States' Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) Redesign

RECOMMENDATIONS

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Acknowledgments

The American Public Human Services Association (APHSA) and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), thank the many people and organizations whose work contributed to this report. It was only with the guidance, support and time of many dedicated professionals from child welfare and related fields that we were able to comprehensively explore federal and state public child welfare monitoring, reporting, planning and service delivery and develop our recommendations.

As a first step, state child welfare directors were asked to establish teams of experts who had a thorough understanding of the CFSRs and other federal monitoring mechanisms, including Title IV-E, Foster Care Eligibility Reviews, the Adoption and Foster Care Analysis and Reporting System (AFCARS), and the Statewide Automated Child Welfare Information System (SACWIS). A wide range of input from state workers was essential because program/practice, compliance and technology are interdependent and complementary.

In all, more than 250 people from child welfare agencies in 49 states and the District of Columbia shared their knowledge, wisdom and experience. They were extremely generous with the time they gave to generating ideas during individual and cross-state telephone discussions, and by e-mail. We thank them deeply for yet another manifestation of their tireless commitment to children and families.

Concurrent with the development of the state teams, a Panel of Experts drawn from child welfare and related fields, including leaders from state and local government agencies, volunteered their time to help address “big picture” questions and complicated technical issues. Both the state teams and the panel reviewed numerous drafts and played a key role in shaping the document’s applicability to everyday practice situations.

The end product is a series of practical recommendations grounded in careful analysis—a document that we trust will raise the bar of accountability and lead to states receiving the resources and technical support they need to provide the leadership and services that their constituents deserve.

We owe a great debt of gratitude to these talented professionals.

States' CFSR–PIP Redesign Recommendations

Introduction

The American Public Human Services Association (APHSA) and its affiliate, the National Association of Public Child Welfare Administrators (NAPCWA), have been working with states and other partners on better ways to review, monitor and hold state and local child welfare systems accountable.

With support from Casey Family Programs (CFP) and the Annie E. Casey Foundation (AECF), we launched a project to examine the Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) along with other federal reviews and reporting requirements to make recommendations to the Administration on Children, Youth and Families (ACYF) regarding the development and implementation of accountability in public child welfare practice that supports sustainable continuous improvement.

The CFSR has shifted practice and pushed child welfare reform forward across the nation. These are some of the positive results.

- A shared language, vision, and commitment to identify, implement and sustain best practices.
- The formulation of new approaches and ideas prompted by a broader lens through which to assess quality and allow access to what other jurisdictions are doing.
- Greater public confidence that the child welfare system is receiving the level of oversight that complex institutions require.
- A sense among stakeholders that their voices, experiences and ideas are important and valuable in shaping public policies that affect America's families.
- Strengthened ability of state child welfare systems to be self-evaluating, self-correcting and accountable.
- Greater collaboration between state and federal officials to formulate, test and disseminate information about best and promising practices.

We know more about the dynamics and management of organizational and individual change than we did when the CFSR process was developed. As a result, like other high-performing organizations, states are moving away from *traditional* quality assurance and toward *continuous* quality assurance systems in which *traditional* quality assurance is a component. Our recommendations are organized by the principles of continuous quality improvement and emphasize ways a strong state and federal partnership can work together to integrate these new insights into child welfare practice.

Each recommendation emerged from asking ourselves these questions.

- How do we efficiently and effectively retain the best features of the current system?
- What benefits and consequences can we expect?
- Will what we propose be cost-effective?
- How can changes be implemented and monitored, and strategies adjusted when needed?

We recognize that many of our recommendations are interlocking, but for that sake of clarity have grouped them into four categories.

1. Integrating required federal child welfare review, reporting and monitoring processes.
2. Identifying valid and reliable qualitative and quantitative indicators for evaluation.

3. Building state and federal capacity for improving outcomes for children, youth and families those come to the attention of the public child welfare system.
4. Promoting accountability

Within these four areas, there are five major recommendations. Each recommendation has secondary recommendations. Each recommendation and secondary recommendation is followed by a rationale of why the change is important. We also discuss parameters for implementation.

We surveyed 49 states and the District of Columbia. Each jurisdiction is fully committed to doing what it takes to ensure that the children, youth and families it serves thrive and do so in a social and political environment that supports their aspirations. With this as a shared common purpose to guide the federal-state partnership, we are eager to move forward together to implement change.

The report discusses what it will take to implement our recommendations. We understand that the level of authority required to make the change will affect how quickly change can be put in place. Although these recommendations are connected and build on each other, they can be prioritized and implemented independently. We trust that those that can be made with change in administrative and/or management protocols will be acted on promptly.

Summary of Recommendations

Our recommendations are organized on principles of continuous quality improvement and emphasize ways a strong state and federal partnership can work together to integrate these new insights into child welfare practice.

Integrate required federal child welfare review, reporting, planning and monitoring into a streamlined process.

Recommendation 1: Fold the CFSR/PIP into the CFSP/APSR.

1a. Develop a five-year cycle that builds on and encourages continuous improvement and provides the accountability required of state, local and tribal child welfare programs.
1b. Simplify and reorganize the structure of the current reporting mechanisms into one concise document that would be submitted every five years as the comprehensive state plan (CFSP) with annual addendums (APSR).
1c. Adjust strategies (not goals) as needed.

Identify valid and reliable qualitative and quantitative indicators to accurately evaluate state performance.

Quantitative Measures

Recommendation 2: Develop refined measures that are accurate, valid and reliable and that child welfare stakeholders and staff can easily understand.

2a. Examine the improvement of the state's child welfare system across time and against its own baseline.
2b. Analyze data in a fashion that promotes national dialogue, but not for the imposition of "one size fits all" national standards.
2c. Gather and analyze data that yields state-specific information about client populations that can easily be applied as a predictive tool for forecasting change in client needs and how to adjust programs accordingly.
2d. Analyze data in a manner that facilitates understanding of how one area of practice affects another, either positively or negatively, in easy-to-understand formats and presents a clear and concise picture of how a state's systems are functioning.
2e. Provide a powerful national longitudinal database for continuing child welfare improvement.
2f. Clearly define every named unit of data (data element) gathered.
2g. Examine the potential use of every data element collected and eliminate any data element that serves no explicit purpose.
2h. Define specific measures to evaluate how Indian children are being treated by the child welfare system in terms of their unique needs and legal requirements (and how this can be improved) and ensure that these measures and resultant improvement plans are developed in collaboration with tribes and appropriate Indian organizations.

Quality Assurance and Continuous Quality Improvement

Recommendation 3: Rely on states' quality assurance and continuous quality improvement systems to drive state performance and meet federal review and accountability requirements.

3a. Require each state to have an adequate continuous improvement program and provide technical assistance and increased resources to design and implement needed change.

3b. Develop guidelines for viable state continuous quality improvement systems that allow states to routinely employ their own review tools or adapt and integrate federal ones as necessary.

3c. Assist states that have the capacity to gather optional data that may inform practice and research, without setting a standard connected to accountability.

3d. Develop federal regulations and provide federal funding and leadership to enable state child welfare information management systems to gather well-being data (medical, mental health, education) from other systems under the federal health and human services umbrella.

3e. Methods for assessing systemic factors should be clearly defined, transparent and not subject to personal beliefs or biases.

Effectively use both state and federal resources to leverage capacity to improve outcomes for children, youth and families who come to the attention of the public child welfare system.

Recommendation 4: Align federal resources with federal requirements and work cohesively with the states for continuous improvement in child welfare.

4a. Provide clear federal guidance on what portions of a state's CQI/QA activities can be supported within the training regulations.

4b. Examine ways to re-invest both state and federal savings that result from folding the CFSR/PIP into the CFSP/APSR and using states' CQI/QA to strengthen states' self-evaluation capacity and continuous improvement efforts.

4c. Restructure the work of the National Resource Centers (NRCs) and Implementation Centers (ICs) to offer more relevant, useful and timely technical assistance.

4d. Develop regulations at the federal Department of Health and Human Services level and use the Request for Proposal (RFP) process to build and strengthen cross-system work, hold all divisions accountable for the services under their auspices, and allow the blending and braiding of funding streams.

4e. Examine ways that the federal IV-E funding for SACWIS can be used with a greater degree of flexibility to keep pace with technological developments and agency needs.

4f. Seek ways to use available federal funds flexibly.

Establish meaningful methods of accountability that promote performance.

Recommendation 5: Establish mechanisms to promote performance improvements and innovation that can be equitably applied across the nation.

5a. Place a moratorium on any withholding of funds until a means is developed to ensure that the withholding of funds is based on accurate performance measures and standards that can be applied equitably across the nation.

5b. Redefine 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.

5c. Revise regulations to ensure that if any withholding of funds is necessary, it is time limited to the period during which the state has not demonstrated good-faith efforts to improve performance.

Foundation for the Recommendations

Throughout the process of gathering input and decision-making, the following vision, values and guiding principles served as the foundation for the ensuing recommendations.

