



January 3, 2022

Mary B. Jones, ACF/OPRE Certifying Officer  
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Washington D.C.

Re: Request for Public Comment on the extension of the Prevention Services Data Collection [OMB #0980-0529] as listed in the Federal Register Notice 86 FR 61276

Dear Ms. Jones,

Thank you for the opportunity to provide comments on the Prevention Services Data Collection.

Casey Family Programs (Casey) was founded in 1966 and is the nation's largest operating foundation focused on safely reducing the need for foster care in the United States. Casey's perspectives are informed by our own experiences working with child welfare agencies in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 16 American Indian tribal nations to improve outcomes for children and families. Casey also works directly with children and families in our nine field offices to develop and demonstrate effective, practical solutions to safely reduce the need for foster care, improve well-being, and secure safe and lifelong families for every single child in our care. Casey partners with child welfare systems, policymakers, youth and families, community organizations, national partners, philanthropy, American Indian and Alaska Native tribes, and courts to support practices and policies that increase the safety and success of children and strengthen the resilience of families. Our mission is to provide and improve – and ultimately prevent the need for – foster care. We are committed to building what we call Communities of Hope, a nationwide effort to prevent the need for foster care by supporting families in raising safe, happy, and healthy children.

The Family First Prevention Services Act (Family First) represents a fundamental shift in how federal resources are used to support children and families, keep families safely together, and ensure parents and children get the services they need to achieve successful outcomes in the future. Family First authorized new optional title IV-E funding for time-limited evidence-based prevention services for mental health, substance use, and in-home parent skill-based programs for children or youth who are candidates for foster care, pregnant or parenting youth in foster care, and the parents or kin caregivers of those children and youth. Understanding the data on how states are using federal funds to pay for prevention efforts to help families with children at-risk of entering foster care will be extremely important to better understand current child welfare practice and use of federal prevention funding, and whether these funds are impacting child welfare placement.

Pursuant to Family First, title IV-E agencies must collect and report information with respect to each child for whom, or on whose behalf these services are provided during a 12-month period beginning on the date the child is determined by the state to be either 1) a child who is a candidate for foster care but can remain safely at home, or in a kinship placement while receiving services or programs or 2) a child in foster care who is a pregnant or parenting foster youth. Casey Family Programs works with data leaders within state, territory and tribal child welfare agencies and their comments and our own experiences working with families informed the comments outlined:

### **Prevention Services data - Whether it is necessary and practical utility**

Prevention Services data will offer key insights regarding who received services, which services, under what circumstances, for how long, and the outcomes service recipients achieved individually and in the aggregate. This information is vitally important from a performance management and continuous quality improvement perspective, both at a state and federal level. Many jurisdictions are currently examining their data collection activities and how they can be strengthened to inform how to address outcomes.

Service expenditure data is dually purposeful. It serves as a mechanism to cross-validate program data, as a reference point for utilization rates, and a repository of information for long-term return on investment analyses.

Understanding how services are reaching and being used by children and families under Family First is essential to better understand prevention practice and policy. The initial data collection may show a limited picture of how Family First funds can be used to improve and strengthen families. As more states, territories and tribes continue to submit title IV-E prevention plans or expand their definition of candidacy, we may see more robust data on how jurisdictions are using Family First funding to strengthen families. Furthermore, as more and more prevention programs are developed, evaluated, and rated by the Title IV-E Clearinghouse, it is likely that jurisdictions will continue to readjust their prevention plans to add programs to best meet the needs of children and their caregivers within their jurisdictions. How states respond to the data will be as important as the data itself to improving outcomes for children and families.

On the federal level, the data also may point to gaps in the availability of programs to meet the existing needs of families. Already we seek a lack of evidence-based and culturally informed programs to strengthen families who are overrepresented in the child protection system, including Black, American Indian, and Alaska Native and LGBTQ+ children. And while the national data for Latinx families and children does not reflect disparities in rates of removal for Latinx families, we know that community level disparities exists and a need for prevention services exists as well. Yet, there is limited existing evidence on prevention programs that work for Latino families, including grandparents who parent. The collection of the data as prescribed in the statute could further inform what we know -- there is a need for additional federal investment in prevention research focused on these populations. The evaluation of this data also could identify new areas of need for prevention investment as well.

