



**To:** Jan Rothstein, Children’s Bureau, Administration for Children and Families  
**From:** Casey Family Programs  
**Date:** May 20, 2011  
**RE:** **45 CFR Parts 1355, 1356, and 1357 – Federal Monitoring of CFSR Programs**

Thank you for the opportunity to provide comments regarding the Child and Family Services Review process. We welcome the opportunity to partner with your administration, our state partners, and other child welfare stakeholders in working to continually improve outcomes for children and to clarify federal and state roles in child welfare performance monitoring.

The field of child welfare has made incredible progress in the past two decades in our accountability to our constituents and in our use of data to drive systemic improvements. Nearly all states have the capacity to collect standard data elements consistently and accurately. Further, the key legislative and administrative priorities of public child welfare agencies are tied to outcomes and data. Technological advancements also make more rigorous measurement possible and enable cross-system collaboration. Casey Family Programs applauds the progress made by states and their leadership in the human services. We also acknowledge that the CFSR process has made a positive contribution to the field and to improved outcomes for children and their families. While the changes we recommend are substantial, they are in the spirit of continual improvement and on-going learning.

### **Responses to Specific Questions in the Federal Register Notice:**

#### ***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?***

The crux of this question is determining the appropriate level of federal responsibility in a child welfare system that is primarily administered at the state, county, or tribal level. Below, we summarize three key elements of a revised system. Each of our three recommendations will be expanded on under the more specific questions that follow within this document.

**The accountability process should be intuitive, logical, and integrated. States should see the link between their performance, the feedback they receive, and any mandated reporting and planning documents. (See questions #2, #3 and #5.)**

Quantitative outcome data should drive the qualitative process. We recommend a change from the current variety of disjointed tasks and processes used to monitor child welfare programs to a focus on state performance on a series of improved quantitative national outcome measures, performance on which guides a holistic process of continuous quality improvement (CQI). Under this recommendation, CQI processes that meet or exceed minimum standards would be the responsibility of the state, with ongoing but limited involvement of federal partners.

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Components of the current CFSR process and other federal reporting requirements should be integrated - redundancies need to be mapped and, where possible, eliminated. This recommendation applies to redundancies between the quantitative and qualitative processes of the CFSR, as well as linkages to other federal reporting requirements such as the Child and Family Services Plan (the Five Year Plan) and its Annual Progress and Services Report (APSR) update. Comprehensive program descriptions, such as those associated with key systemic factors, should be assessed and reported in one document that is annually updated to reflect practice and policy changes as well as performance outcomes. A subgroup of select people could undertake the task of reviewing current requirements and making recommendations to ACF.

Quality Improvement processes should be continuous and evolving. Rather than an intensive review process that occurs only once every five years, CQI processes and improvement plans (what is currently known as the PIP) should be on-going. Federal engagement in these state-driven processes should also be ongoing, with improved coordination of federal technical assistance and requirements. To ensure equality and evenhandedness, more effort is needed to ensure consistency across regional federal offices. We believe this shift in focus would enable federal representatives to be true partners in the ongoing work of state and county agencies. Rather than micromanagement of specific action steps, this revised system would allow federal resources to be targeted to those systems that would benefit from more targeted assistance, including facilitation of peer learning. The National Resource Centers (NRCs) should coordinate efforts with outside organizations and private foundations to manage information-sharing. States are eager to learn what strategies are linked to improved outcomes and how to implement them. Peers are the best sources of concise, relevant information, and successful approaches, including their components and evidence of their impact. These strategies need to be summarized and made widely available.

**The on-site case review component of the CFSR should be largely eliminated to reflect upgraded state capacity. Driven by the first two rounds of the CFSR, most states now have solid systems of continuous quality improvement and qualitative case reviews. The federal government should now take a supportive role, which is more appropriate from the perspective of building system accountability and capacity. (see question #3)**

When the current on-site review and self-assessment processes were conceptualized, the development of state CQI (continuous quality improvement) capacity was in its infancy. Many states now have sophisticated accountability systems that were designed to meet their practice and program needs. States that lack this capacity need federal guidance, support, and technical assistance to develop stronger systems of accountability. These recommendations rely on a set of minimum standards and the adherence to key principles of CQI.

States meeting the highest standard of self-monitoring and strong performance on the outcome measures could be considered to be in "substantial conformity" with federal monitoring and performance requirements. These states would continue to use their own internal CQI processes to ensure sustainability of performance, eliminating the need for a duplicative and costly federal review. Federal partners could participate as reviewers or otherwise observe key CQI processes and require a maintenance plan.

States with robust CQI or QA (quality assurance) processes and moderate overall performances on quantitative outcome measures could continue to use their own internal case review, but also submit ongoing program improvement plans to address outcome measures with the lowest

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performance. Requirements for performance improvement would be tied to the state's own baseline.

States that lack an internal QA (quality assurance) or CQI capacity that meets minimal standards would need the assistance of ACF in the development of this capacity. Federal on site reviews may be necessary under these circumstances, but a major focus of improvement plans would be on the development of internal systems of continuous quality improvement.