Vision

A federal child welfare accountability system that is methodologically sound and encourages and supports states as they develop the highest quality services and monitoring systems possible to continuously improve outcomes for children, youth and families served.

Values and Key Guiding Principles

States want a federal accountability system that builds on and encourages continuous improvement. They do not want a system that interrupts and detracts from that work. Principles and values are fundamental to creating an effective review process that will result in building the highest quality child welfare system possible.

Value: Accountable
Principle. The federal government is responsible for monitoring how federal resources provided to the states are used. The clear articulation of compliance standards and outcomes is critical. States provide assurance that all of the financial and human resources available are maximized and committed to excellence in designing, delivering and evaluating services to all children, youth and families.

Value: Collaborative
Principle. Federal oversight of state child welfare programs should reflect the way that states are expected to work with families: a holistic, strength-based, consultative, customer-driven approach that creates opportunity for learning, skill development, idea-generating dialogue and ongoing improvement with commit to excellence.

Value: Credible and Transparent
Principle. Accomplishments and limitations of the child welfare systems functioning should be communicated with accuracy, transparency and in sufficient detail to allow the federal government and other stakeholders to understand, interpret and offer relevant meaningful assistance and recognition.

Value: Continuous Improvement
Principle. The federal monitoring system should support and encourage an evolution of best practice and innovation. A federal financing structure that enables states to direct funds to priority areas for improvement is needed.

Value: Culturally Competent
Principle. The monitoring system must evaluate agency polices, plans, practices and staff for how they reflect and appreciate group differences, yet accentuate and build shared commitments to children and family life. Data must be evaluated for subgroups of populations served. For example, it is critical that states ensure that culturally relevant and appropriate services have been provided to meet the unique needs of Indian children.

Value: Equitable
Principle. Federal operational protocols that guide service delivery must be clear and uniformly applied across regions and states.

Value: Flexible

Principle. Federal oversight should balance the need for accountability with affirmation for state ownership of its own child welfare programs and practice. Variations among states and the scope of the state child welfare agency's authority to accomplish change should be taken into account. The assessment of improvement of the state's child welfare system should be examined across time and against its own baseline.

Value: Feasible and Sustainable
Principle. Federal oversight should recognize that all areas in need of improvement cannot be addressed at one time and all possible solutions may not be practical or immediately possible to implement. Resources must be available to give solutions the chance to succeed. Sufficient time must be allowed to assess their impact. Changing circumstances within states that may require redirection must be recognized.

Value: Participatory and Inclusive
Principle. The monitoring system should allow all partners and stakeholders substantial opportunities to lend their wisdom, experience, perspectives and cultural richness to the process of defining, planning, implementing and assessing child welfare policies, programs and, practices. For example, it is critical that the unique role Indian tribes play with regard to their children is recognized and services are planned and conducted in collaboration with Indian tribes and appropriate Indian organizations.

Streamline Current Processes

The current mix of federal reviews and accountability practices have different but overlapping elements requiring duplicative federal and state efforts that are costly in terms of resources and staff time. The reviews and plans should build on each other for cohesive planning, implementing, measuring, monitoring and reporting purposes.

The CFSP facilitates the integration of states' programs that serve children and families. The April 28, 2011 Program Instructions encourage states to integrate more fully the Annual Progress and Services Report (APSR) and Child and Family Services Review (CFSR) processes. However, further, federal leadership is needed to align CFSP/APSR and CFSR/PIP timeframes for states and allow one reporting document to be submitted for both at the same time with the same implementation period.

The December 2011 reauthorization of CAPTA eliminated the need for states to develop a five-year plan for CAPTA. Instead, the CAPTA plan is for the duration of the state's participation in the grant program. The April 28, 2011 Program Instruction (Log No: ACYF-CB-PI-11-06) lays out the current CAPTA requirements. States are required to submit annual CAPTA reports in the APSR. Mindful leadership during the initial change will be required to avert fragmentation of plans and reviews. States look to avoid the difficulties inherent in the CFSR/PIP and CFSP/APSR processes that are generated by different reporting periods. The five-year continuous improvement plan, outlined below, is applicable.

The need for a consolidated, comprehensive plan with synchronized time frames, unduplicated reporting requirements and one simplified, streamlined document is woven into each of our recommendations. The actual embedding of reporting/planning requirements into one document is essential to ensure that parallel and potentially competing plans are not operating concurrently and that resources are aligned efficiently. This systematic approach is critical to achieving the ultimate goal of all the recommendations—continuous quality improvement leading to improved outcomes for the children, youth and families served.

Folding elements of the Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) into the Child and Family Services Plan (CFSP) and Annual Progress and Services

Report (APSR) and creating a streamlined reporting mechanism (one document) would create a more effective and efficient monitoring process for both state and federal governments. The complex, activity-driven PIP matrix would be eliminated in favor of outcome-focused strategic planning within the CFSP/APSR.

This new streamlined process would include safeguards to ensure that:

- Reasonable negotiations concerning the areas to be targeted for improvement and chosen strategies as well as the need to adjust strategies and evaluate progress would occur in a timely manner between the federal office and the state to achieve a mutually agreed-upon plan.
- Requirements are consistently applied across states and regions.
- Consultative and viable technical assistance that brings resources and knowledge about best practices to the states, including peer-to-peer mentoring across states and regions is available.

Recommendation 1: Fold the CFSR/PIP into the CFSP/APSR

Rationale. This overarching recommendation embeds the essential elements of the Child and Family Services Review (CFSR) and Program Improvement Plan (PIP) into the Child and Family Services Plan (CFSP) and Annual Progress and Services Report (APSR). This creates a fluid, continuous quality improvement process with a strategic five-year cycle and keeps both processes focused on practice outcomes.

The CFSR components become a part of the day-to-day functioning of the state agency, rather than an added-on, time-limited event that becomes fiscally costly and labor intensive. The current complex system of multiple reviews, reports and plans would be synchronized, thereby reducing duplication, cost and time. This system has many advantages.

- There would be labor and fiscal cost savings for federal and state governments by eliminating duplicative federal efforts of state work in its statewide assessment.
- State staff time would be saved by reducing the redundancies between reports, reviews and planning processes and would allow more time to focus on practice improvements.
- The collaborative relationship between the federal and state governments would be strengthened through a federal approach characterized by consultation, technical assistance, and the linkage to peer mentors.
- A higher level of accountability would be achieved as the engagement of federal staff into the state's routine assessment, planning, monitoring and implementation processes would offer greater transparency and deeper level of knowledge about the state's practices and systems.
- A continuous improvement cycle would be established.

1a. Develop a five-year cycle that builds on and encourages continuous improvement and provides the accountability required of state, local and tribal child welfare programs.

Rationale. A five-year continuous improvement cycle would replace the current different levels of activity and lag times created by the CFSR process and allow the time needed to see change that is not possible and/or visible in the two-year PIP cycle. Concurrent with completing the final phase of the five-year cycle, the state begins the next five-year strategic planning process to develop the plan for implementation in the next year of the cycle.

Elements of the current CFSR and PIP would be threaded throughout the CFSP/APSR to create a Five-Year Continuous Improvement Cycle leading from statewide self-assessment and planning through implementation and monitoring with the flexibility to adjust strategies as needed. A small federal team would participate in the state's ongoing activities throughout the five years

in a consultative, technical assistance role. Technical assistance, with an emphasis on identifying "what works," would be used to craft the CFSP and followed up in the APSR to inform necessary modifications in strategy.

The CFSP/APSR is five-year planning cycle for child welfare programs, except for the CFSR/PIP. As of December 2010, CAPTA was exempt from the five-year planning cycle but not the annual report (APSR). In Year 5 of the current cycle both a final report on the previous five years and a new plan are due. We have constructed a five-year cycle that starts with the components that are essential for strategic planning. Thus, what we have in Year 1 would essentially be called Year 5 in the current cycle.

In addition, the CFSP/APSR must align with the federal fiscal year. A staggered rollout across states and regions would be required for federal engagement in the five-year cycle we suggest. Each state or group of states would have its own five-year cycle. If this cannot be accomplished administratively, APHSA will work on behalf of states for the legislative change required.

Year 1

The new CFSP would be submitted at the end of the first year of the five-year improvement cycle along with the fifth year APSR. This would be one reporting document that would replace the current statewide assessment and the annual addendums would replace PIP reports.

In the new CFSP, the groundwork for a system of coordinated, integrated and culturally relevant family-focused services is laid out for the next five years from assessment to planning as follows.

This plan would present—

- Narrative descriptions that clearly identify and articulate strengths, needs, findings and practice issues for further exploration, and targeted areas for improvement.
- A projection of what could reasonably be expected over time, based on state demographics and state practice.
- A review of all outcomes and systemic factors, but only those targeted for improvement would require an evaluative report.

