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RE: RIN 0970-AC72

Comments on the ANPRM

The following comments are in response to the invitation for public comment on the Adoption and Foster Care Analysis Reporting System (AFCARS) ANPRM published on the Federal Register on March 15, 2018. Thank you for the opportunity to provide our comments and feedback.

Oregon supports both the move toward a longitudinal file and the inclusion of ICWA related data elements in the Final Rule, as we recognize that more comprehensive data allows us to better understand the children and families we serve.

Although we applauded those changes, there were still concerns with some elements in the final rule and more with how this will be implemented.

Burden of and System changes needed for new AFCARS elements:

Oregon would like to reiterate our comments from February 9, 2015 that the change to a longitudinal file structure, while important for implementing a more progressive reporting technique, is going to be more significant than presented and that the cost estimates for the implementation of that rule were entirely inaccurate.

We had proposed making the change to the longitudinal file structure using the existing core elements of AFCARS and that other additions on the list of data elements be suspended until the longitudinal structure was in place. Instead, the Final Rule was released in 2017 without any technical guidance for the new file structure, but we were advised to begin making changes to our system to meet the data requirements. Considering the resources necessary to make these changes the State felt it was inadvisable to move forward until we had received clear technical guidance for the format of the file itself, with the exception of changes we were already working on to meet legislative requirements such as tracking Sex Trafficking Victims or to help our Indian children and families receive ICWA identification and culturally appropriate care.

As stated in our previous comments, Oregon feels confident in its ability to provide data for a longitudinal file based on the core data elements of AFCARS but is not able to comment on the ability to provide data on the additional fields until the final file structure is designed, developed, and validated.

Our technical staff have spent an estimated 9,735 hours on developing changes to the system to comply with AFCARS requirements since 2012. We have not formally submitted the changes for estimate, but based on previous work efforts it will require another 20,000 hours of technical time at a minimum. It may require significantly more than that, as it is hard to estimate the work needed without being given guidance for the file structure.

Oregon averages between 10,000-11,000 children in every AFCARS submission. There are 158 new elements that we do not currently capture as needed for the new requirements. Even without being able to predict how much increased time for data entry on new cases will increase, we can see that there will be a backlog of data entry on existing cases.

A two-year timeline for implementing the new requirements in the system, training staff on the changes, and entering new data elements on existing cases is too restrictive; and if the technical guidance for implementing these changes is not ready at the point that the clock begins ticking, then meeting the two-year deadline would not be possible.

Training and Administrative tasks

State staff receive a basic, high-level overview on what AFCARS requirements are during their introductory training as most training is focused on how to best perform their job duties. Approximately 20 work hours went into the development of an AFCARS guide that instructs workers on what exceptions mean and what work needs to be done to clear them.

Data Extraction and Submission

Our analysts and technical staff spend approximately 12 hours annually extracting and transmitting the AFCARS reports to ACF. If validation of the data is taken into consideration then another 20 hours for reporting and support staff would be added to that total.

Data Elements to keep, simplify or remove:

Gender. Add. We had previously recommended that all gender fields should include additional response option(s) to capture transgender, gender fluid, and other non-binary individuals. Based on direction from the Human Rights Campaign on how to collect transgender-inclusive gender data, the simple addition of an “Other” category may be sufficient.

Sexual Orientation. Keep. It is important for the Agency to develop a better understanding of the experiences of LGBTQ youth in foster care, and this data is an important component to helping us improve our services.

Health Assessment. Simplify or Remove. The definition of a timely health assessment may vary from jurisdiction to jurisdiction, or even from case to case, which threatens the validity of any measure derived from this data element. Data elements must have clear and consistent definitions that can be used by all submitting jurisdictions, otherwise the information is essentially worthless. The Health Assessment as presented in the Final Rule allows the agency to determine the timeliness of an assessment, even if it is limited to the placement episode that definition is still too broad to be useful.

Medical and Educational Data. Simplify or Remove. Oregon has previously stated its concerns regarding the inclusion of educational and health-related data in the AFCARS file. The collection of this data in particular is complicated by issues with data sharing across multiple agencies and the complex web of federal regulations governing this information. It has long been the goal of child welfare advocates – Oregon included – to develop a rich cross-section of data from multiple sources to help better understand the diverse and multifaceted issues of the children and families in our care. While this information has always been readily available on a case-by-case basis for the purposes of individual case practice, Oregon and other jurisdictions have long strived to improve the cross-collaborations with

schools, healthcare providers, and other partners to develop technical solutions for mass data collection that would enrich the data available on our service populations as a whole. As stated by other commenters, relying on child welfare caseworkers as the source for information maintained by other data systems is an inefficient process that results in inaccuracies, and locally we are working to employ technical solutions that will bypass this type of time-intensive and duplicative data entry by caseworkers.

That being said, in many ways these efforts are still in their infancy. They require the cooperation of multiple agencies, and in the face of competing priorities there is never a guarantee that others will be willing and able to cooperate on our timetable. There is an optimistic viewpoint that says that perhaps the changes to the AFCARS requirements would provide some additional leverage to help move these cross-agency collaborations forward. However, this would be a false hope. The AFCARS rule is not the appropriate vehicle to make these changes happen. The proposed rule as written would place all of the liability, responsibility, and potential for penalties squarely on child welfare programs, without giving these programs any power to compel cooperation from other agencies.

Caseworker Visit and Placement Information. We had previously stated our concerns about trying to implement a new file structure along with the additional data elements. Our system already captures this information, but without further information on the file structure we're going to be asked to submit, we have no way of knowing if we currently capture this information in a way that is sufficient for AFCARS reporting and if changes will be needed. This is the kind of issue that would make it impossible to meet an already tight timeline if the two-year implementation plan is kept in place.

Thank you again for the opportunity to provide comment and for taking our concerns into consideration. We look forward to working with ACF in further improving AFCARS and ultimately better serving the children in families in our care.