**Innovations to share data across systems should be encouraged. Efforts to integrate data, share information, and build data warehouses to store and link child information should be encouraged and financed. (see questions #4 and 9)**

Technological innovations over the past 10 years make the notion of tracking child welfare through administrative data linkages well within reach. Numerous jurisdictions have made advancements in sharing information across health, education, courts, and social services. Court Improvement Projects have demonstrated that some federal financial investment will accelerate this work. Cross-system linkages are the most promising approach to capturing timely and relevant well-being outcomes for children receiving child welfare services.

***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?***

In order to minimize the impact of changes on jurisdictions, we support continued use of the NCANDS and AFCARS data reports. We recommend, though, that changes be made to better allow linkages across reports. This is necessary in order to better understand child welfare system dynamics and to increase our knowledge of successful strategies. Child welfare accountability should rely on the best available science and should be rigorous in its standards. This is not to be confused with being overly complex. State data systems generally include comprehensive child-level information, including intake, assessment, placement, and services.

Specifically, we suggest:

- a) NCANDS, AFCARS, and NYTD use the same unencrypted child id, to allow stakeholders to create a longitudinal child-level file.
- b) NCANDS measures be expanded to include indicators of child safety at home and a greater capacity to understand alternative response services and their impact on child safety.
- c) AFCARS measures be expanded to include a flag for juvenile justice placements and ICWA eligibility.
- d) Greater clarity is needed around the inclusion in AFCARS of children 18+ in age, particularly those that may not be IV-E eligible.

We suggest some specific changes to the CFSR outcomes, to increase their rigor as measures of child welfare system capacity and to better take advantage of methodological and technical improvements in the field since the inception of NCANDS and AFCARS. Changes to the measures are within administrative authority, so these upgrades should be feasible and welcome. The redesigned measures should be presented to states with their rationale resulting in an understanding of the purpose and value of the changes.

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We recommend that measures be categorized as outcomes, capacity and process measures, and measures of well-being. **Outcomes** are the measures against which performance should be measured. They should move in a defined direction and are directly tied to child safety and permanence. **Capacity measures** are purely descriptive, to provide background on the number of children served by the child welfare agency at various stages of service. **Process measures** are believed to be important indicators of subsequent change in the outcome measures. Research has been only minimally effective at tying the process measures to the key outcomes, but making these linkages must be a key priority. The extent that these connections are empirically based should be communicated by ACF to the states. States should also be engaged as partners in testing these connections by collecting information on these data points, connecting these data points to their employed strategies, and monitoring change in outcomes. This should be part of the CFSR process, and the partnership between ACF and states should be open and transparent in this endeavor.

Our recommendation is that the **well-being measures** cover two domains, the responsibility of the public child welfare agency to connect children in their care to appropriate services and the legislative mandate to track and serve youth who either emancipate from care or are in care on their sixteenth birthday. We recommend that NYTD data elements be linked to NCANDS and AFCARS reports, to allow for a better understanding of the longitudinal path, and predictive risk, for children leaving public child welfare without permanency. As such, we recommend tracking NYTD data elements as part of the CFSR but without any link to substantial conformity for IVE funding.

**Recommended Federal Outcome Measures (all by race/ethnicity and age group)**

Outcomes	Operational Definitions	Notes
Entry rate	# entries into foster care <18 /child population (<18)	<i>May be affected by demographics of the state such as poverty, etc. Risk adjustments...Layers can be addressed in the State Plan. Subset of case opening rate.</i>
Maltreatment Recurrence for placed and not placed children	# re-victimized within 6, 12, 18 and 24 months/# child victims in a 12 month period	<i>Based on report date, regardless of disposition date</i>
Maltreatment of children with initially unfounded allegations	# victimized within 6 months/# child referred but not founded	<i>Based on report date, regardless of disposition date</i>
Re-reports for placed and not placed children	# of children with a new screened in report /# children with screened in report in a 12 month period  <i>Continued next page</i>	<i>30 days to 6 months after initial report</i>

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<b>Outcomes</b>	<b>Operational Definitions</b>	<b>Notes</b>
	# of children achieving permanence (reunification, guardianship or relative, adoption) in 12, 24, 36 months /# children entering foster care (12 month entry cohort)  # of children exiting to permanence during the year/children in care on first day of year.	Timeliness of Permanence
Abuse in Foster Care	# of children maltreated by their provider during the year/child in care-years during the year	<i>Measure adjusts for time in care</i>
Median time in care	Months after entry it takes for ¼, ½ and ¾ of children to exit care.	<i>entry cohort—18<sup>th</sup> birthday is exit date for children staying in care Recent cohorts included with "NA" for timeframes that have not yet occurred</i>
Placement Stability	Two or fewer placement setting or current placement for six months or more (stays over 30 days)	
Maintenance of Permanence	# of children re-entering care within 6, 12, 18, 24 months of exit/# children exiting care to reunification, guardian, placement with relatives	<i>(by discharge reason) Recent cohorts included with "NA" for timeframes that have not yet occurred</i>
<b>Capacity Measures</b>	<b>Definitions</b>	
Reporting Rate	# unique children reported/# child population < 18	<i>May need to make optional until state's build capacity to measure</i>
Response Rate	# unique children receiving response/# child population < 18	<i>Includes investigated and differential response populations</i>
Investigation Rate	# unique children receiving investigation/# child population < 18	<i>Subset of response rate</i>
Case Opening Rate	# unique children with case opening/# child population < 18	<i>Subset of investigations rate</i>
Victimization Rate	# unique children founded or indicated for child maltreatment/# child population < 18	<i>Subset of investigation rate</i>
<b>Process Measures</b>	<b>Definitions</b>	
Worker-child visits	# children visited face-to-face during month/# children in foster care for full month	<i>Using administrative data -12 month summary but each month with distinct measure</i>
Timeliness of investigations	# of initial face to face contacts between worker and alleged victim seen within state response time/# alleged victims	<i>Using administrative data</i>

