I appreciate the opportunity to give input on the new Statewide Data indicators as contained in the proposed plan in the Federal Register dated 4/23/14. I have had a great deal of experience working in the area of CQI and CFSR here in Idaho since 2002 and in child welfare practice and administration throughout my 27 year career.

I am, for the most part, pleased with the changes proposed to CFSR 3. I am, however, very concerned about the change from the outcome of Repeat Maltreatment to the outcome of Re-Reporting of Maltreatment. Idaho's Child Protective Act makes every citizen a mandatory reporter. We do not expect that a reporter has firsthand knowledge or that they have seen evidence of abuse to report or for the report to be screened in. Idaho errs on the side of the child safety and assumes that the reporter is making an informed "good faith" report. This creates a very wide and uncontrollable door for the calls we receive. Our goal is to make decisions by looking at both safety and risk to determine assignment (screening in) and then rely on the assessment of safety to disposition reports.

I cannot understand why you would want to equate all accepted reports as incidences of maltreatment regardless of disposition. Many times we end up assessing situations where the reports are erroneous for any number of reasons including child custody issues, feuding neighbors etc.. Some of the time the reporters are well known to us as a "frequent erroneous reporter", but if they are reporting safety threats to a child, we are obligated to assess the safety of the child in question – erroneous report or not. It is only upon the conclusion of the assessment that a disposition can be made with regard to the child's safety.

Currently we receive thousands of calls from people requesting information or questioning whether something they are concerned about is reportable or perhaps wanting to report something that happened many years ago. The variety is endless. We have centralized intake for the state and it takes great skill to sort out all of these calls and make decisions regarding assignment of ones which are actually appear to be reports of maltreatment.

I would rather have seen the re-maltreatment window expanded to 12 months to qualify for repeat maltreatment. I think that would been a better measure of our repeat maltreatment. I don't believe that re-reporting is something the agency has control over, but are being held accountable for under this proposed plan. The argument that all states will have these same difficulties doesn't reassure me around this issue.

Having the long view, I can see how outcomes/expectations from the Children's Bureau can have unintended consequences with regard child welfare practice.....some positive....and in other instances not. Anytime you start monitoring an outcome, depending on who is monitoring and how important it is perceived, people will start trying to figure out ways to get it to decrease or increase. The goal can become changing the outcome, however it threatens to impact the practice.

If it were determined that our re-reporting rate is too high, I am at a loss for a strategy to impact that other than - reducing the number of re-reports assigned for safety assessment by not screening them in in the first place and leaving the child in a possible unsafe circumstances. This, of course, is not acceptable. But with enough pressure on the outcome these types of changes can begin to occur without people really being aware of it.

"The Children's Bureau believes that multiple reports regardless of whether maltreatment is substantiated or indicated is a viable measure of the agency's attempts to prevent maltreatment based on research indicating that families with screened-in, but unsubstantiated reports are at a high risk of re-report, in some cases as high as substantiated cases."

I believe that this statement supports my case. Screened-in, but unsubstantiated reports are problematic. They often do not receive services because there has not been abuse or neglect found. Perhaps they get re-reported because the reporter is not satisfied that anything has been done and continues to re-report. Also, families characterized by this type of reporting are often "targets" of others in the community. One would actually expect substantiated cases (with services) to be re-reported less frequently. I do not have access to the article you cited, or I might entertain other hypotheses.

I am in favor of other changes you are suggesting, especially the changes around 3 stability measures. Our experience is that there is really nothing you can do about years 2 and 3 with regard stability and impact that outcome measure.

I appreciate the thought, feedback and science going into this round. Kathryn Morris, Ph.D., Program Specialist, Child and Family Services, Idaho Dept of Health and Welfare, Boise, Idaho.