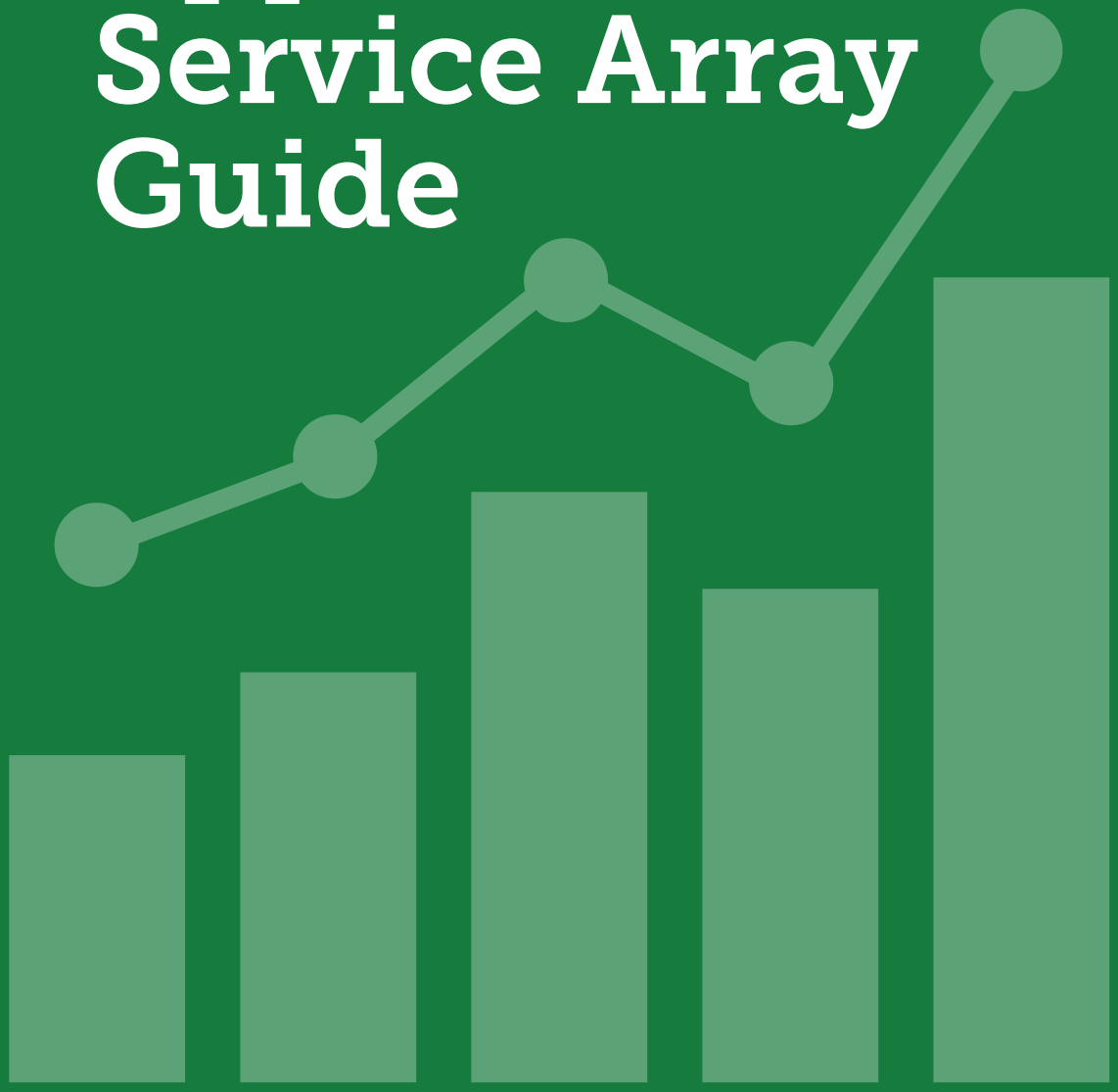
A Data-Driven Approach to Service Array Guide



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Introduction

Data use is a vital component in the process of creating a service array that is well matched to the needs of the children and families served by child welfare systems. Using data helps states and counties ensure that the right services are available, accessible, and effective. When communities offer a wide array of needed supports and services, all families, including those with limited resources or those facing additional challenges, are better able to raise happy, healthy children.