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Well-being Measures	Definitions	
Connections to services (medical and dental evaluations; MH screening; school enrollment)	Children in foster care for at least 60 days: # children receiving medical evaluation within 60 days/# entries # children receiving dental evaluation within 60 days/# entries # children receiving MH screening within 60 days/# entries # children enrolling in school within 7 days within entry/# entries	<i>Foster care cases only, for children in care for at least 60 days.</i>
NYTD outcomes for older youth in care	Financial self-sufficiency Educational attainment Positive adult connection Housing stability High risk behavior Access to health insurance	<i>Collected per Chafee legislative guidelines, by either sample or population at ages 17, 19, and 21. Not available for several years.</i>

**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?**

Responsibility for the qualitative components of the CFSR should shift to states. In many cases, as a direct result of the current CFSR process, states have developed, staffed, and resourced their own internal QA (Quality Assurance) teams.

As one of the systemic items evaluated under the current CFSR process, states are required to have a QA process. This item has been achieved by nearly all states. States have estimated that they devote anywhere from two to forty staff people to these efforts, much of it in support of the CFSR process. In our observation, states either resource and track quality assurance processes for the sole purpose of complying with the federal process or they have found that these processes are integral to the success of their operations and have embraced continuous quality improvement as fundamental to their efforts to improve child outcomes.

States either have developed solid internal processes and procedures to do quality assurance work or they should be supported in doing so. Strong CQI systems should be reinforced in lieu of a parallel federal process. Key examples of this commitment to quality improvement include states that are COA (Council on Accreditation) accredited and those that are recognized as leaders in the field and have led peer-learning events. States have instituted a variety of case review processes including those that mirror the CFSR process, Quality Service Reviews (QSR), ChildStat meetings, G-Force meetings, director's file reviews, and numerous other approaches to monitoring quality. There is genuine commitment to these processes and states should be recognized for their efforts though it is acknowledged that commitment and effort alone don't always guarantee effective QA systems.

Since there is certainly variation in the comprehensiveness and quality of these systems, a certain level of adequacy could be defined that would empower states to rely on their own QA system to identify areas in need of improvement.

An adequate system should:

- Be driven by, and integrated with, quantitative data based on a sound data system with processes in place to ensure data integrity

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- Include a qualitative case review component with
  - an appropriate sample size
  - processes in place for inter-rater reliability
  - scoring that is not pass/fail
  - case-specific interviews with family and providers
  - assessments of child well-being, including receipt of appropriate education, health, and mental health services and positive adult connections
- Involves stakeholders
- Be rooted in a clearly defined practice model or core framework
- Be comprehensive, assessing in-home services, foster care, and timely permanence
- Have adequate staff dedicated specifically to QA activities
- Include feedback loops with practice change recommendations, training and support focused on a limited number of outcomes
- Monitor performance over time based on the state/county/office's own baseline.

In order to demonstrate state capacity to conduct the next on site review in lieu of Children's Bureau (CB), states will take the following steps (presented in the visual on the next page) to demonstrate state capacity:

1. The state will complete a "self assessment" through a new integrated reporting process. In addition to an overview of programs, the self assessment would include a thorough analysis of quantitative outcomes, based on the revised measures included in a new State Data Profile in addition to data and information produced through the state's QA system.
2. The state and CB will reach agreement on the continuous and on-going data that will be shared with CB, including any data that is above and beyond the current mandated reporting requirements.
3. The state will adopt a qualitative case review tool, or series of tools, and will provide these to CB. This may be similar to the current federal tool, the QSR tool, or some new adaptation.
4. The state, in collaboration with CB, will agree on how the existing APSR will be modified to include yearly summaries of state QA findings, recommendations and measurements that result from the state's QA work and processes.
5. Representatives of the CB will participate with the state in on-site file reviews annually, using the existing state qualitative file review protocol.
6. The state will actively engage the CB/Regional Office (RO) staff in ways in which they can participate in all aspects of the State's QA processes. The state will collaborate with the CB in developing and implementing agreed upon validation components related to the state's QA review findings.
7. The state will negotiate with the CB/RO around any additional QA data, analyses, reports mechanisms, and/or processes that should be included in the state's QA system and any support or technical assistance or training that the RO can provide or approve.

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If a state does not currently have a place a QA system meeting the above criteria, ACF should devote existing resources (the resource centers, other staff, peer learning) to support adoption of an adequate internal QA process. States report inconsistent technical assistance from the TA/T and RO staff and networks. There is great value in a more substantive and robust partnership between the CB support entities and states. The role and responsibilities of regional offices and resource centers needs to be clarified to states and made more consistent in the delivery of assistance. A solid partnership between CB and states in developing stronger CQI capacity is mutually beneficial.