Federal consultation and technical assistance would be offered in the planning process. The groundwork for a system of coordinated, integrated and culturally relevant family-focused services is laid out for the next five years from assessment to planning. The following elements are included:

- An in-depth assessment of state programming, data and outcomes, with an emphasis on areas to be targeted for improvement. This will include programming that targets the unique needs of Native American children and other groups as relevant based on the state's population.
- Individual state-constructed data profiles and those provided by federal government from the AFCARS and NCANDS data are analyzed so that information unique to the state can be tracked and a baseline for improvement can be set.
- Use of qualitative data from the state's case reviews to analyze why the numbers reflect what they do. If the state serves tribal children to any significant degree, the state will collaborate with Indian tribes and the appropriate Native American organizations located in the state to conduct case reviews of an adequate number of cases involving Native American children.
- A state-federal partnership that evaluates all areas, but provides a deeper analysis (such as through stakeholder interviews or a targeted case review) of a few areas to be selected for improvement. This process would replace the current CFSR two-stage

process consisting of a statewide assessment and an on-site review. The joint analysis may include—

- Stakeholder interviews, case reviews and focus groups that inform the selection of areas for improvement. (The state's quality assurance system should be flexible, balanced and developed in such a way that a particular issue or area in need of improvement in the state can receive targeted attention).
- A more in-depth analysis of the required measures, states' case review results and other information to determine the areas of greatest need and potential impact upon which to target improvements.

This planning process would enable a longer period of time to be used for conducting case reviews, engaging stakeholders and reviewing/evaluating the information that is received. It would be difficult for federal staff to be involved with the entire self-assessment process. It may be necessary to negotiate a specific period of time for federal staff involvement in the self-assessment phase.

Plans will be driven by root cause analysis using both quantitative and qualitative measures. This analysis will be careful to consider the underlying causes for data results and to determine what areas may affect another to ensure that strategies and activities are relevant.

No more than three key practice areas are targeted for improvement at a given time so that; resources and concerted efforts can be focused in these areas to maximize impact. Areas for improvement are selected based on performance indicators: (e.g., rates of permanency, length of stay in care, re-entry, and safety outcomes).

Strengths and gaps are analyzed to determine how much change is reasonable. This process and benchmarking of progress incorporated within the CFSP, and followed up in the APSR, would replace the current PIP requirements. The plan would lay out strategies over a two-year period. This would meet the legislative requirements for a two-year corrective action period. After consultation with federal partners, the state would outline the following.

- Interim corrective strategies, action steps and progress benchmarks that are flexible, feasible and achievable.
- An articulation of baseline performance and goals for improvement, which are informed by data and other evaluative information. Goals are set against the state's own baseline, and not in the context of a national standard.

Federal engagement and technical assistance in the initial self-assessment and case review are integrated into the review process to ensure appropriate analysis and effective planning.

Year 2

CFSP implementation begins.

- Continuous consultative federal oversight and meaningful technical assistance (TA) are used to monitor progress and amend strategies if needed. (Meaningful TA needs to take into consideration the governance and resources available to the jurisdictions. For example, state-supervised, county-administered systems require a different model for intervention since the state only has the authority to establish policy and provide guidance. Each local jurisdiction has autonomy over non-mandated services and how these are delivered.)
- Individual state-constructed data measures—qualitative and/or quantitative—that are within the capacity of the state system to generate and that are focused on the state's priorities are submitted semi-annually. Qualitative data from the state's case reviews are used to better understand the quantitative data.

- The state reviews data relevant to all outcomes and systemic factors annually to ensure maintenance, but provides analysis and a progress report only on the three targeted areas.
- The state continues collaboration with tribes and appropriate Native American organizations as applicable.
- State conducts or jointly conducts with federal staff case-related reviews and stakeholder interviews on specific issues where supplemental information is needed.
- The three areas targeted for corrective action are analyzed for the level of progress being made. If targeted areas are resolved quickly the state has the flexibility to refocus and use the resources on a new goal, or strengthen its efforts in the remaining two targeted areas, dependant on what is happening in the state. Strategies would be modified as needed to ensure continued movement toward achieving goals.

Year 3
Implementation and monitoring are ongoing.

- All activities outlined in Year 2 are continued. However, if a targeted goal has been achieved, the state will determine whether to direct resources to a new area or toward achieving the remaining two goals. When outcomes have been achieved, completing action steps will not be required.
- Assess two full years of implementation as completion of the CFSR two-year corrective action cycle (PIP). Achieving targets—measurement goals—relies on the state's quality assurance process. (The goal is for a state to be able to rely on its own systems and follow-up.)
- Technical assistance will be provided as needed until the state can demonstrate performance in practice improvement and the functionality of its continuous quality improvement system for self-evaluation.

Year 4
Implementation and monitoring are ongoing.

- All activities outlined in Year 2 will be continued, except if a targeted goal has been achieved. In that case, the state will determine whether to direct resources to a new area or toward achieving the remaining two goals. When outcomes have been achieved, completing action steps will not be required.
- Incentives for achieving outcomes and required withholding of funds will be addressed based on good-faith efforts to implement what the state and federal government mutually agreed would lead to improvement. All improvement will be measured against the state's baseline, but no decisions on the withholding of funds will be made until there has been a careful analysis to identify root causes for the lack of progress and the relevant technical assistance has been offered. If there is reasonable justification for the lack of progress and/or all actions steps have been completed, no penalty will be levied. The need for an overlapping third year to complete requirements for defined CFSR-PIP outcomes will be discussed. If any withholding of funds is required, it will be based on the lack of good-faith efforts or willful disregard of the agreement on the part of the state. *[See Meaningful Accountability, Recommendation 5, 5b and 5c for further discussion of willful disregard and withholding of funds.]*

Year 5
Implementation and monitoring are ongoing.

- All activities outlined in Year 2 will be continued, except if a targeted goal has been achieved, in which case the state will determine whether to direct resources to a new area or toward achieving the remaining two goals. When outcomes have been achieved, completing any remaining action steps will not be required.
- If there is withholding of funds and/or pending withholding of funds there will be a concerted effort to work with federal staff to reduce and/or eliminate this sanction.

- The current CFSP cycle concludes with a summary of findings and recommendations.
- Using the findings and recommendations that have been developed, the state begins analysis of the prior four years' progress to identify areas for assessment and target areas for the next CFSP.

Strategic Anchors

- **Mission**
- **Vision**
- **Values**
- **Guiding Principles**
- **Practice Model**
- **Qualitative Data**
- **Quantitative Data**
- **Self Assessment**
- **Federal/State collaboration**
- **Desired Outcomes–no more than three targeted areas**

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

Activities	1	2	3	4	5
Conduct statewide self-assessment, relying on the state's quality assurance and continuous improvement program.	■				
Conduct some joint federal/state case-related reviews and stakeholder interviews, including interviews with tribes as applicable, using the state's mechanisms.	■				
Use and submit semi-annually individual state constructed data measures (qualitative and/or quantitative and the required 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 of its continuous quality improve system to reflect case practice and practice improvements.)	■	■	■	■	■
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.	■	■	■	■	■
Collaborate with tribes and Native American organizations, as applicable.	■	■	■	■	■
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 and service 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 improvement and completion of the required CFSR two-year corrective action cycle.			■		
Address incentives for achieving outcomes or required withholding of funds. 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.					■

1b. Simplify and reorganize the structure of the current reporting mechanisms into one concise document that would be submitted every five years as the comprehensive state plan (CFSP) with annual addendums (APSR).

Rationale. The five-year report would lay out strategies for the next one to five years based on in-depth assessment that would flow from the statewide self assessment into the selection of three targeted practice goals and strategies. The new report would be organized into outcome areas and systemic factors. For example, the safety outcome would include report data, what stakeholders are saying and case reviews. The framework for a new document (CFSP/APSR) would have fewer open-ended questions, make better use of quantitative data and eliminate redundant reporting. The duplication of information within the current CFSP/APSR and between the current CFSP/APSR and CFSR/PIP would be removed.

There would be one concise document. The annual report would be an addendum that reflects program, practice and policy changes as well as performance outcomes. There would be an analysis to explain why change had or had not occurred and projection of what could reasonably be expected over time, based on state demographics and practice. All outcomes and systemic factors would be reviewed for maintenance, but only those targeted for improvement would require an evaluative report. As currently required the findings of reviews, including the Child and Family Services Review (CFSR), an Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review, the Title IV-E Foster Care Eligibility Review, and other relevant CB reviews, as well as planned activities identified in any Program Improvement Plans (PIPs) are integrated into the annual addendum (APSR) when addressing services and program. There would be, however no separately required reporting for the CFSR/PIP.

The state would be responsible for keeping program descriptions current and highlight changes as a component of the annual addendums, but replication of information would not be required. A summary of any major changes in the state's organizational structure and/or program would be incorporated in this addendum. If there are no major organization or program changes, it would be appropriate to simply state that. States would have the flexibility to move program descriptions to public web pages depending on the state's technology and capacity to maintain the information.

As described in recommendation 1a rationale, individual state constructed data measures (qualitative and/or quantitative) that are within the capacity of the state system to generate and are focused on the state's priorities are submitted semi-annually.

1c. Adjust strategies (not goals) as needed.

Rationale. Implementation and monitoring is ongoing with analysis of what is working and what is not so that strategies (not goals) can be adjusted as needed.