Today's state and county child welfare systems are charged with recognizing safety threats and accurately assessing caregiver protective capacities to inform safety planning in an effort to maintain children in their homes. These child welfare systems also are charged with co-creating individualized safety and case plans with the family and tailoring services to support the unique strengths and needs of children and families. This approach has been shown to increase parental motivation, engagement, and competency (National Technical Assistance and Evaluation Center for Systems of Care, 2008). Using data to guide service array development can help support individualized services to promote child safety, build on family strengths, and address child and family needs.

Using This Guide

A Data-Driven Approach to Service Array Guide is designed to support administrative leaders in states and other jurisdictions in using data to assess and identify ways to improve their service array. It offers guidance and tools to help state and county-based child welfare agency staff—including continuous quality improvement (CQI) managers, data managers, information technology (IT) and systems (IS) managers, program managers, and others—build capacity to work collaboratively across systems to improve outcomes for children and families.

The materials in this guide are based in part on a technical assistance process originally developed by the National Child Welfare Resource Center for Organizational Improvement (NRCOI) and the National Resource Center for Child Welfare Data and Technology (NRC-CWDT), as part of a previous Children's Bureau (CB) cooperative agreement. This process, as originally outlined, included several onsite visits by NRCOI and NRC-CWDT consultants as well as offsite support and accompanying materials to help jurisdictions assess their complete service array.

Each section of this guide covers a critical element of data-driven service array development, including:

- Defining terms and key components
- Providing reasons for using a data-driven approach to service array
- Determining the focus of your assessment
- Convening a service array workgroup and engaging stakeholders
- Collecting data
- Using data to guide decision-making and improve service array

The Capacity Building Center for States (Center for States) offers several on-demand resources, such as articles, briefs, assessment tools, tip sheets, and learning experiences, that can help with implementing best practices for service array development. In addition, the Center for States provides customized coaching, consultation, and support (tailored services) on topics, including:

- Enhancing kinship engagement and prevention services
- Reducing congregate care, enhancing service array, and improving family and youth engagement
- Implementing strategies for resource family recruitment and retention
- Applying a structured approach to organizational change and implementation that includes processes for problem exploration, root cause analysis, intervention selection and development, and intervention monitoring and evaluation
- Strengthening child welfare information systems; improving data quality; and analyzing, visualizing, and understanding data

For more information, please contact your jurisdiction's Center Tailored Services Liaison.

Defining Terms and Key Components

Service Array

Service array refers to the range of service options within a geographic area. An agency's service array includes services funded by the child welfare agency and those provided by other agencies and community organizations. When a family is receiving services from multiple service systems, agencies and organizations must form strategic partnerships to link and coordinate systems, both formal and informal, to address the family's unique needs holistically; minimize duplication of activities; and support continuous movement toward agreed-upon goals.

Families need available and accessible quality services to support the safety, permanency, and well-being of their children at all points along the child welfare continuum. Keep in mind that this will often not be a sequential progression; each of these service types may be used at multiple points during a family's involvement with the child welfare system. These include, but are not limited to:

- **During family stabilization,** to support families in maintaining their children safely at home
- **When children are taken into custody,** including services for the:
  - Children—meeting all child needs, including physical, dental, mental health, and educational needs, and supporting regular contact with family members. These may also include social competencies, attachment and caregiver relationships, social relationships and connections, social skills, self-esteem, and coping skills.
  - Children's families—addressing the conditions that brought the children into custody, ensuring regular visits to make progress toward reunification, and providing consistent support throughout, including timely linkage to appropriate clinical services (e.g., individualized behavior management) and concrete services (e.g., transportation, housing, financial assistance with treatment), and consistent contact to monitor child and parent adjustments, protective capacity progress, and the need for additional intervention. These may also include support provided for the family by the resource family.
  - Resource families—providing consistent support throughout the placement, including training that specifically targets meeting the needs of the children in their care, timely linkage to appropriate clinical services (e.g., individualized behavior management) and concrete services (e.g., respite care, transportation), and consistent contact to monitor children's adjustment, family capacity, and the need for additional intervention
- **When assessing levels of care** related to child placement, to allow for the quick and seamless transition of children from a therapeutic, congregate care, or other higher level of care setting to a family foster home setting or reunification, as soon as reasonable and safe to do so
- **As teens or young adults prepare to exit and transition out of foster care,** including skill building for independent living and assistance securing housing, further education, and/or employment. These also include services for supporting age-appropriate and developmentally appropriate activities and continued support after transition to adulthood.
- **Upon reunification,** including services of varying intensity, individualized to child and family needs, to ensure a permanent return home
- **In the event of permanent legal guardianship or adoption,** including an array of prepermanency and postpermanency services for children or youth and families to prevent disruption

As some resource families are licensed through private and public agencies, coordinating these services in partnership with the public and private agencies is an important consideration throughout child involvement with the child welfare agency. Additionally, as youth mature through the system and prepare to transition to adulthood, including youth voice in identifying needs and determining services is an essential activity for any state or county agency. Services are delivered in accordance with the family's case plan and are adjusted as indicated by ongoing assessment of the family's needs.