The proposed revisions to the CFSR process suggest a more purposeful and intensive partnership between ACF, the CB, and states with higher expectations for all parties. All states should continue to build or improve their QA processes and ACS should continue to review these processes as they participate in state work. Costs incurred by states and counties for QA activities should also be 75% reimbursable, as part of IV-E training expenses. Penalties, if necessary, should be reinvested in enhancing state and county QA system.

The following table provides key components and successful innovations that point toward the reliability of a state's QA/CQI system. This is not to suggest that states would have all these innovations in place, but they would need to have a sufficient number to be considered adequate in lieu of a federal on site review. Use of state QA and CQI systems is viewed as developmental. The status of the state's current system and its resources will impact the length of time that it will take a state to move from a fundamental system to a robust system for which all states strive.

**State QA/CQI Reliability Chart**

Quality Assurance Goals	
<ul style="list-style-type: none"> <li>Identify trends to enable the agency to focus efforts and resources in areas where they will have the most impact over time to improve performance at all organizational and practice levels ultimately resulting in better outcomes for those served.</li> <li>Provide the information needed for federal accountability and inform about the agency's progress toward achieving federal outcomes of safety, permanency and well-being.</li> <li>Authenticate the credibility of the quantitative data (AFCARS and NCANDS) and measure performance around issues that do not lend themselves to data collection in the automated system (such as the quality of parent and child visitation and engagement in case planning).</li> </ul>	
Key Components	Successful Innovations
Organizational culture supports and actively promotes sustaining a quality assurance system that is used for continuous quality improvement.	<p>Leadership-state and local-takes an active role to ensure that the organization has an infrastructure in place to achieve the goals of continuous quality improvement.</p> <p>A plan for an ongoing intra-state, on-site review ensures case and program reviews take place on an ongoing basis. There will be reviews in a portion of the state's jurisdiction each year and reviews in every jurisdiction no less than once every four years. [Jurisdictions will be defined by the state in negotiation with the federal government and be based on the state's governmental structure and size.] State supervised, county administered systems have the flexibility to establish protocols that align with their governance.</p>

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	<p>States have the discretion in the sampling size and methodology as long as the reasoning can be explained. Random sampling or targeted areas of inquiry specific to a jurisdiction, or statewide, may be used. States must specify why one qualitative method is chosen over another and the methodology, including how the samples were drawn.</p> <p>Input would be incorporated internally from all levels of staff and externally from stakeholders and those served.</p> <p>Dedicated quality assurance and continuous quality improvement staff exist in the agency. The infrastructure supports various approaches. For example, specialist and front line staff are included as reviewers. In this manner, the review becomes a learning function and contributing to rather than detracting from regular work. This mechanism also contributes to ownership of the findings and hook staff into implementation of change needed and prepare staff for other roles.</p>
<p>Clear and specific outcomes, indicators, and practice standards that are grounded in the agency's values and principles are developed and communicated to staff at all levels in all departments throughout the system and used to inform external stakeholders and those served.</p>	<p>The use of data and information to inform practice and policies and provide feedback to child welfare agencies' staff at all levels and partners is included. It is critical that data is understood and analyzed by front line supervisors and workers. States should be able to disaggregate data down to a county or local office level.</p> <p>Periodic examination is made to ensure that the processes being monitored for improvement have the greatest influence on critical outcomes (i.e., how do we know we're measuring the right things? There should be some periodic reflection on the practice model and links between activities and outcomes). Front line staff and supervisors are routinely informed about which areas of practice will be examined.</p>
<p>Training in the specific skills and abilities needed to participate actively in the state's quality assurance program is provided to agency leaders, staff, children, youth families and stakeholders.</p>	<p>A plan is in place for ensuring those engaged in the reviews are prepared to perform their role, including:</p> <ul style="list-style-type: none"> <li>• Criteria for reviewer selection and training</li> <li>• Mechanisms to improve inter-rater reliability</li> </ul> <p>(States that have robust successful structures in place could mentor other states.)</p> <p>An instrument with core questions that includes federal compliance issues is used across jurisdictions and may be supplemented by items tailored for the jurisdiction. The instrument is sensitive to cultural differences among populations served. As referenced in the recommendation the state should use its own instrument.</p> <p>States do not need to routinely gather data that can be accessed through SACWIS data (such as timeliness to response to reports, timeliness to permanency, worker contacts with children and if the state system has the capacity collect information about medical visits and dental exams.) Qualitative data should not be used for rating standards.</p>

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Key Components	Successful Innovations
Agency practices policies and programs are informed through the analysis of qualitative and quantitative data.	<p>Rich analyses of valid data to reveal performance for various sub-populations in the child welfare system are conducted.</p> <p>Mechanisms for effective, timely feedback loops that provide primary findings and themes and clear and actionable direction to front-line field staff, case team members and supervisors.</p> <p>Continuous review of administrative quantitative data to identify areas for further explorations in place.</p>
Findings are used to inform and improve policy, programs and practice.	Strategies that track progress effective for evaluation and monitoring are included in the state plan.
Reliability Factors	
<ul style="list-style-type: none"> <li>• The results provide the accountability needed by the federal government.</li> <li>• The capacity to carry out the activities described in the program is demonstrated.</li> <li>• A qualitative case review system is reliable to identify performance variation, diagnose the reason for performance, take action related to diagnosis, effectively monitor and adjust performance and ultimately show improvement.</li> <li>• The state has a mechanism to inform staff, external stakeholders, the federal government and those served about the information gathered and how it will be used to improve performance.</li> </ul>	

**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?**

States should be compared against their own baseline instead of a federal standard. Though we understand and support the notion of standards in moving states to a shared outcome and level of quality, there are too many differences in data definitions and measurement across states and in case mix, statutes, and interpretation to make a shared standard relevant. States should be compared against their prior performance. For states already performing at a very high level on a given measure, a maintenance goal should be set in lieu of an improvement goal.

