice nationally, this entity would provide data analysis to ACF as well as states/tribes/local agencies on areas of excellence or where significant improvement has occurred.

4. **What roles should State/Tribal/ local child welfare agencies play in establishing targets for improvement and monitoring performance towards those targets? What role should other stakeholders, such as courts, clients and other child-serving agencies play?**

State/tribal/local child welfare agencies, in collaboration with federal staff and site specific stakeholders such as courts, private providers, foster and adoptive parents, youth, birth parents, legislators and other community advocates should be responsible for establishing targets for improvement and monitoring performance towards those targets.

We recommend promoting collaboration beyond joint target setting and performance monitoring to include an assessment of how well top public agency leaders in the areas of juvenile justice, child welfare, education, behavioral health are working in partnership to improve outcomes for children and families. To the fullest extent possible, CFSR's should help to ensure that members of the judiciary and child welfare leadership are working together and are jointly held accountable for child and family outcomes related to safety, permanency and well-being.

5. In what ways should targets and performance goals be informed by and integrated with other Federal child welfare oversight efforts?

Current federal reviews and oversight efforts are unnecessarily duplicative, need better alignment and should shift toward child and family outcomes. Specifically, we agree with the APHSA/NAPCWA recommendation to integrate the Child and Family Service Review and Program Improvement Plan (PIP) with the Child and Family Services Plan and Annual Progress and Services Report (APSR) to create a more streamlined federal oversight process.

6. What specific strategies, supports, incentives, or penalties are needed to ensure continued quality improvement and achievement of positive outcomes for children and families that are in substantial conformity with Federal child welfare laws?

We are in support of the NAPCWA/APHSA response, which emphasizes meaningful accountability for public child welfare to improve performance through financial incentives tied to improvements in child and family outcomes. These incentives could be used to support innovative programming, research and other services states/tribes/local agencies struggle to fund such as early intervention and prevention or post-permanency services.

We agree that any withholding of funds should be on hold until federal data and performance measures have been revised to ensure that these measures accurately reflect practice.

7. In light of the ability of Tribes to directly operate title IV-E programs through recent changes in the statute, in what ways, if any, should a Federal review process focus on services delivered to Indian children?

As outlined in our recommendations related to using state/tribe/local agency led qualitative case reviews, we believe that tribes should develop, if not already in place, a qualitative case review process, which would be culturally sensitive and reflective of tribal priorities for service delivery. This review process would ultimately be certified and used to inform the Child and Family Services Review.

8. Are there examples of other review protocols, either in child welfare or related fields, in which Tribal/State/local governments participate that might inform CB's approach to reviewing child welfare systems?

We recommend that there should be some flexibility in terms of review protocols used for qualitative case reviews. However, robust, qualitative case reviews, regardless of the tool used, include a core set of elements and these should be required for certification. Core elements might include:

- Use of interviews as well as record reviews.
- Linking case review indicators to practice standards or a practice model.
- Ensuring frequent reviews in all offices within the jurisdiction.
- Providing clear mechanisms for reviewer selection, development, and inter-rater reliability.
- Identifying mechanisms to interpret the findings and provide feedback to field staff and plan for system-wide “take up” of QCR findings by focusing on learning, continuous improvement, and accountability.
- Involving agency leaders in reviewing cases, providing feedback to the field, and encouraging “take up” of the findings.

In addition, we recommend that ACF study the potential use of Institutional Ethnography to assess child welfare systems. Institutional Ethnography is a qualitative method for looking at how institutions/systems organize their work with the intent of identifying institutional contributors to poor outcomes. Although not a specific protocol, Institutional Ethnography is the foundation for the Safety Audit that has been used in the Domestic Violence field for several years and has been instrumental in identifying problematic institutional/systemic practices that interfere with keeping victims of domestic violence safe. More recently, the Center for the Study of Social Policy has incorporated Institutional Ethnography in the development of the Institutional Analysis. The Institutional Analysis is being used to identify problematic/systemic practices that contribute to the outcome disparities in child welfare experienced by children of color. The information obtained through such methods have resulted in be changes in regulations and policies, administrative practices, training and professional development, accountability mechanisms, internal and external linkages, and resources.