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Attn:
Kathleen McHugh
U.S. Department of Health and Human Services
Administration for Children and Families
Director, Policy Division
330 C Street SW
Washington, D.C. 20024

From:
Matthew E. Melmed
ZERO TO THREE
1255 23rd Street, NW
Suite 350
Washington, DC
20037

RE: Proposed rulemaking for Adoption and Foster Care Analysis and Reporting System (AFCARS) data elements, Out-of-Home Care Final Rule Issued 12/14/16 (81 FR 90524) (1355.44).

AGENCY: Administration for Children and Families

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Submitted via email to CBComments@acf.hhs.gov.

As an organization whose mission is to improve the lives of infants and toddlers, we are writing in support of the AFCARS Out-of-Home Care Final Rule Issued 12/14/16 (81 FR 90524) (1355.44) and the new data elements it includes.

Founded more than 40 years ago, ZERO TO THREE is a national nonprofit organization, located in Washington, DC, whose mission is to ensure that all babies and toddlers have a strong start in life. We translate the science of early childhood development into useful knowledge and strategies for parents, practitioners, and policymakers. We work to ensure that babies and toddlers benefit from the family and community connections critical to their wellbeing and healthy development.

In response to the questions on which you are seeking comment about the level of burden and the utility of data elements, we note that the release of the Final Rule in December 2016 was the culmination of many years, and no fewer than 3 public comment periods, including opportunities for agencies and the public to comment on the burdens and benefits of updating the AFCARS regulation.

Infants and toddlers make up the largest group of children who have been maltreated and spend the greatest amount of time in care once admitted. More than 80% of maltreated babies show disturbances in attachment to caregivers, and these children are at high risk for developmental delays or neurological impairment. Many enter foster care with complex physical health needs associated with inadequate health care and neglect. Thus, being able to track and measure how these needs are met and their progress on overcoming problems is critical to healing the impacts of maltreatment, environmental problems, and even the damage from child welfare practices not attuned to supporting critical early development.



ZERO to THREE
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In answer to question 1, we do not believe that these much-scrutinized data elements are overly burdensome as they relate to infants and toddlers. Our work developing and implementing the Safe Babies Court Teams approach, which works with infants and toddlers in foster care and their families, is fueled by robust data collection that allows responsive case management, continuous quality improvement at the site level, and a clear picture of child well-being, service provision, and outcomes at all levels. Many of these data elements are included in the AFCARS Final Rule. We not only know that collecting them is feasible; we also know how they facilitate strong case and program management. The benefit to having these data at the local, state, and national level will be immeasurable.

Timely identification of needs and referral to services in early childhood is essential for building a foundation of health and well-being; the final rule changes to AFCARS will provide meaningful case-level information that will drive case planning that effectively supports this foundation. The revised data structure will also allow analysis of the child's entire experience in out-of-home care, allowing for longitudinal analysis of needs, services, and child welfare outcomes. The following new data elements are particularly salient for supporting more accurate assessment of the health and well-being of the very youngest and most vulnerable children in foster care:

- (b) Child Information. New elements addressing health, mental health, and developmental problems are essential for effective case planning and frontloading of services, including Part C services for young children with developmental needs. These are specifically:
 - Health Assessment (b.11.i) and Date of health assessment (b.11.ii). However, we note that Timely Health Assessment (b.12) as currently measured (yes/no without a definition of "timely") is unreliable. Timeliness can be measured using the date of child removal (d.1) and date of health assessment. In the interest of burden, our recommendation would be to omit this element.
 - Autism spectrum disorder (b.13.ii), Mental/emotional disorders (b.13.vi), Attention deficit hyperactivity disorder (b.13.vii), Developmental delay (b.13.ix), and Developmental disability (b.13.x).
- (b) Child Information. A child's separation from siblings is traumatic and compounds the trauma of separation from the caregiver. Data on the child's siblings (b.23-b.25) is essential for efforts to keep children together with siblings.
- (d)(6) Child and family circumstances at removal now includes key risk factors that must be addressed in case planning and targeted, appropriate services including trauma-focused interventions: Psychological or emotional abuse (d.6.v), Medical neglect (d.6.vii), Domestic violence (d.6.viii), Prenatal alcohol exposure (d.6.xv), Prenatal drug exposure (d.6.xvi), Diagnosed Condition (d.6.xvii), Inadequate access to mental health services (d.6.xviii), Inadequate access to



ZERO TO THREE
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medical services (d.6.xix), Caretakers significant impairment – cognitive (d.6.xxiv), and Parental immigration detainment or deportation (d.6.xxix).

- (e) Living arrangement and provider information (previously Current Placement Settings) now includes important information about the child's foster home (whether licensed, therapeutic, shelter care) that allows monitoring of supports and possible risks related to out-of-home care.

Additionally, our organization is engaged in systems improvement efforts with child welfare and the courts to address the emotional and developmental needs of maltreated infants and toddlers. We rely on national-level data to assess the effectiveness of our work against national benchmarks and indicators, including National Survey of Child and Adolescent Well-Being (NSCAW). New elements (b.13-b.13.x) and (d)(6) Child and family circumstances at removal align with information that will be available under the new NSCAW III, allowing for comparisons with a nationally representative sample to assess and monitor this youngest cohort's needs more completely and with greater accuracy. Alignment of data across AFCARS and NSCAW is an important step forward in addressing the urgent public health need to improve the quality of child abuse and neglect research.

The Final Rule and new data collection requirements were thoughtfully considered and seek to ensure child welfare agencies are gathering data on all the critical child and family-related outcomes to ensure safety, permanency, and well-being. The Final Rule brings child welfare data collection in line with statutory changes and requirements enacted since 1993. These changes were long overdue and will support agencies to provide accurate and consistent data across states on key outcome areas. Most important, they will improve the ability to ensure positive outcomes for the babies, young children, and youth who are in the care of the child welfare system. That is the most important measure of all.

For the reasons outlined above, we urge the U.S. Department of Health and Human Services, ACYF, ACF, Children's Bureau to retain all of the data elements in the 2016 AFCARS Final Rule. We appreciate the opportunity to comment on the benefits of these data elements outlined in the Final Rule.

Sincerely,

Matthew E. Melmed
Executive Director, ZERO TO THREE