Necessary services may include, but are not limited to:

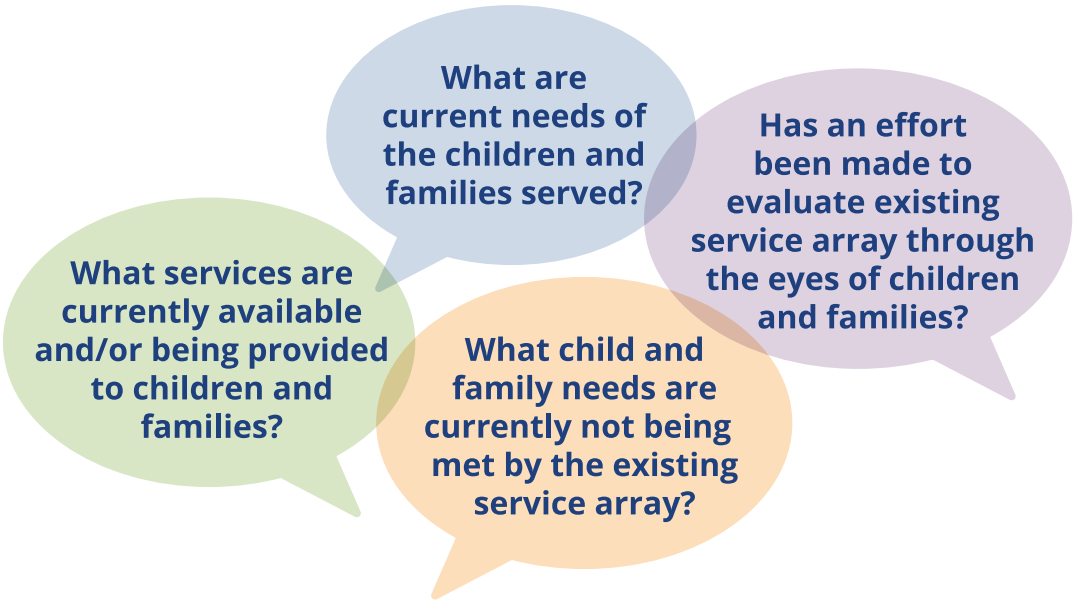
- Education services
- Employment and training services
- Healthcare
- Behavioral health services
- Mental health services
- Trauma-informed services
- Substance use disorder treatment services
- Domestic/intimate partner violence services, including batterer services
- Housing services
- Services for children and youth with disabilities or special needs
- Foster care support services
- Lesbian, gay, bisexual, transgender, and questioning support services
- Human trafficking identification and treatment/support services
- Court services
- Independent Living services
- Socialization/mentoring services
- Financial literacy services
- Legal services
- Parent/caregiver support services, including in-home services for families (parenting skills, household management, family preservation, advocacy, transportation, safety-related services)
- Translation services
- Transportation
- Culturally appropriate services
- Coordination of services

Reasons for Using a Data-Driven Approach to Service Array

Historically, many decisions in child welfare have depended on "gut instincts" or anecdotal experience, mainly due to a lack of available data. While important, caseworker and administrator experience and knowledge are likely to have limitations and blind spots. Child welfare systems today benefit from a more balanced approach to decision-making informed by data.

A data-driven approach to service array values decisions that can be backed up with verifiable data. This approach seeks to gather and use data to answer four basic questions (exhibit 1):

Exhibit 1. Four Questions Driving Data-Driven Service Array Development



A data-driven approach recognizes that service array is about more than just the presence of quality services in the community. It is not enough for an agency to demonstrate that it purchases a variety of generic, albeit "good," services for the sake of having a wide variety of services available for children and families (e.g., substance use disorder treatment, domestic violence services, parenting skills training). In other words, service array for the sake of availability is not sufficient to meet the individualized needs of the children and families served.