Components of Evaluation

There are two major recommendations that focus on supports for continuous quality improvement for state child welfare agencies. Both entail a more effective use of states' internal systems.

The *first* recommendation requires establishing valid, reliable quantitative measures. The *second* uses a state's quality assurance system extensively within the five-year cycle and incorporates the use of quantitative data to identify and further assess areas for targeted practice improvement.

Together, these recommendations provide a comprehensive look at states' child welfare systems. The labor-intensive CFSR preparation and on-site event as currently conducted would be eliminated and replaced with a continuous quality improvement process. The valued components of the on-site review, collaborations between federal and state staff, the credibility and broader lens of third-party oversight, the engagement stakeholders, and the children, youth and families served are retained and enhanced.

Measures

Measures should provide a continuous stream of valuable information applicable across geographic and demographic areas. These kinds of data will furnish information and/or raise critical questions about underlying causes that limit effectiveness, will be useful for high-level assessment of progress, and provide an evidentiary basis for making critical management decisions.

States strongly agree that safety, permanency and well-being are essential domains. While they acknowledge a higher degree of responsibility for children in placement and for whom they have custody, there is a growing emphasis among states to look at prevention services at all levels (primary, secondary and tertiary) and find ways to measure it.

Recommendation 2: Develop refined measures that are accurate, valid, and reliable, and that child welfare stakeholders and staff can easily understand.

Rationale. Measures are essential for analyzing the effectiveness of child welfare interventions and critical to making informed decisions about the use of resources. Measures are needed in order to provide system transparency and demonstrate the level of practice and gather the support of stakeholders and funders. Legislatures, the media, stakeholders and most important, those who receive services, deserve to have a clear picture of the quality of interventions and level of outcomes being achieved.

Measures drive cost-benefit analyses that serve as a foundation not only for the use of current resources but to validate requests for additional funding. An accurate picture of performance is needed for child welfare administrators to make effective decisions regarding how to use limited resources most effectively for the greatest impact for continuous improvement. Front-line workers need concrete measures to know the impact of their actions.

To improve the validity and comprehensibility of measures, we recommend refinement to well-known indicators, dropping problematic indicators and not employing principal components analysis methodology.

Measures Chart for Recommended Changes to the CFSR Process

The following federal Outcomes Measures table organizes information into two sections:

- Outcomes: Critical areas for measurement of safety and permanency are identified and defined in the Outcomes Section.

- Process Measures: Essential compliance measures that affect effectiveness of interventions are noted in the Process Measures Section. While these are the only measures we think the federal government should monitor, we recommend that states and localities measure many other aspects of their child welfare system. An additional table can be found as part of the Quality Assurance review—with indicators that provide important context and/or useful state baseline findings that should be required from the states but, are meant to be only informative. The Well

Being domain (e.g., health, mental health, and educational connections) is also addressed in the Quality Assurance review, with statewide administrative data used when possible.

Federal Outcome Measures

To facilitate full understanding of the data, as well as targeting of improvement efforts, all measures should be available as part of a broad, electronic data profile by race/ethnicity and age group/stratification of service population, first or subsequent entry, placement type, etc. None of these measures should be used as stand-alone measures or for cross state comparison. The role of these measures is so that states look at their own performance and set improvement goals against their own baseline over time and should not be translated into national standards. [See Measures Recommendation 2a.]

Outcomes	Operational Definitions	Notes
Entry rate	# children into foster care <18/child population <18)	*May be affected by layers within layers of a state's demographics such as age, poverty, etc. Needed for risk adjustment of foster care outcome measures. State laws, etc. can be addressed in the State Plan. Subset of case opening rate. This measure is only one factor and should not have a goal, target or percent attached to it.*
Maltreatment recurrence	# re-victimized within 6, 12, 18, 24 months/#child victims in a 12-month period	*(based on report date regardless of disposition date)* *Recent cohorts included with "NA" for timeframes that have not yet occurred*
Abuse in foster care	# children maltreated by their provider during the year/child care-years during the year	*Adjusts for time in care*
How often and how quickly children exit to permanency	# children achieving permanence (reunification, guardianship, relative placement, adoption) in 6, 12, 24, 36 months/#children entering foster care (12-month entry cohort). # children exiting to permanency during the year/children in care on first day of *year*	*Entry cohort (Also report still in care and those with non-permanent -- all exits except* reunification, guardianship, relative placement, adoption*). Exits up to age 18* *Recent cohorts included with "NA" for timeframes that have not yet occurred* *Point in time—Stratified by in care < 2 years vs. 2 years or more (Also report still in care and non-permanent exits). Exits up to age 18.*
Median length of stay	Months after entry it takes for ¼, ½ and ¾ of children to exit care.	*entry cohort—18th birthday is exit date for children staying in care* *Recent cohorts included with "NA" for timeframes that have not yet occurred*
Placement stability	# of moves per child/care year in the most recent year	*Children in their first year in care: Measure with entry cohort data—Children with moves in the first 30 days, 30 days-6 months (for children in care at least 30 days), 6 month-1 year (for children in care at least 6 months.* *Children in care for more than year: Measure with point in time—adjusted for*

		time in care during the most recent year. States can address issues of "good" moves in the CQI/QA process.
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	*(by discharge reason)* *Recent cohorts included with "NA" for timeframes that have not yet occurred*
Process Measures	**Operational Definitions**	**Notes**
Worker-child visits	# children visited face-to-face during month/# children in foster care for full month	*Using administrative data* (data elements that are entered and stored for all cases across a system, for most states this means SACWIS data)—*12 month summary but each month with distinct measure*
Timeliness of investigations	# of initial face-to-face contacts between worker and alleged victim seen within state response time/# alleged victims	*Using administrative data*

2a. Examine the improvement of the state's child welfare system over time and against its own baseline.

Rationale. Given the variation in policies, laws, governance and populations served, states should be able to set improvement goals using their own quantitative and qualitative baseline data as the point from which progress is measured. State baselines must be established and then prospectively used as the base against which to measure individual progress.

2b. Analyze data in a fashion that promotes national dialogue, but not for the imposition of "one size fits all" national standards.

Rationale. National data are used for legislative decision-making and by the media. As a result, the information used must be carefully chosen, analyzed and accurately linked to outcomes. Interaction of measures must be considered. The way the current national data are gathered, analyzed and applied makes it inaccurate and misleading to use them for cross-state comparison or to levy sanctions.

There are considerable variations in and between states in terms of the populations served in child welfare supervised out-of-home care. These variations are due to a variety of factors, including states' decisions regarding how child maltreatment is defined statutorily; how they implement child maltreatment screening protocols; their success in diverting maltreated children from out-of-home care through alternative service provision; the degree to which states serve mental health and juvenile justice populations and adolescents with behavior problems in their child welfare system. These variations can significantly influence state performance on measures of children's safety, permanency and well-being. Therefore, measures that will be helpful in analyzing the effectiveness of child welfare interventions and the performance of state child welfare systems should be stratified for between-state differences in the characteristics of children served. This would contribute to effective national dialogue, but there should be no national standards.

2c. Gather and analyze data that yields state-specific information about client populations that can easily be applied as a predictive tool for forecasting change in client needs and how to adjust programs accordingly.

Rationale. The AFCARS data structure is limited and at times problematic for appropriate measurement to facilitate continuous quality improvement. Detailed recommendations for changes to AFCARS were submitted in the APHSA response to: *Request for Public Comment and Consultation Meetings on AFCARS*, published in the *Federal Register*, July 23, 2010 (Volume 75, Number 141). This letter is located at *http://www.aphsa.org/Home/Doc/APHSA_ON_AFCARS_FederalRegisterNotice.pdf.*

Though moving toward national longitudinal data is a priority, it is important, particularly in the current economic climate, that steps are taken in a way that will not create an extra burden on states fiscally or in staff time. There will be state-by-state issues in developing a new child welfare data system and federal assistance will be needed in the form of financial and technical support.

It is emphasized that important changes in measurement can and should be made quickly and not delayed until the AFCARS can be overhauled. States with more robust data systems should be able to use their own systems. States that do not have the capacity should be provided federal support and may be assisted by other organizations with experience in this area. Several research institutions currently analyze the existing data in a way that provides such meaningful information. The Chapin Hall Center for State Foster Care and Adoption Data, for example, takes the raw data that states provide and reconfigures it based on the state's data dictionaries in order to provide valid and reliable information. The center also drills down to the county and case level, which allows them to analyze factors that contribute to long lengths of stay, excessive service costs and poor outcomes.

2d. Analyze data in a manner that facilitates understanding of how one area of practice affects another, either positively or negatively, in easy-to understand formats and presents a clear and concise picture of how a state's systems are functioning.

Rationale. Measures are interrelated and may work at cross purposes. For example, reduced entry rates and are likely to lead to longer lengths of stay. National standards are not the best data to examine these areas to determine improved outcomes. Mechanisms designed to explain these relationships should use the clearest possible path. The current composites are complex and difficult to understand and explain; many experts believe they are flawed. To generate change efforts, data need to be understood.