These recommendations require that states' existing processes and procedures be used as much as possible and that existing federal reporting be consolidated. Minimal federal requirements for QA systems will ensure adequate involvement of community stakeholders. This modification also requires that the most relevant quantitative measures be consistently defined national measures. Key stakeholders (including legislators and litigators) trust the federal process and will use the measures as defined by the Administration for Children and Families (ACF).

Casey Family Programs also believes that identified child well-being outcomes should be broadened to include educational, behavioral health, physical health and developmental outcomes — for example, educational stability and academic achievement, and treatment for

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and recovery from physical and behavioral health conditions of children who have extensive child welfare system involvement. The challenge for child welfare agencies, which are already held accountable for child well-being, is that these outcomes depend to a large degree on services provided through other systems. There is disagreement in the field about the extent to which child welfare systems should be accountable for well-being outcomes that largely depend on services provided by, regulated and paid for by other state or federal systems, such as Medicaid. One way to address the dependence of child welfare agencies on services provided by other organizations is for ACF to play a greater role in promoting cross-system collaboration and developing eligibility rules that give children and families with open child welfare cases ready access to services.

One example of how the federal government is already doing this work effectively is the Family Unification Program (FUP). Through FUP, the U.S. Department of Housing and Urban Development provides housing vouchers to families that have been certified by both a public child welfare agency and a public housing agency. In order to qualify, the public child welfare agency has to certify that "the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child, or children, to the family from out-of-home care"<sup>1</sup> and the public housing agency has to determine that the family is eligible for a housing choice voucher based on the family's annual gross income. This partnership between the two agencies has enabled many children who would otherwise have been at risk of placement to remain with their families in safe and stable housing, and has also removed housing as a barrier to reunification for those children already in foster care.

Another challenge for child welfare agencies is that, although courts make final decisions about the safety, permanency and well-being of children served by the child welfare system, it is the agencies that are ultimately held accountable for the outcomes of these decisions. There is growing recognition in the field that child welfare and the judiciary need to work together to improve system performance and ensure improved outcomes for children, as evidenced by programs such as the federally-funded Court Improvement Program. There is still a need for greater collaboration, however, particularly in areas such as data sharing between child welfare agencies and the court system. Courts that have developed data systems to capture outcomes such as length of stay, rates of re-entry into care and completion of permanent plans have found this to be a meaningful way of helping judicial staff and child welfare staff work together to improve outcomes. Consequently, Casey Family Programs believes that the federal government should play a greater role in encouraging the development of data sharing agreements and agency-court partnerships.

We recommend enhanced and explicit collaboration with the courts. Most courts have taken advantage of court improvement funding to enhance their capacity to track process measures tied to court timelines. Court performance is directly linked to permanency outcomes for children. Data sharing partnerships between child welfare agencies and the courts should be a more explicit component of court improvement financial support. Too many states and counties now have duplicative data systems when one integrated system would be more effective, efficient, and financially viable. SACWIS regulations that inhibit the cross-system sharing of information should be removed, and collaboration should be financially incentivized by both the CIP and child welfare.

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<sup>1</sup> U.S. Department of Housing and Urban Development. (2003). Public and Indian housing: Family unification vouchers, retrieved November 23, 2010 from HUD website <http://www.hud.gov/offices/pih/programs/hcv/family.cfm>

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

We see two areas of recommendation under this question, one around targets and the other about a more purposeful integration of current Federal activities. Our strong recommendation is that states use their own prior performance in determinations of progress on the outcome measures. This is discussed in our response to the preceding question. There is too much disparity in case mix, entry rate, and statute to set national standards. The credibility and usefulness of the process to states is dependent on a more rational approach to evaluation progress. Having state's service as their own baseline, while providing them with national or standardized performance information, is the best way to encourage continual progress and on-going system improvement.

It is equally important that the overlap, redundancy, and lack of timely feedback be addressed. There are three primary roles of the federal agency in relation to state child welfare agencies: financial support and fiscal tracking (the CFSP and APSR, including CAPTA and Chafee reporting, the IV-E review), maintaining a legislatively mandated count of children out of home (AFCARS), and tracking child outcomes to monitor quality of services (CFSR/NYTD). These are separate enterprises and could be managed under different, yet integrated and non-duplicative processes.

Recommendations are intended to eliminate redundancy by incorporating program and outcome components of the CFSP and its associated APSR with the Statewide Assessment and PIP requirements. We recommend that a dedicated workgroup be convened to map existing federal reporting requirements and align timeframes and content into one or two integrated processes. The larger goal should be to make federal reporting and accountability be useful to states and adequately reflect the work and priorities of the child welfare agency.