A truly data-driven approach informs the entire system design, including determining the specific array of services needed and providing a measurement of the system's performance in supporting individual families with targeted services that improve safety, permanency, and well-being outcomes. It addresses not only the quality of direct services, but also the accessibility, accountability, and coordination among professionals and agencies and the ability of services to respond to, evolve, resolve, and enhance a family's inherent capacity to care for the needs of their children.

While assessing the quality and effectiveness of services is an important part of developing and sustaining a service array, a discussion of assessing the quality or effectiveness of services is outside the scope of this document.

Why a Data-Driven Approach to Service Array

The success of a data-driven approach relies on the quality of the data gathered and the effectiveness of data analysis and interpretation.

Data should be at the heart of all strategic decision-making in child welfare. In assessing service array, data can provide insights that help answer key questions such as, "How can we improve the array of services available in our jurisdiction to address [specific service area needs] in sufficient numbers and at sufficient levels of service to meet family needs effectively?" The power of data is that data analysis leads to insights; child welfare agencies and program managers can turn those insights into decisions and actions that improve the business of protecting children and improving outcomes for families. These decisions and actions, in turn, become the foundation of an agency culture and climate that emphasize and reinforce data-driven decision-making that has the potential to improve the lives of children and families.

CFSR Requirements and Round 3 Results to Date

One of the systemic factors on which the Child and Family Services Review (CFSR) evaluates states is their ability to provide a comprehensive array of accessible, individualized services to meet the unique needs of children and families.

According to the *CFSR Stakeholder Interview Guide*, Items 29–30, states must meet the following criteria (CB, Administration for Children and Families [ACF], U.S. Department of Health and Human Services [HHS], 2014a):

- The state must have an array of services in place that:
  - Assesses the strengths and needs of children and families and determines other service needs
  - Addresses the needs of families and individual children to create a safe home environment
  - Enables children to remain safely with their parents when reasonable
  - Helps children in foster and adoptive placement achieve permanency
- The services should be accessible to families and children in all jurisdictions covered in the state's Child and Family Services Plan (CFSP).
- The services must be sufficient to be individualized to meet the unique needs of children and families served by the agency.

In addition, CFSR Onsite Review Instrument Items 12a, 16, 17, and 18 address the child's educational, physical (including dental), and mental/behavioral health (including prescription oversight) needs, respectively. For each item, cases are rated a "strength" if the agency assessed the child's unique needs and took steps to address those needs (CB, ACF, HHS, 2016a).

A summary of Round 3 results analysis thus far reveals that many states struggle in the areas of availability of, access to, and provision of services that are individualized to meet the unique needs of children and families, with only three jurisdictions being found in substantial conformity with the systemic factor Service Array and Resource Development (CB, ACF, HHS, 2017a).

Individual Round 3 CFSR final reports cited the following specific areas of difficulty (CB, ACF, HHS, n.d.):

- **Service Array and Resource Development**
  - Notable gaps in availability of services, including functional family therapy, preschool and after-school programs, transportation, quality mental health services for children, services for parents with cognitive impairment, Independent Living housing for older youth, and affordable housing

- Extensive wait lists for substance use disorder treatment, resource family homes, trauma-informed services, and mental health services, including psychological evaluation and treatment for children
- Gaps in accessibility of an extensive range of services, including in-home services, resource family homes, mentoring programs, trauma-informed services, substance use disorder services, therapy, parent aides, transportation, and residential treatment services
- Resource challenges, including significant budget reductions, a limited pool of qualified service providers, and complicated coordination and approval processes with behavioral health offices
- Geographic challenges for rural communities where services are absent or difficult to reach

- **Individualization of Services**
  - Limited ability to individualize services, dependent on the availability of funds based on the jurisdiction's budget and the caseworker's level of involvement in crafting such services
  - Limited ability to meet the requirements of families with unique cultural needs or parents who have cognitive disabilities or face language barriers
  - Challenges in accessing flexible funding the agency has budgeted to be available to meet individualized needs for families when those needs arise

Importance of Data in Service Array Assessment

Policy changes in the child welfare field over the past 25 years have signaled the need to implement programs and services that better target the needs of children in their own homes, coordinate across child-serving systems, address service and decision-making disparities that result in the overrepresentation of children of color in the child welfare system, and engage families more effectively in the development of their own service plans.