2e. Provide a powerful national prospective longitudinal database for continuing child welfare improvement.

Rationale. Longitudinal data are critical and should be supported by the federal government. There are states and research institutions that have developed longitudinal data platforms for state data. It may be more cost-effective and efficient for the federal government to provide all states with funding to develop or contract for this type of data analysis rather than endeavoring to provide it directly.

Longitudinal studies track the same people over time, therefore the differences observed are likely to accurately distinguish short- from long-term trends, detect developments or changes in the characteristics of the population at both the group and individual levels and can provide information about cause-and-effect relationships to enable effective decision-making. Sequence of events can be established. Child welfare longitudinal data enable the system to follow a child from system entry to exit providing useful information on how children experience the child welfare system.

Point in time, cross-sectional data only offer information about what happens at a given time and do not consider what happens before or after that time. The sample, captured by a point in time snapshot is a biased one, since children with longer stays are overrepresented.

2f. Clearly define every named unit of data (data element) gathered.

Rationale. Clear data element definitions are essential for external understanding of the data and are helpful when connecting one set of data with another. Clear definitions and simple rules for each data element would ensure that consistent information is entered into each data field. The federal government can define data elements without setting criteria about how and when states investigate for maltreatment, take legal custody, make placements and/or provide in-home services.

2g. Examine the potential use of every data element collected and eliminate any data element that serves no explicit purpose.

Rationale: Given the staff time and technology required, any data gathered must have a purpose, be properly analyzed and be presented in a usable format in a timely manner. The question, "Will it tell us something that will lead to better outcomes for the children, youth and families served?" must be answered for each data element gathered and/or reported. The follow-up questions include: "Are the selected data indicators the right ones, and are systems in place that can capture that data accurately? If the right data indicators are gathered, are these being analyzed in a way to show an accurate picture of state practice and provide relevant, valid and reliable information to leverage capacity and drive program improvement plans?"

2h. Define specific measures to evaluate how Indian children are being treated by the child welfare system in terms of their unique needs and legal requirements (and how this can be improved) and ensure that these measures and resultant improvement plans are developed in collaboration with tribes and appropriate Indian organizations.

Rationale: The ethnicity section required in SACWIS only codes Indian heritage and does not distinguish if the child is a member of a federally recognized tribe and subject to ICWA compliance. In addition, many of the unique legal requirements applicable to Indian children who are subject to ICWA are not tracked by any of the data systems. In order to fully understand whether Indian children in the system are receiving these protections designed to protect their best interests as Indian children, as well as the culturally appropriate services they need, specific review and tracking provisions are necessary.

Additional data elements unique to Indian children included in ICWA that relate to positive (and sometimes different) outcomes for Indian children would include items such as "if a Native American, is the child a member or eligible for membership in a tribe; has notice been sent to the child's tribe(s); has the child been placed with a relative or other Indian family," etc. The actual list of measurements would be developed through consultation among federal, state and tribal representatives. These representatives would also need to work together to determine how elements can best be used to determine levels of ICWA compliance and to identify specific areas where improvement is needed. As with all children, this information would be folded into the more robust assessment and quality assurance systems that states would be utilizing (and which would involve collaboration with tribes at the local level).

Review systems will need to be developed to evaluate and track compliance with ICWA and whether culturally relevant and appropriate services have been provided to Indian children and culturally appropriate outcomes achieved. To maximize their effectiveness and in recognition of the unique role that Indian tribes play with regard to their children, it is critical that these reviews be conducted in collaboration with Indian tribes and appropriate Indian organizations.

Continuous Quality Improvement and Quality Assurance

Quality assurance (QA) has varied definitions. For purposes of this discussion, we will refer to the description found in *A Framework for Quality Assurance in Child Welfare* published in 2002

by the National Child Welfare Resource Center for Organizational Improvement. Here QA is a process that relies on regular and reliable sources of information to help child welfare managers evaluate agency performance, make ongoing decisions and provide an accurate picture for agency staff and external stakeholders.

In 2005, the National Child Welfare Resource Center for Organization Improvement in partnership with Casey Family Programs moved beyond quality assurance. In the paper, *Using Continuous Quality Improvement to Improve Child Welfare Practice,* continuous quality improvement (CQI) is described as "an ongoing process by which the agency makes decisions and evaluates progress. CQI is a complete process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions."

Currently, the federal monitoring system uses a lot of QA, which is targeted and defined. QA is essential to, but only one component, of CQI. States are moving forward to systems of CQI. All of our recommendations strive to support a system of continuous quality improvement for the nation's child welfare system. (See Streamline Current Processes, Recommendation 1: Fold the CFSR-PIP into the CFSR-APSR for a fluid continuous quality improvement cycle.)

Recommendation 3: Rely on states' quality assurance and continuous quality improvement systems to drive state performance and meet federal review and accountability requirements.

Rationale. It is more cost-effective for both federal and state governments to develop a system of uniform protocols that confirms the integrity of a state's self-evaluation results, rather than conduct a separate, redundant, less accurate and less comprehensive on-site case review assessment. The federal qualitative review process could build on states' annual or biannual cycle of reviews to meet the federal requirements. States' internal quality assurance and continuous quality improvement systems would be used to supplement and/or replace elements of the current CFSR.

Some states have CQI/QA systems and structures that are more robust than others. However, even those in the most limited stages of development, compared to the federal on-site case review process, carry the following benefits.

- More cases are reviewed over a broader area of the state than can be reviewed during a single week-long, on-site federal review week every five years. The state's case practice model is reflected in a more in-depth and accurate manner.
- The state's investment in implementing review findings is increased.
- The state interviews typically occur in a more normalized (and non-rushed) environment and usually provide greater opportunities for reviewer exploration, consideration and articulation of findings.
- The state review creates a readily transferable learning opportunity for state staff and it incorporates the feedback—from those who conduct the review and those who receive individualized feedback—on their child welfare practice.
- Using the state system would take into account the variations in state structure, laws, policies and populations served.

States are not asking the federal government to simply accept their assessment. Methods for how the federal government can support and verify states findings are laid out. The idea is to eliminate redundant work and not run parallel processes.

3a. Require each state to have an adequate continuous quality improvement program and provide technical assistance and increased resources to design and implement needed change.

Rationale. It is essential that states be self-evaluating. Case reviews emphasize practice and tell the story behind quantitative data. Qualitative data are as important as quantitative data and for child welfare continuous improvement, both must be available and balanced. Case reviews should be used to analyze why numbers reflect what they do, provide individualized feedback and promote practice advancement, and not to quantify and identify the problems. It is a function of the qualitative data to help detect underlying factors that may be causing a flux in a quantitative indicator. For example, when quantitative data show that lengths of stay are increasing, qualitative data gathered in case reviews may indicate that family engagement is declining. More exploration would need to occur, but reviewing the qualitative data helps detect possible concerns that need to be addressed.

Quality assurance is a CFSR systemic factor for which the child welfare system has full responsibility and control. It is a valid and valuable part of the child welfare continuous improvement efforts and should be robust because it affects many areas.

If the CQI/QA system is not found to be adequate, then it should become a targeted area for improvement. It would be cost-effective for the federal government to support and strengthen states' self-evaluation and planning capacities to establish and sustain CQI/QA. *[See Leveraging Capacity, Recommendation 4a for use of IV-E training funds and 4b for the reinvestment of current CFSR and other federal monitoring funds.]*

- Reasonable steps to improve the CQI/QA system should be negotiated between the federal and state governments. Reasonable steps would include:
  - Expectation that the Regional Office would provide specific information about the reason the existing CQI/QA structure (tools, sampling, data, etc.) is not sufficient and consultative, practical technical assistance to improve the state's program.
  - Technical assistance to jurisdictions targeted to areas needing development and improvement.
  - Instead of the current on-site components of case review**s** and stakeholder interviews, use those resources to provide financial support for the state to establish and sustain an adequate system.
- Willful failure to improve the CQI/QA system according to the steps negotiated may result in withholding of funds. *[See Meaningful Accountability Recommendations 5b and 5e.]*

3b. Develop guidelines for viable state continuous quality improvement systems that allow states to routinely employ their own review tools or adapt and integrate federal ones as necessary.

Rationale: The federal government should be rigorous in its review and acceptance of states' CQI/QA systems, since they are critical to achieving outcomes. However, balance must be achieved between the federal need to hold states accountable to consistent standards and the state's need for its own CQI/QA system and case review instrument adapted to its population, policies and staff training needs.

An authentication process with guidelines for the states to structure an acceptable system is needed. Without clear guidelines, the process teeters on what may be a subjective decision that relies heavily on an agreement between the Children's Bureau Regional Office and the state. Providing specific information at the outset about the required components provides a better opportunity for reaching a successful arrangement between state and federal governments. States need the flexibility to design their own CQI/QA system, but need to know if their CQI/QA system meets federal requirements. The focus and use must be clear so that the CQI/QA is not subject to state budget cuts and which IV-E funds can be used to support it.