**Current Redundancies**

The Child and Family Services Plan (CFSP) is written every five years, with annual updates known as the Annual Progress and Services Report (APSR). These reports consist of three primary areas:

- A detailed description of programs, services, and systems with a focus on safety, permanency, well being, and "the nature, scope, and adequacy of existing child and family and related social services "
- Goals and measurable objectives for improvements
- Additional statistical and supporting information

Similarly, the Statewide Assessment component of the CFSR process consists of:

- A detailed description of programs, services and systems focusing on safety, permanency, well being, and multiple systemic issues
- Statistical and supporting information

The Program Improvement Plan (PIP) component of the CFSR process includes:

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- A very detailed work plan for areas found in need of improvement in either safety, permanency, well being, or one or more systemic areas
- Measurable goals for improvement for each action step
- Data or statistical information to show progress

Currently, the CFSP program requirements are arranged around four primary funding streams, IV-B (including subparts 1 and 2, Caseworker Visits, Adoption incentives), IV-E (Training Only, other IV-E funds are reported under the state's IV-E plan.), CAPTA, and CFCIP/ETV funds. While this format is appropriate for financial reporting, the structure does not mirror states' organizational or programmatic structure, or reflect the use of blended funds in program administration. The result is tremendous duplication of program descriptions at best, and a disjointed and fragmented description of services at worst.

These processes combined represent an incredible level of effort and considerable time investment for state and federal staff as well as community stakeholders. While the desire for accountability, collaboration, and program improvement is appreciated, these duplicative processes may hinder effective QA activities, rather than supporting them as QA staff spend excessive amounts of time creating extensive documents and awaiting federal approval.

The intent to integrate these processes is clear:

*Federal regulations at 45 CFR 1355.35(f) require that, "...[t]he elements of the program improvement plan must be incorporated into the goals and objectives of the State's CFSP." The specificity of the CFSR helps the State focus on areas of need related to outcomes and systemic factors and the action steps needed to correct them... while the CFSR PIP focuses on a two-year window of activity, the CFSP and APSR provide an opportunity to extend and sustain the improvements made through the PIP through a five-year period and beyond. The CFSP also provides an opportunity to develop and implement strategies that take longer than two years to develop and implement.*

However, the timing of the CFSR process very often creates a barrier to the realization of this intent. Additionally, the level of detail and very specific requirements make full integration impossible.

### Recommendations for Integration

With the completion of round two of the CFSR process, the time has come to revisit these processes, eliminate the existing requirements, and create one new reporting system that:

- Is written in collaboration with community stakeholders;
- Includes a comprehensive description of programs and services that follows the case flow, from initial referral through post-permanency;
- Includes a comprehensive description of the state's QA process as well as other key systemic areas;
- Includes an integrated plan for improvement for those areas identified through the state QA processes with measureable goals and action steps that links program strategies with indicators and outcomes to provide evidence of success while also identifying areas for continued improvement;

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- Is fully integrated with a refined State Data Profile that includes revised process and outcome measures, including required measures such as caseworker visits with children;
- Is produced annually and updated regularly in line with the availability of updated data.

By integrating the current APSR process and the PIP reporting process, states could receive more timely feedback and approvals. This living document would be more relevant and reflect on-going work.

States that meet adequate or greater standards for CQI/self-monitoring and also have strong performance on the outcome measures could be considered to be in “substantial conformity” with federal monitoring and performance requirements. These states would continue to use their own internal CQI processes to ensure sustainability of performance, eliminating the need for a duplicative and costly federal review. Federal partners could participate as reviewers or otherwise observe key CQI processes and require a maintenance plan.

States with robust CQI or QA (quality assurance) processes and moderate overall performances on quantitative outcome measures could continue to use their own internal case review, but also provide plans to address outcome measures with the lowest performance. Requirements for performance improvement would be tied to the state’s own baseline.

States that lack an internal QA (quality assurance) or CQI capacity that meets minimal standards would need the assistance of ACF in the development of this capacity. Federal on site reviews may be necessary under these circumstances, but a major focus of improvement plans would be on the development of internal systems of continuous quality improvement.

This timeline is outlined in more detail by the following graphic.

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**Five Year Strategic Child Welfare State Plan - Continuous Improvement Cycle**

Activities	Year 1	Year 2	Year 3	Year 4	Year 5
Conduct joint federal/state case reviews and stakeholder interviews, using the state process					
Use and submit semi-annually uniform state and federal data profiles					
Analyze qualitative data from the state's case reviews (The goal is to get a state to where it can rely on its own systems and follow-up. Technical assistance will be provided as needed until the state can demonstrate performance.)					
Use surveys and state's standing advisory groups to supplement systemic factor information					
Engage federal staff in assessment and planning for consultation and meaningful technical assistance, as well as accountability oversight					
Building on the previous strategic plan, develop a new CFSP to lay groundwork for next five years, with no more than three areas targeted for improvement					
Conclude the prior CFSP with findings and recommendations					
Begin new CFSP implementation					
Review outcomes and systemic factors (not items) annually to ensure maintenance					
Analyze in depth the three targeted areas, using qualitative and quantitative data					
Develop annual progress report APSR assessing progress and amend strategies if needed. (If a targeted goal has been achieved, the state will determine whether to direct resources to a new area, toward achieving remaining two goals or continuing improvements in the area of achievement. Unneeded action steps will be discontinued. Program and service descriptions will only be updated, not repeated.					
Analyze two prior years for completion of the required CFSR two-year corrective action cycle					
Address incentives for achieving outcomes or required withholding of funds. Analyze to identify root causes for the lack of progress, look at competing measures and ensure meaningful technical assistance prior to any withholding of funds					
Make concerted effort to reduce and/or eliminate any withholding of funds					
Analyze the progress made on the current CFSP, outstanding goals to be continued and new initiatives to be undertaken for the next five years					
Begin assessment and planning for the next CFSP					