Recent Child Welfare Policies

Since the creation of the **Family Preservation and Support Services Program** in 1993 (2006), child welfare systems have undergone many changes in policy, service delivery, and IT system design to better address the needs of children, youth, and families. This law emphasized preventive services to help children remain safely at home. It also required states for the first time to engage in a broad, community-based planning process to ensure availability of the right mix of services and supports to meet families' individual needs.

The **Adoption and Safe Families Act (ASFA) of 1997** (2006) codified the three principal outcomes of safety, permanency, and well-being, which continue to frame the mission for public child welfare services today. The emphasis on well-being in the ASFA further encouraged child welfare agencies to attend to service array and coordination with other child-serving systems. The ASFA also made explicit expedited timeframes for permanency, including by providing incentives to states to increase adoptions. As noted earlier, the federal CFSRs, called for by the ASFA and initiated in 2001, helped states identify specific service delivery deficiencies and prompted further improvements.

In 2018, **the Family First Prevention Services Act (FFPSA)** was signed into law as part of Public Law 115 –123 and has several provisions, including those intended to enhance support services for families to help children remain at home and reduce unnecessary use of congregate care. The law enables states and territories to use funds for prevention services, such as:

- Evidence-based mental health programs
- Substance use disorder prevention and treatment
- In-home parenting skill-based programs
- Kinship navigator programs

All of this requires a responsive service array, including prevention and safety-related services, as well as service delivery that is coordinated and integrated with the courts, mental health, substance use disorder treatment, domestic violence, and numerous other systems that touch families' lives.

To view the Program Instruction for FFPSA, visit: https://www.acf.hhs.gov/cb/resource/pi1807.

The last decade has seen increasing federal emphasis on implementation of evidence-based practices (Haskins & Baron, 2011). A by-product of these efforts is increased emphasis on evaluation and data to inform decision-making.

Several Information Memoranda (IMs) issued by CB have addressed the importance of child welfare agencies attending to various aspects of child and family well-being. Some of these include:

- IM-12-03: "Promoting the Safe, Appropriate, and Effective Use of Psychotropic Medication for Children in Foster Care" (CB, ACF, HHS, 2012a)
- IM-12-04: "Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services" (CB, ACF, HHS, 2012b)
- IM-14-03: "NEW LEGISLATION - Public Law 113–183, the Preventing Sex Trafficking and Strengthening Families Act" (CB, ACF, HHS, 2014b)
- IM-15-08: "Linking health care to children, youth, and families who come in contact with the child welfare system" (CB, ACF, HHS, 2015)
- IM-17-03: "Efforts by child welfare agencies, local communities, and federal agencies to end family and youth homelessness" (CB, ACF, HHS, 2017b)

To access the CB's IMs, visit: https://www.acf.hhs.gov/sites/default/files/cb/im1802.pdf#page=19.

To learn more about the Center's resources related to CQI, see the Center's Continuous Quality Improvement and Implementation webpage as well as the Additional Resources section below.

The Center for States also offers tailored services for jurisdiction-specific work. To find the contact for tailored services in each state or territory, visit: https://capacity.childwelfare.gov/map/

Using Data in Developing Service Array

In addition to these policy changes at a federal level, using data to assess and improve service array simply makes sense for several reasons—both for the child welfare agency and for the children and families it serves. For example, research has shown that children and youth receiving child welfare services experience increased needs for mental health services (Bernstein, 2005; Cooper, Banghart, & Aratani, 2010). Although this population generally has access to mental health care through Medicaid, gathering data helps to assess whether children have sufficient access to, continuity of, and quality of care to meet their needs.

Child welfare agencies must be efficient in the use of funds and should be able to demonstrate that child and family needs are being met. When funding is tight, support programs that help improve child and family outcomes are at risk of being cut or curtailed. This situation is especially problematic for prevention services as well as evidence-based practices that must follow a specific protocol and are predicated on being carried out by highly skilled staff. Data on service availability and accessibility and on critical unmet needs can be

used to help ensure that states and counties target limited funds to programs that have demonstrated the greatest success in meeting families' needs and improving outcomes and target those services to the children and families who have the greatest needs.

Thoughtful, data-driven assessment of a community's service array can lead to enhanced connections and better coordination among child welfare agencies and providers of other services, including safety-related, prevention, education, healthcare, behavioral health, mental health, dental, parenting education, substance use disorder treatment, and others. Specifically, it can facilitate linkages to service providers for presently underserved or more vulnerable subpopulations of children and families.