The choice of a case review instrument should be left to the states and reviewed by the federal government as part of the quality assurance systemic factor. The state tools incorporate state policies and protocols and take into account the population served, which provides a more accurate reflection of state practice. The case review instrument and method are not as critical as the linkage between the findings and practice outcomes. The bottom line is whether the system works to affirm effective practice and to provide the information necessary to improve practice.

It is necessary to define how the federal team would be involved in actual completion of case review instruments and ratings. The federal team should not be able to consider a case as rated inaccurately unless the rating clearly conflicts with the rating guidance defined by the state's policies. Collaborative and consultative federal participation would create an incentive for state quality assurance and continuous improvement programs and provide an opportunity for the federal government to more effectively achieve practice improvement goals. When the federal staff comes on site, it would be to participate in the state's routine processes, to observe, help analyze, verify and provide technical assistance.

The following table provides key components and successful innovations that point toward the reliability of a state's continuous quality improvement system/ quality assurance. This is not to suggest that states would have all these innovations in place, but they need to have a sufficient number to meet the CQI/QA goals. Use of state CQI/QA systems is viewed as developmental. The status of the state's current system and its resources will affect the length of time that it will take a state to move from a fundamental system to a robust system toward which all states strive.

State CQI/QA Reliability Chart

Continuous Quality Improvement Goals	
• 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—with the ultimate result of better outcomes for those served. • Provide the information necessary for federal accountability and inform the agency's progress toward achieving federal outcomes of safety, permanency and well-being. • Authenticate the credibility of the quantitative data (AFCARS and NCANDS) and measure performance for issues that do not lend themselves to data collection in the automated system (such as parent and child visitation and engagement in case planning).	
Key Components	**Successful Innovations**
Organizational culture supports and actively promotes sustaining a quality assurance system that is used for continuous quality improvement.	Leadership—state and local—takes an active role to ensure that the organization has an infrastructure in place to achieve the goals of a continuous quality improvement program. A plan for an ongoing intrastate, on-site review ensures that 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. States have discretion in choosing sampling size and methodology as long as there is a reasonable explanation. 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, including how the samples were drawn. Input would be sought internally from all levels of staff, and from stakeholders and those served, externally and where possible incorporated. 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, engages staff to implement any necessary changes and prepares staff for other roles.
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. They are used to inform external stakeholders and those served.	The use of data and information—to inform practice and policies and to provide feedback to child welfare agency' staff at all levels and partners—is included. It is critical that data are understood and analyzed by front-line supervisors and workers. States should be able to disaggregate data down to a county or local office level. A periodic examination ensures that the processes being monitored for improvement have the greatest influence on critical outcomes (e.g., 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.
Training in the specific skills and abilities needed to participate actively in the state's quality assurance program is provided to agency leaders, staff and stakeholders. Children, youth and families are prepared to be engaged. The manner and extent to which stakeholders are engaged should be contingent on the area targeted for improvement.	A plan is in place for ensuring that those engaged in the reviews are prepared to perform their role that includes the following. • Criteria for reviewer selection and training • Mechanisms to improve inter-rater reliability (States that have robust successful structures in place could mentor other states.) 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. States do not need to routinely gather data that can be accessed through administrative/SACWIS data (such as timeliness to response to reports, timeliness to permanency, worker contacts with children, and if the state system has the capacity to collect information about medical visits and dental exams.) Qualitative data should not be used for rating

	standards. If the state and federal partner agree, the state should have the option to use its qualitative case review instrument using rating scales that can provide aggregate results and to indicate whether or not there is progress.
Quantitative data and qualitative information are gathered from and about children, youth, families and staff and used in the continuous quality improvement process.	Practice is evaluated through the lens of the state's practice model that is consistent with federal standards as dictated by child welfare law and regulations. The approach for gathering qualitative data may vary, depending on the state's issues, but should adequately explain the quantitative data. The CQI/QA process starts with reviewing quantitative data and uses qualitative methods. Qualitative methods include, but are not limited to, case reviews, planned use of standing meetings, focus groups, surveys and other mechanisms as warranted to inform the quantitative data and better understand, from multiple vantage points, how the practice model produces the results identified through the quantitative data. The case review may consist of a record review, interviews with key case participants, caseworkers, customers, agency staff and other case-related stakeholders as relevant, based on the purpose of the review. Any element that can be, should be replaced with available quantitative measures. Measures that may be useful are reflected in the State Optional Measures Chart. *[See Quality Assurance and Continuous Quality Improvement: Recommendation 3c.]* Specific measures are developed to evaluate how Indian children are being treated by the system in terms of their unique needs and legal requirements (and how this can be improved). These measures and improvement strategies are developed in collaboration with tribes and appropriate Indian organizations located in the state. States need to review a sufficient sample of tribal children to conclude how these children are being served in compliance with ICWA and their cultural heritage needs.
Agency practices policies and programs are informed through the analysis of qualitative and quantitative data.	Rich analysis of valid data that reveals performance for various sub-populations in the child welfare system is conducted. 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. Continuous review of administrative quantitative data to identify areas for further exploration.
Findings are used to inform and improve policy, programs and practice.	Strategies that can track progress effective for evaluation and monitoring are included in the state plan.

Reliability Factors	
• The results provide the accountability needed by the federal government. • Capacity is demonstrated for carrying out the activities described in the program. • A qualitative case review system is reliable to identify performance variation, diagnose the reason for performance, take action related to diagnosis, and to effectively monitor and adjust performance, which will, ultimately show improvement. • The state has a mechanism to inform staff, external stakeholders, Indian tribes, the federal government and those served about the information gathered and how it will be used to improve performance.	

3c. Assist states that have the capacity to gather optional data that may inform practice and research, without setting a standard connected to accountability.

Rationale: The field of child welfare could benefit from additional data collection but the capacity of state automated systems and the burden placed on front-line staff to gather it mitigates against too many data elements. States that have the capacity may choose to gather additional data based on areas of concern.

Given the differences in the way states structure the delivery of services, the measures are best addressed within a state's internal CQI/QA system and with statewide administrative data. States with data systems that can look beyond the compliance measures and account for the factors that underlie the numbers are encouraged to do so. The education, mental and physical health items are not strictly measures of well-being but are also intrinsically linked to achieving permanence and to securing a young person's safety. Better measurement, both qualitative and quantitative, of these items could result in enhanced outcomes and achievement of permanency.

The following chart was constructed to help states identify useful measures. These should not be required measures. States *must* have the flexibility to choose areas of focus depending on their own priorities and capacity.

State Optional Measures

Capacity Measures (participation/informative measures)	Operational Definitions	Notes
Reporting rate	# unique children reported/# child population <18	*(Recommended: difficulty for states to measure is acknowledged.)*
Response rate	# unique children receiving response/# child population <18	*Includes both investigated and Differential Response populations*
Investigation rate	# unique children receiving investigation/# child population <18	*Subset of response rate*
Case opening rate	# unique children with case opened/# child population <18	*Subset of investigation rate*
Victimization rate	# unique children founded or indicated for child maltreatment/# child population <18	*Subset of investigation rate*
Re-reports	# children with a new screened-in report/# children	*(e.g., 30 days–6 months after initial report)*

	with screened-in report in a 12-month period	
Children beginning in home services	# children beginning in homes services in a 12-month period/# case openings	*States will vary considerably in how this is defined*
Children exiting in-home services—to closure or foster care	# children exiting in home services to case closure and # children exiting in-home services to foster care in a 12-month period/# children exiting in-home services	*States will vary considerably in how this is defined.* *NCANDS does not currently have closure date.*
Re-report following closure for children receiving in-home services	# of children with a subsequent screened in report within 6 months following closure from in-home services	*States will vary considerably in how this is defined.* *NCANDS does not currently have closure date.*
Adoption disruption	# of children re-entering care within 6, 12, 18 and 24 months of exit/# children exiting care to a finalized adoption.	*Some states will have difficulty tracking this due to name/record # change.*
Well-being measures Children in Foster Care (only	**Operational Definitions**	**Notes**
Connections to services (medical and dental evaluations, mental health 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	*These should be examined in CQI/QA process, using administrative data when possible, with a focus on connections to services.*

3d. Develop federal regulations and provide federal funding and leadership to enable state child welfare information management systems to gather well-being data (medical, mental health, education) from other systems under the federal health and human service umbrella.

Rationale. As outlined in the February 28, 2011 Presidential Memorandum – Administrative Flexibility, there is a need for the federal secretary of Health and Human Services to take action to ensure cross-departmental cooperation and responsibility. The current expectation for child welfare agencies to be held accountable for medical, mental health and educational services, over which they have no authority, underpins the need to access data from other systems. Most state child welfare agencies currently do not have the capacity to report on these measures. It would be more effective, accurate and cost-beneficial to gather the needed information from those systems where it already exists. Creating duplicative systems does not make sense.