**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 recommend against taking resources away from a struggling system. Still, standards need to be enforceable in order to have accountability. Penalties tied to improvement targets should be eliminated and replaced with incentives. If this is impossible, penalties should be reinvested within a state to increase the likelihood of systemic improvement. At minimum, changes need to be made to the current “all or nothing” approaches. Outcome measures need not be pass/fail, and we suggest that the determination of “substantial conformity” allow for gradations of performance across areas. Measures are reported as continuous data, so there is no need for over-simplification. Disallowances, as necessary, could be pro-rated to fit the level of non-conformity with targeted reinvestment in the state’s quality improvement initiatives to improve capacity and performance.

There is a dearth of incentives in the current system of accountability and financing. Federal child welfare financing creates “incentives that run contrary to system goals...[and] creates an incentive structure that favors spending on foster care rather than helping children and families attain permanence.”<sup>2</sup> The primary exception to this system of compensation is the Adoption Incentives Program, which provides incentive payments to states that increase the number of children adopted from the child welfare system. The program has contributed to an increase in the yearly number of foster care adoptions from 37,088 in 1998<sup>3</sup> to 57,000 in FY 2009.<sup>4</sup> Between 1998 and 2007, states received more than \$222 million in incentive awards.<sup>5</sup> Although the Adoption Incentive Program has been a factor contributing to increased adoptions, it is limited to a single child welfare outcome. In contrast, other outcomes, such as safely preventing the need for foster care placement, reduction in rates of maltreatment recurrence, the placement of children in legally secure permanent guardianships, or the safe and stable reunification of children with their families – among others – are not rewarded. What is needed is a more balanced array of incentives for those states doing particularly well in areas measured or that have achieved significant gains following the implementation of program improvements, rewarding states for improved performance in each of the domains of safety, permanency and well-being.

In place of the current system of penalties, Casey Family Programs advocates for adoption of a more flexible approach to penalties, similar to that of the Supplemental Nutrition Assistance Program (SNAP), formerly known as the Food Stamp program, which provides food assistance to roughly 40 million people. The federal government pays the full cost of benefits and half of the cost of state program administration, which totaled \$56 billion in FY 2009.<sup>6</sup> SNAP includes a rigorous quality control system that seeks to ensure that applicants are paid the correct amount based on their eligibility status. States with payment error rates that exceed an annually

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<sup>2</sup> Testa, M.F., & Poertner, J. (2010). *Fostering accountability: Using evidence to guide and improve child welfare policy*. New York: Oxford University Press. (pp. 296-297.)

<sup>3</sup> Children’s Bureau (2010). Adoptions of Children with Public Child Welfare Agency Involvement by State- FY1995- FY1996, retrieved October 8, 2010 from CB website [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/adoptchild06.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/adoptchild06.htm)

<sup>4</sup> Children’s Bureau (2010). Trends in Foster Care and Adoption—FY 2002-FY 2009, retrieved September 7, 2010 from CB website [http://www.acf.hhs.gov/programs/cb/stats\\_research/afcars/trends.htm](http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends.htm)

<sup>5</sup> Children’s Bureau (2008). Cumulative Adoption Incentive Earning History by State, retrieved September 7, 2010 from CB website [http://www.acf.hhs.gov/programs/cb/programs\\_fund/adopt\\_incentive\\_history.htm](http://www.acf.hhs.gov/programs/cb/programs_fund/adopt_incentive_history.htm)

<sup>6</sup> Center for Budget and Policy Priorities (2010). Policy Basics: Introduction to the Food Stamp Program, retrieved September 3, 2010 from CPBB website: <http://www.cbpp.org/cms/index.cfm?fa=view&id=2226> .

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determined national performance measure are assessed penalties based on a statutory formula. The Secretary of Agriculture may: (a) waive all or part of the penalty; (b) require that up to 50 percent be reinvested in program improvements; (c) require that up to 50 percent be set aside for possible later recovery; or (d) take any combination of the foregoing actions. States with error rates of 6 percent or more are required to develop and implement corrective action plans.<sup>7</sup>

Casey Family Programs supports an improved accountability system that uses financial incentives to improve permanency outcomes. We propose that there should be a specific federal expectation around state and county agencies' achievement of permanency outcomes, and states that exceed expectations should be rewarded. Further, a higher rate of reimbursement should be provided for desired outcomes such as the safe reunification of children with their families, and the federal contribution should diminish over time for less desirable outcomes such as lengths of stay in foster care that greatly exceed the timelines outlined in the Adoption and Safe Families Act (ASFA). If penalties must be included in this system, the Secretary of the U.S. Department of Health and Human Services should have the discretion to negotiate penalty options with jurisdictions that are under-performing, including an option to reinvest penalties into system improvements.