Those served by the child welfare system include families, caregivers, youth, and parents. Working together with these and other stakeholders, the agency can work to improve outcomes for children and families by providing an opportunity to create a more collective approach and shared commitment to improving the lives of those who live in the community. Stakeholders may include (Center for States, 2018):

- Youth representatives (including youth currently in care, as well as young adults over age 18 who may or may not still be receiving services)
- Child welfare agency internal partners, such as state and local agency staff, training staff, contract staff, supervisors, and administrators
- Tribal representatives
- Court representatives (e.g., attorneys ad litem, guardians ad litem, parent counsel, state or agency attorneys, court appointed special advocates, judges, Court Improvement Program representatives)
- Family members (e.g., children's families, kinship caregivers)
- Resource families
- Representatives from state and local governments and professional and advocacy organizations
- External community partners (e.g., mental health, substance use disorder treatment, juvenile justice, and developmental disabilities service providers; domestic violence coalitions; school systems)
- Representatives from racial, ethnic, and cultural community groups
- Formal and informal community leaders and representatives (e.g., religious leaders, community organization members)

Using data to establish common goals and outcomes can support this collaborative relationship between the agency and service providers.

Limitations of Data

The use of data is not without its limitations. Relying too heavily on data without complementary qualitative insights to inform decisions increases the likelihood of making data-based decisions without proper context, overrelying on algorithms, or cherry-picking data. Data can be a useful means to better understand patterns within the child welfare agency or society; however, data and reports are created by people and as such contain inferences and assumptions that are "coded in." Those coded-in values shape the output and can influence recommendations arising from the data if not viewed critically. Because data cannot account for everything or represent life in all its complexity, for the best results staff must balance data with human intuition and other forms of wisdom.

Nonetheless, data can quantify observed outcomes and provide a solid foundation either to challenge conventional wisdom and support change or to justify continued allocation of resources toward solutions demonstrated to work well for children and families receiving child welfare services.

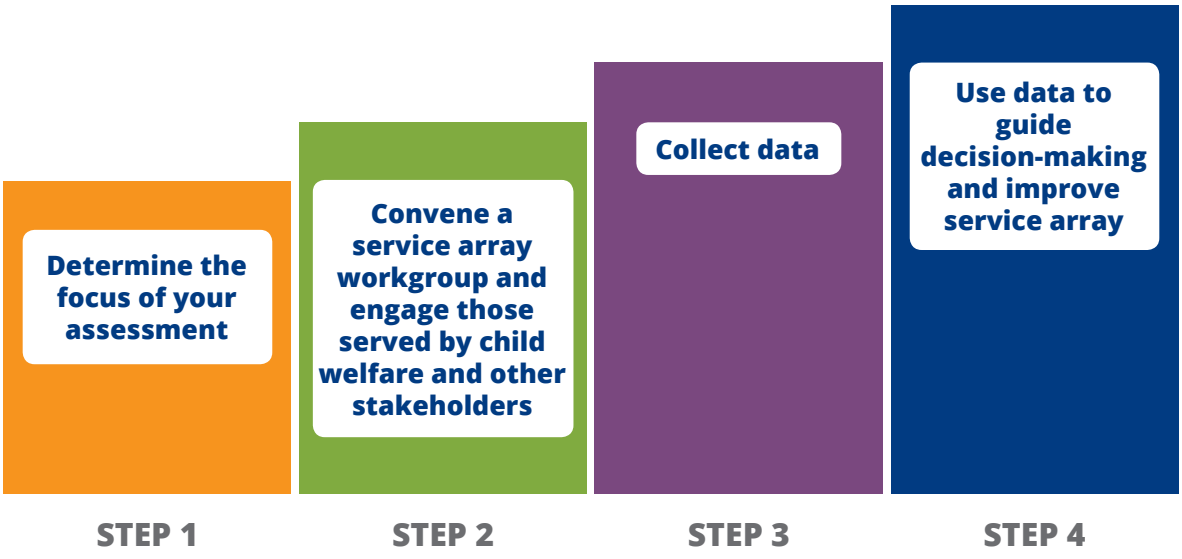
Jurisdictional Spotlight: Washington, DC

In the last 20 years, the DC Child and Family Services Agency (CFSA) worked with community collaborators to form eight community collaboratives that worked to address the high number of children in foster care. They tackled this issue on two fronts: providing services to families and children at risk of child welfare involvement and providing services to families and children in foster care. Five of these community collaboratives still are in operation.