Federal leadership is needed to find ways to allow funds available to the states for SACWIS systems to be used to build state child welfare data systems that are flexible, dynamic and nimble enough to gather well-being data from the other systems in which they reside. The federal secretary of Health and Human Services should take steps to ensure that other agencies

under its umbrella have the capacity to gather the needed information, to allow access and are collaborative to ensure service are provided. *[See Leveraging Capacity Recommendation 4d to build cross system work and 4e for SACWIS flexibility.]*

3e. Methods for assessing systemic factors should be clearly defined, transparent and not subject to personal beliefs or biases.

Rationale: Day-to-day work in the field cannot be successful without a strong infrastructure. Evaluation of relevant systemic factors is critical, and helps identify areas needing further development, commitment or support. Systematic factors need an evidence-based connection that links to the outcomes. If the systemic factor is thought to be important in driving change, but there is yet no proven causal link, it could be a priority for ACF's research agenda; the state, however, should not be held to any standard for substantial conformity or sanctioned on that basis. Any factor with a significant link to outcomes for which the state does not demonstrate adequacy should be targeted for further development.

If the systemic factors substantially influence outcomes, an argument can be made that evaluation of these factors would be more effective, robust and meaningful if they were a part of the intensive statewide self-assessment of the CFSP. The APSR could then serve as the vehicle for annual updates on the systemic factors. These factors could also be addressed as part of the state quality assurance case reviews with a tool that reviewed factors at the case level. There could be federal participation when the state engages stakeholders and Indian tribes in the normal course of business with foster parent advisory groups, youth advisory boards and other stakeholders. Conducting a survey is another non-subjective way of looking at these factors.

Evaluation of systemic factors should recognize aspects that are within the authority of the state agency to change and those that are not. For example, state agencies can be held responsible for communication with other state agencies (courts, behavioral health, juvenile justice or education), but not for achievements connected to those systems outside the state agency. Systemic factors that have been defined as "most beyond authority" of the child welfare agency are service array and case review if that is under the court jurisdiction. If the state's child welfare system does not have authority over a systemic factor (e.g., service array and case review), that factor should be examined based on the state's advocacy and collaboration efforts. *[Note: all states do not have authority over the same factors.]*

States might also exercise the option of examining additional factors that are pertinent to the state such as system integration—exploring how the child welfare program components of intake, investigation and case management can work together.

The following table depicts the current systemic factors and defines how each could be examined more effectively within existing state evaluation activities and other federal structures. It also reflects the need to determine how each links to practice outcomes to demonstrate its value if it is to be retained for ongoing evaluation.

Systematic Process Template Chart to Determine the Value of Systemic Factors
Based on Analysis of the Current Systemic Factors

	What we are interested in Link to Outcomes		Outputs Places assessed other than in the current on-site process			
Inputs	**Systemic Factors**	**Link to Outcomes**	**Current Method**	**Proposed Method**	**Observable Tangible Results**	**Development Outcome Stages**
Priorities Vision Mission Vision Policies Mandates **Investment** Staff Resources Budget/Funding (federal, state and local) Stakeholders Staff (federal, state and local) Technology Time **Content Resource/Needs** Interview tools Reliable valid data from state systems Details of state programs Findings of credible research	Statewide information system	A functional statewide information system is required to provide data to measure outcomes	SACWIS and AFCARS Reviews assess the functionality of systems and states' information-gathering capacity.		Data integrity	**Immediate Effects** **Learning occurs:** Connections to practice outcomes; Awareness of attitudes, skills needed, resources, assumptions/vs. actual problem; motivations; partnerships; federal and state mutual understanding of responsibilities and how to help each other.
	Case review system	Court proceedings, schedules and decisions link to timeliness of permanency.	Court Improvement Plans where case reviews are not administrative reviews and are under the auspices of the court.	This is a joint responsibility with the courts and should be reviewed as a Partnership component *(see Service Array)* where case reviews are not an administrative review.	Court personnel and reviewers are engaged.	
	Quality assurance system	Critical source of information to help child welfare managers evaluate agency performance, make ongoing decisions	CFSP/APSR	This will be met by state's use of their own CQI/QA process in which ACF participates or in another agreed upon way ensures its functionality.	Participants, Customers, Agencies, and Decision-makers are engaged and provide an accurate picture of agency performance.	**Intermediate Outcomes** **Change occurs:** Behaviors and attitudes of federal, state, local staff, stakeholders and customers are more collaborative; policies and practices improve; access to resources increases; partnerships with acceptance of
	Staff and provider training programs	There is evidence that workforce development, recruitment, retention, training and support, and	CFSP/APSR. Assessments must recognize that workforce issues are not under the authority of the	Workload assessment and workforce development should be included and reviewed as an	Additional clarity and flexibility expanding federal support of quality improvement activities through	

		field supervision affects outcomes	state in county-administered systems	a factor that impacts outcomes.	federal training funds.	mutual responsibilities and accountability are in effect.
	Service array	Service array varies widely from state to state and within states. It is an important indicator of how well agencies are implementing key strategic partnerships and as such is linked to leadership. Outcomes cannot be reached without partnerships with courts, mental health, chemical health, domestic violence and education.	CFSP/APSR. The current assessment of whether resources are appropriate and assessable needs to be included in any measurement change.	It would be more effective to measure these well-being items as strategic partnership systemic factors in terms of "collaborative capacity" as part of the Statewide Self Assessment component of the CFSP/APSR and in the normal course of business such as foster parent advisory groups, Indian tribes, youth boards, and surveys, etc.	Resource availability and needs are identified.	**Ultimate Impact Conditions** Links to improved outcomes for those served should be clear. Cost-benefit analysis should identify which program areas are most effective and thereby eligible for development and support. Outcomes for those served improve.
	Agency responsiveness to the community	Engagement of stakeholders and Indian tribes and coordination of programs and benefits affects availability and access to services to avoid service duplication.	Community input is built into the Statewide Self-Assessment component of the CFSP.		Community agencies are engaged in program development to address service gaps (meeting attendance rosters do not reflect this as a result).	**Monitoring** Ongoing monitoring at each phase to ensure implementation fidelity and achievement
	Foster and adoptive parent licensing, recruitment and retention	Children thrive better in homes that are supported by services and meet their ethnic and cultural needs.	CFSP/APSR must report on all these components and IV-E conducts a compliance review on licensing. ICWA guidelines for placement in licensed tribal homes must be followed.		Safe homes that demographically align with the population in need of placement are available.	

Leveraging Capacity

These economic times require both federal and state governments to maximize fiscal and human resources. Innovative ideas are needed to take us beyond the current paradigm. The federal–state working relationship needs to be strengthened so each can more effectively fulfill their respective roles in improving outcomes for the children, youth and families served by the public child welfare system.

Recommendation 4: Align federal resources with federal requirements and work cohesively with states for continuous improvement in child welfare.

Rationale. Reducing the duplicate efforts of federal and state governments and ensuring that all inter-related activities are conducted in an efficient, effective manner will address resource and workload issues at all levels of federal, state and local governments. The impact of this culture change will lead to better morale, provide greater support to the front-line workers and result in more time for direct service delivery to children, youth and families.

4a. Provide clear federal guidance on what portions of a state's CQI/QA activities can be supported within the training regulations.

Rationale: CQI/QA activities are effective training for staff at all levels and should be eligible for IV-E reimbursement similar to other training functions at the current training rate of 75 percent federal financial participation (FFP). Though an effective system of CQI/QA is costly, when used for training, self-assessment, planning and monitoring, it is cost effective. *[See Recommendation 1a to integrate reviews and plans to create a fluid continuous improvement process and 3a. to require states to have a continuous improvement program.]* Information technology and data gathering are very important to CQI/QA and staff who work in these areas must be trained to understand and analyze data, and to run the equipment.

4b. Examine ways to re-invest both state and federal savings that result from folding the CFSR/PIP into the CFSP/APSR and using states' CQI/QA to strengthen states' self-evaluation capacity and continuous improvement efforts.

Rationale. More accurate assessment of a state's case practice and organizational effectiveness could occur if additional funds and staff time were available for more in-depth analysis. Uncovering underlying causes in areas in need of improvement and identifying interventions that are working well result in more effective strategic plans and practice improvements that, in turn, result in improved outcomes for the children, youth and families served.

It is critical that these federal funds are available bolster states' self-evaluation programs. When states face a budget crisis these functions are frequently cut first. If they are to be sustained, self-evaluation functions cannot become unfunded mandates or subject to the flawed federal methodology of figuring costs to states, which leaves states bearing heavy costs. *[See Quality Assurance and Continuous Quality Improvement 3a to require each state to have a CQI program.]*

4c. Restructure the work of the National Resource Centers (NRCs) and Implementation Centers (ICs) to offer more relevant, useful and timely technical assistance.