We suggest redefining nonconformity ("not in substantial conformity") to mean a lack of good faith effort or willful disregard on the part of the state of any plan for improvement mutually agreed upon between the state and federal government. The field of child welfare has not reached the stage where it can say if x is done then y will be the outcome. Outcomes for new programs can never be guaranteed. As long as the state has made a good faith effort to comply with the plan that the federal office and the state mutually agreed would improve the state's practice, there should not be any withholding of funds. Withholding funds should be attached to a minimum level of performance and used as a bottom line if no improvements take place or gains are reversed and where no mitigating factors can be identified to explain the negative outcomes.

We recommend that resource requirements should be offset by cost savings tied to lessening the redundancy of the qualitative review. ACF should be willing to reimburse QA costs at the training reimbursement rate (75 percent), to support all states in achieving the level of "substantial conformity." This reimbursement rate, coupled with the incentive of avoiding more intensive Federal oversight, would motivate states to build their own internal capacity to be self-monitoring. States not meeting minimal standards for internal QA review will be subject to a federal process while being supported in developing an adequate state process. States with less internal capacity should be supported with resources to gather qualitative information. Adequate CQI is required regardless of performance on outcomes. Still, outcome performance would guide and focus the targets and priorities for the CQI work. CQI is a required state function and incentives should support its development and improvement.

We recommend that all states should be allowed to claim IV-E training reimbursement for costs associated with their QA systems. This reimbursement should be available to maintain quality or to add capacity to struggling systems. Claimable costs should be clearly defined the federal child welfare agency.

Most states will likely fall in the middle on qualitative and quantitative measures. States meeting quantitative outcomes will be considered in substantial conformity. Still, quantitative

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<sup>7</sup> Food and Nutrition Act of 2008, as amended through P.L. 110-246, sec. 16.

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findings will need documented verification with qualitative data gathering, including file review and stakeholder involvement. States with borderline or concerning performance on the quantitative measures will develop strategies for improving performance and building adequate self-monitoring of process measures. These activities would be included in the integrated annual report (a combination of current CFSP/PIP requirements.)

***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?***

Tribal programs operating under Title IV-E should be held to the same standards as other IV-E agencies and be required to develop an internal QA system that meets minimum requirements or participate in a federal review. In addition, specific recommendations for measurement would all be disaggregated by race/ethnicity and age group. This will identify any outcome disparities among American Indian/Alaskan Native youth. Tribes, though, should receive the same 75% reimbursement rate that states initially received, in order to assure that they have the resources to develop adequate technical capacity to meet the federal tracking requirements. Also, regulations on reporting and process should accommodate the small size of many tribes. Tribes with fewer than 100 children in care should be required to provide the specified outcomes but should not be required to produce AFCARS report files in the rigid format.

Strong CQI and QA are as important for tribes as for jurisdictions. Specific resources and peer learning opportunities should be provided to tribes to develop their internal capacity to monitor and improve their programs, policies, and outcomes.

***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?***

CB has access to a great resource on review protocols in their National Resource Center on Organizational Improvement. This Center has produced useful publications and other guidance for states on the QA and review process. Also, in 2005, the National Child Welfare Resource Center for Organization Improvement in partnership with Casey Family Programs published, *Using Continuous Quality Improvement to Improve Child Welfare Practice*. This document describes the key components of a strong internal CQI system and is available on the NRC-OI website.

Casey Family Programs has also found peer jurisdictions to be the most valuable resource for spreading good practice. We have convened peer learnings on process of instigating, strengthening, and maintaining a strong QA system and review protocol. States we have engaged as peer teachers include Illinois, Georgia, Florida, Utah, and New Jersey. Consultation with these states would offer a strong arsenal of great practice.

***9. Additional Comments:***

These recommendations are respectfully submitted in the spirit of improving outcomes for children in and at risk of entering our collective care. The CFSR process has played a substantial role in improving the child welfare system and positively impacting the well-being of children and families. Still, technology and other innovations have advanced considerably in the past ten years. It is timely, and even imperative, to look at the federal role in child welfare accountability in light of these advances. We are capable of more rigor and higher standards. We have also learned from the past two rounds of reviews and can better identify opportunities to reduce redundancy and increase efficiency, which includes identifying cost savings that can be re-invested in state system improvements. Further, states welcome increased accountability and a more rigorous process for identifying successful strategies and spreading innovation. By using existing state processes to create an ongoing and relevant QA system and creating measures that truly reflect improved outcomes for children unconstrained by an unwieldy design, the CFSR can be transformed into a meaningful tool for measuring quality and impact.

We also want to emphasize that the inflexibility of federal funding streams is very much tied to the current weakness in the CFSR process. While much of the important work of child welfare agencies is in the form of non-placement decisions and services, federal financial support is weighted to placement services. Because the accountability is necessarily tied to the areas of federal investment, the CFSR is focused on a small part of public child welfare responsibility. Federal funding streams are fragmented, connected to different laws and concentrated in placement services, while states are endeavoring to provide front-end services to keep children in their own homes whenever this can be done safely. Any latitude that can be allowed through regulations and program instruction changes is needed. Waivers should be extended and/or expanded with simple, straightforward protocols when given the legislative authorization. Waivers are a stop gap measure that demonstrates the need for comprehensive child welfare financial reform. Federal funding should be aligned with state's ability to innovate. Funding must align with better ways to safely care for children in their own homes. Prevention and diversion initiatives need to move from a pilot to a way of doing business. This all must be done with a clear understanding that child welfare is not serving less children but serving them in their own home rather than out of home placement.