Recently, as CFSA has focused on prevention and evidence-based services, all five community collaboratives have come together with CFSA to strategize a way to improve and increase prevention and evidence-based services. Each community collaborative brought its respective data to group discussions so all partners could see what each collaborative was seeing in the community. They could then compare this information with the data collected by CFSA on reports of maltreatment and the different indices tracked in child welfare. With the community collaboratives at the table, along with the DC Departments of Health (public health) and Behavioral Health (mental health), the group looked at the data from a variety of perspectives. Collaboratively analyzing a variety of data allowed the group to identify gaps and areas of need around prevention and evidence-based services in DC. Armed with this information, the group was able to make data-informed, collaborative decisions on how best to move forward with prevention and evidence-based services to meet the needs of families and children in Washington, DC.

The steps described in exhibit 2 can help agencies use data in developing their services and highlight types of data and contributing factors specifically related to service array development. These activities should be integrated into the jurisdiction's existing CQI processes and the ongoing planned activities in the jurisdiction's CFSP and Annual Progress and Services Report (APSR). Research findings suggest that for CQI efforts to succeed, staff at all levels of the agency and from private service provider agencies must fully engage in the CQI process (Brandrud, Schreiner, Hjortdahl, Helljesen, & Nelson, 2011).

Exhibit 2. Steps of Developing a Data-Driven Service Array



1. Determine the Focus of Your Assessment

Improving service array is a large task unlikely to be tackled effectively all at once. It is important to undertake an assessment with an appropriate and manageable scope. Assessment can be limited by geographic region and may encompass the entire array of services used to support children and families or be targeted at specific types or aspects of those services.

Collaborative and early planning before your assessment will help to determine who needs to participate in the assessment process, what types of data will be most useful, and how to integrate the knowledge gained into the agency's CQI process.

> The Center's Change and Implementation in Practice resources can help agencies with all aspects of implementing change, including problem exploration to further examine what is driving challenges with service array and where efforts should be targeted. Access the problem exploration resources at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/problem-exploration/

Regardless of the focus, it is important to distinguish between service availability and accessibility. In addition to the service being available, the jurisdiction might want to define parameters such as an acceptable amount of time prior to beginning the service (or time spent on a wait list), an acceptable distance or time someone would have to travel for a service, whether the service is available at a time when it can be accessed based on school and work schedules, or other factors.

Agencies can consider the following factors when assessing the availability and accessibility of the services they provide for children and families.

Recipient input. Determine what families, youth, parents, and caregivers think should be the focus of the assessment.

Geographic region. Using data to assess and improve an agency's service array can be done at multiple levels, including statewide, in focused areas within a state, or at the county or other local level. Smaller geographic areas can focus only on their specific communities, whereas counties (parishes), regions (area offices), and states may need to include questions that provide for area comparisons and explore service gaps across the entire service area. For example, a local community might ask, "How many families receive substance use disorder services in our community?" A regional or area-focused service array team would also ask, "How many families receive substance use disorder services in each of the counties in our area?"

Service type. Jurisdictions may choose to focus on specific areas of their service array based on areas of greatest challenge identified through a previous assessment, CQI, or the CFSR. For example, previous reviews may have revealed that a community's in-home services or Independent Living services require a stronger focus. Rather than focusing on overall service array, the service array team might start with questions and analysis about one of these specific areas before moving on to others. One jurisdiction chose to focus on the services provided to youth transitioning out of foster care. Surveys developed for youth, foster parents, and service providers sought to learn more about service provision. The makeup of the teams that participated in this process was planned accordingly.

Another major category of services assessed by many jurisdictions is foster and adoptive home availability. Often there is widespread agreement that a jurisdiction does not have an adequate number of available homes and/or slots (beds), but more specific information is needed to understand how best to target recruitment efforts (by geographic region, service needs, etc.). Within this category, a jurisdiction may choose to focus on placements for older youth, children with mental health needs, or another subset of foster and adoptive homes. Resources to support diligent recruitment can assist in this type of assessment (see, for example, https://www.childwelfare.gov/topics/permanency/recruiting/diligent-recruitment).

Service customization and flexibility. Sometimes jurisdictions will identify a particularly challenging subset of the service array. For example, the jurisdiction may want to focus on customizable services available as part of a flexible funding program or to inform development of such a program. This may require additional data collection or analysis related to the specific identified needs that would warrant a more customized service. Some jurisdictions have found that existing flexible funds are not used because of a lack of awareness by frontline staff or the perception that the process is complex and time consuming. Ongoing input by frontline staff is valuable in these instances to ensure timely and effective use of these funds.