The importance of comprehensive data collection and analysis as a tool for identifying critical needs and disparities is essential for advancing equity and supporting underserved communities. An equity lens must be embedded in all data gathering, research, evaluation, and assessment activities. The Administration of Children and Families should consider adding demographic data (such as race, ethnicity, gender, sexual orientation) on the children and families being served under the Title IV-E placement to get a more reliable and complete understanding of families being served under the Title IV-E prevention programs, and whether services provided met their needs. Casey Family Programs highlighted the importance of data collection and analysis in Casey's response to ACF's Request for Information on Methods and Leading Practices for Advancing Equity and Support for Underserved Communities Through Government (86 FR 24029). Including these components in data collection could help inform whether the opportunities for families to receive prevention services are equitable, whether families in diverse populations (and overrepresented groups) are receiving culturally appropriate services and could lead to quality improvements to better serve families in their communities.

### **Burden of the proposed collection of information (1,137 hours per year)**

Among states and county child welfare agencies, infrastructure and capacity for data collection vary widely. As such, the HHS estimate of labor hours required of states to collect the required information is an underestimation. This is based upon (1) needing to create the infrastructure to collect the newly required data elements; (2) the process of executing an additional data submission to the federal government; and (3) the accompanying data quality checks, remediation, and correspondence associated with the data submission. This underestimation of labor hours is particularly true in locales where there is minimal automation of data collection and submission processes. Further, better understanding the intent of the collection of the data regarding candidates can also significantly impact the level of burden and is discussed further in the next section of these recommendations.

States vary in their capacity and methods used to collect data and the ability to integrate changes in their data collection process. Additional federal guidance and enhanced support and investment for automation and data submission integration may reduce the labor hours associated with this requirement, and improve data collection, evaluation and data driven decision-making.

### **Quality, utility, and clarity of the information to be collected**

Conceptually, the data have tremendous utility in assessing and identify ways for states to improve service array and improve outcomes for children and families receiving prevention services. However, the lack of technical direction regarding collecting and mapping the data will ultimately have bearing on the quality, clarity, and usability of the data.

One area where states are struggling is in the identification, tracking and reporting of data elements when there are multiple people receiving services. States are varied in their approaches of who to select to report data on – the caregiver or the child at-risk (and what to do

when there are multiple children at-risk). This is important as it will impact whether states are meeting the intended goals of Family First through the outcomes assessment and reporting requirements in the statute. States believe that if the data is solely intended for fiscal claiming/monitoring purposes then more narrowly reporting on the target child receiving the evidence-based program would be sufficient. However, if the goal is for the data to be used for performance management and planning purposes, then it would seem important to report on all individuals (entire candidate population) who received an evidence-based program or prevention service. How the intention is defined will have significant implications on the level of data collection burden. States are looking to HHS for additional guidance to clarify what is necessary.

States have shared collective interest in HHS offering explicit conceptual definitions of key concepts. This could help improve data quality, standardize data reporting, and allow for cross jurisdictional comparison.

Elements where states have indicated a need for further guidance include:

- determining and categorizing candidacy,
- tracking and mapping service receipt and outcomes in multi-person contexts,
- creating outcome measures, and
- establishing protocols for separating and securing prevention services within a child protection data collection system.

**Ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.**

In an effort to minimize duplication and the data collection burden on states, we would recommend either synchronizing or making the Prevention Services data submissions a part of the Adoptions and Foster Care Analysis and Reporting System (AFCARS) data transfer business process. State child welfare agencies are required to submit multiple reports. At present, the majority of the Prevention Services data elements are already reflected in the AFCARS 2.0 submission requirements. Adding the outstanding Prevention Services data elements to the AFCARS submission framework may offer data collection relief to jurisdictions and increase data quality via automation.

Casey Family Programs appreciates this opportunity to provide comments. If you have questions or require further information, please contact Christine Calpin, Managing Director, Public Policy, and Casey Family Programs at [ccalpin@casey.org](mailto:ccalpin@casey.org) or 202-728-2001.