Rationale. To be useful, technical assistance and other federal support offered to the states must be based on knowledge of what actually works in the field. It should be provided by people with the skills and ability to apply relevant strategies and actions to similar areas in need of improvement in states with similar demographics. Opportunities for states to learn from each other through peer-to-peer training, mentoring and site-visit observation of successful programs are the *most* effective methods of technical assistance and consulting support. Information about successful child welfare programs (through CB Express; web sites;

publications); a matrix of best practice, sorted by the demographics where it has worked effectively; and coordination of technical assistance among the National Resource Centers, Implementation Centers and private foundations should be provided. Using the NRCs and ICs to create opportunity for cross-state learning and identifying promising practices would build a repertoire of knowledge that could be shared nationally. In addition, if this process saved funds for the NRCs, these could be used to replicate practices where they are needed. The application process for assistance should be clear and simple.

4d. Develop regulations at the federal Department of Health and Human Services level and use the Request for Proposal (RFP) process to build and strengthen cross-system work, hold all divisions accountable for the services under their auspices, and allow the blending and braiding of funding streams.

Rationale. The service needs of children, youth and families cross systems. The requirement for child welfare agencies to be accountable for services (health, mental health and education) over which they have no legal authority underscores the need for the secretary of Health and Human Services to take action to ensure cross-departmental cooperation and responsibility. For example, given the need for services in the area of substance abuse, cross-system protocols that would give child welfare direct access to the SAMHSA-NRC would be a welcome enhancement. State child welfare agencies are concerned about how cuts in other systems, such as child care and Medicaid, affect child welfare.

In addition to enhancing access, crossing traditional jurisdictional boundaries is necessary to reduce duplication of services when more than one department serves a family. Systems should be rebalanced to allow funding to follow the family. A new paradigm of interconnectedness is the first step of meaningful accountability. Encourage collaboration by establishing common goals and outcome measures that require all departments (medical, mental health, education) to look at the child welfare population, monitor it, and be responsible for services provided to children. If we serve children the right way the first time, we are less likely to have to do it again. This approach leads to a family's self-sufficiency when safety is not compromised.

4e. Examine ways that federal IV-E funding for SACWIS may be used with a greater degree of flexibility to keep pace with technological developments and agency needs.

Rationale. States need enhanced capacity to have the tools and technology necessary to track and analyze outcomes for children, youth and families. Rules and regulations should allow system changes that would use emerging technologies to meet the changing needs of professionals providing front-line services. Since the context of child welfare practice varies among states and shifts over time, a state should be able to select and adapt its own technology systems to meet its needs to improve case practice and management. Associated changes needed for a SACWIS system should be considered and funded at the enhanced developmental rate. This should include funds for trained staff that can develop and operate systems or have the knowledge needed to contract for the correct hardware and software development.

The Centers for Medicare and Medicaid Services (CMS) operates under many of the same rules, yet has managed to demonstrate nimbleness, creativity and flexibility in addressing states' data needs. The IV-E technology program would benefit significantly with the addition of resources that parallel Health and Human Services' investment in Health Information Technology.

4f. Seek ways to use available federal funds flexibly.

Rationale. Money drives programs. Federal funding streams are fragmented, connected to different laws and concentrated in placement services, while states endeavor to provide front-end services to keep children in their own homes whenever it 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 project to a way of doing business. This all must be done with a clear understanding that child welfare is not serving fewer children but serving them in their own homes rather than out-of-home placements. The APHSA Policy and Programs Department continues to work for legislative child welfare refinancing that will allow greater flexibility.

Meaningful Accountability

A meaningful accountability process should fuel momentum for continuous improvement and allow for the changing needs, circumstances and demography of states and of the children, youth and families served. States recognize the need to satisfy the federal government's legislative requirement to hold them accountable for the effective and efficient use of federal funds. Unlike the current structure of withholding funds, a framework that uses incentives to recognize and encourage building upon proven, effective programs and practices would be a powerful way to promote innovation and improve outcomes. Public child welfare also has other accountability systems: state and local governing bodies, the courts, the media, service providers, the general public, but most important, its obligations to the children, youth and families served.

Recommendation 5: Establish mechanisms to promote improvements and innovation that can be equitably applied across the nation.

Rationale. There are ways to motivate better performance without threatening the meager resources agencies have at their disposal to provide critical services. Incentives should be tied to achievement of outcome measures, as long as there is sufficient information from the CQI/QA system to validate the findings.

When a state's performance falls short in the federal view, withholding funds often exacerbates problems by threatening the funds for the resources needed to improve. The penalty structure forces states into a defensive posture and encourages planning and the allocation of resources to avoid loss of funds rather than creating innovative solutions and setting goals that could potentially improve outcomes. In addition, loss of funds, or the threat of loss, promotes adversarial relationships among states and the federal government, generates negative effects on staff morale and potentially leads to wasted time and high attorneys' fees in an effort to alleviate the penalty.

- Non-monetary rewards can promote improvement by recognizing good performance. For example, there could be a continuum of federal oversight, with less oversight being a reward. This is the way states strive and achieve under a lawsuit consent degree.
- Financial incentives, such as adoption incentives, are an optimal way for motivating change in child welfare systems and these can be leveraged effectively with state legislatures to increase child welfare allocations. Identified areas for investment are: post-adoption services; post-permanency services; social and emotional health supports (not to duplicate Medicaid but to treat impact of trauma that doesn't rise to mental health diagnosis and is thus not fundable under the Medicaid formula); expansion of skills and competencies of the workforce (broadened clinical skills and keeping fresh with current best practices); supports and services for older youth and coordination and collaboration with Indian tribes to provide services to Indian children.

5a. Place a moratorium on any withholding of funds until a means is developed to ensure that the withholding of funds is based on accurate performance measures and standards that can be applied equitably across the nation.

Rationale. Measures and methodology must be sound before they are used to promote accountability. The accuracy, validity and reliability of *current* federal data and performance measures are questioned by child welfare experts and social science researchers and should not be used to levy penalties. In addition, standards for withholding funds are subject to different levels of improvement outlined by federal staff and there are inconsistencies from region to region in interpretation and implementation.

5b. Redefine 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.

Rationale. When states implement a plan for program improvement, that plan is negotiated and agreed upon by federal partners. Both parties agree that the plan has a reasonable chance for desired results: improved outcomes for children and families. However, 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 funds withheld. 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.

The legislature, as well as the media, can interpret the findings that elicited the *threat* of "withholding of funds" as if the agency were doing a poor job and undeserving of increased resources. The delivery of the message carried by the definition of "not in substantial conformity" is critical. There is the need to balance accountability, the need to improve with the message of progress, and the need for funds to support the improvement. The definition and message should be clear and not subject to interpretation.

5c. Revise regulations to ensure that if any withholding of funds is necessary, it is time limited to the period during which the state has not demonstrated good-faith efforts to improve performance.

Rationale. The environment in which child welfare services are delivered is dynamic, so the conditions that trigger penalties are transitory. Consequently, any federal withholding of funds should not have an effect on future funding eligibility. The end of withholding of funds is tied to implementing the needed practice improvement strategies, not to when the desired level of performance improvement is achieved.

Process for Implementation

These recommendations constitute a high-level road map for an accountability system that states believe would support continuous improvement. It is recognized that implementation would require actions at different levels of authority: management, administrative, regulation and/or federal laws. The length of time needed to make changes can vary greatly at each level.

However, these recommendations have sub-components that can be implemented incrementally with the vision of building subsequent improvements in the future. It is acknowledged that most of the CFSR operational protocols are in regulation, which means that changes would need to be placed in the *Federal Register* for a period of public comment and require approval by the HHS secretary. This could be a lengthy process. It is hoped that management and administrative changes—such as leveraging capacity by restructuring the work of the NRCs—could be instituted more quickly.

We note that that legislative change is needed to allow for more flexibility when withholding funds, or to place a moratorium on withholding funds, as suggested in the Meaningful Accountable recommendation. The requirement that the State Plan yearly cycle align with the federal fiscal year may also require a legislative change to allow the five-year strategic planning cycle to be staggered sufficiently for federal engagement in the state assessment and planning processes. It is understood that ACYF does not engage in legislative activities. However, APHSA will be moving to make legislative changes as may be required.

Conclusion

This document provides states' perspective on effective methods for building a system of monitoring and accountability that encourages continuous improvement, allows for variations among states, defines essential areas for review, uncovers root causes and develops strength-based plans.

All states welcome review systems that secure the safety, permanency and well-being of children, youth and families but envision a future of intergovernmental empowerment and collaboration that is different than the past. APHSA/NAPCWA will help channel their commitment by leading a consortium of public and private child welfare leaders, advocates and experts in related fields to work with our federal partners in shaping recommendations for improvement and promoting their implementation.

We strongly recommend that as changes are contemplated, there be ongoing dialogue with state, local, and tribal governments to assess the impact of any change on the agency's systems and practice. We would welcome the opportunity to continue to work with you on behalf of our members and all state child welfare public agency leaders and all levels of staff to develop more effective and efficient federal accountability process that will further continuous quality improvements in child welfare systems, programs and practice.

Thank you for this opportunity to provide you with our recommendations on proposed improvements to the child welfare accountability systems, programs and practice. If you have any additional questions, please contact Anita Light, APHSA Deputy Director at (202) 682-0100 or anita.light@aphsa.org.