Service effectiveness. After determining service availability and accessibility, many jurisdictions find it useful to consider the effectiveness and outcomes of their service array. Outcome measurement assesses the extent to which a program (or in this case, the service array, or a subset of the service array) achieves its intended results.

Questions to consider include the following:

- What has changed in the lives of children and families due to this service or service array?
- If goals for the services were specified, were those goals met?
- Has this program or service array made a difference in addressing identified community needs?
- How are the lives of participants—and the condition of the community as a whole—better because of this service array?

Although the process of outcome measurement is beyond the scope of this guide, jurisdictions should keep this in mind as a logical next step in their service array assessment.

2. Convene a Service Array Workgroup and Engage Stakeholders

To thoroughly assess whether the current service array is meeting the needs of children and families, convene a multidisciplinary workgroup or steering committee. This workgroup should include representatives from the child welfare agency serving at multiple levels and in various roles, as well as members of the service community, service recipients (e.g., families, youth), and other stakeholders.

A multilevel teaming structure may be useful in allowing core agency staff to drive the work forward and manage tasks efficiently while benefitting from a larger group that provides vital input into key questions, shares ideas for data sources of which the agency might not be aware, and offers diverse interpretations of the data.

This guide will refer to the Agency Team (core group) and the Community Team (larger workgroup), although much of the work will require collaborative work by both teams. The makeup of your teams will vary based on your assessment's scope and areas of focus. The structures, roles, and tasks outlined in this guide are suggestions that can be adapted for your specific needs.

Also, note that the teams and activities discussed below may stand alone or be integrated with ongoing initiatives, established stakeholder input activities, or the jurisdiction's established CQI process.

The Center's Change and Implementation in Practice: Teaming resources can help agencies form teams to tackle agency challenges. Access the teaming resources at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/teaming/

Agency Team Membership

The Agency Team's purpose is to develop plans and meeting agendas, recruit members for the Community Team, provide synthesized information and data analysis, and manage communication. Agency leadership should determine who will lead and coordinate this work and should participate in setting the goals, objectives, and intended outcomes. Initial discussions about the scope of the assessment should take place at this level, and the Agency Team should clearly communicate the scope across the service array team and with other teams. Smaller committees may be formed as the work moves forward; these may be assigned tasks such as collecting and analyzing additional data, conducting targeted outreach to service providers, or communicating with agency staff and stakeholders outside of the committees.

The following list specifies potential members of the Agency Team. Although the specific makeup of the team is somewhat flexible, and staff titles may vary in each jurisdiction, certain core roles should have input early and often throughout the process (see "Change and Implementation in Practice: Teaming" brief for additional details). This will help integrate efforts to assess and develop the service array with other initiatives and work plans, provide group access to all relevant information that might affect progress, and align decisions made to change policy, practice, data collection, or other processes. Team members may include:

- Youth, family, kinship caregivers, and parent advocates or representatives (required)
- Executive and agency leadership
- CQI, CFSR, data, and other management staff
- Performance management staff

- University staff and other technical assistance providers
- IS and IT manager
- Program managers (foster care, adoption, Independent Living, in-home services, prevention)
- Frontline staff and supervisors
- Contracts and finance staff
- Licensing staff
- Resource development staff

Participation of the IS, CQI, and data managers is particularly important to ensure all Agency and Community Team members understand and feel comfortable discussing the available data and the processes that may be required to collect or access additional data. These individuals have the skills necessary to elicit information from other workgroup members about how data are collected and used in the field, and they are best positioned to identify how to make improvements in this area:

- **The IS manager** plays an important role in explaining how relevant data are collected, who records the information in the system, how data are viewed and reviewed, and how to collect additional data, if needed. The IS manager also has knowledge of planned enhancements to the information system, as well as current and planned data exchanges with courts, education, and other providers. The IS manager will share knowledge about data elements that may be present in the system but not utilized regularly, as well as other data quality considerations. The IS manager will also have the technical knowledge to help the group clearly define the concepts being assessed.
- **The data and CQI managers** also will have knowledge about current data quality, as well as a deeper understanding of how data are collected throughout the life of a case. They will share how data currently are analyzed and shared, whether through reports, an online dashboard, or other means. They also can help the team understand how data are used during regional or other meetings to provide context for a practice or to assess performance and advocate for program funding with legislative bodies.

Community Team Membership

The purpose of convening a Community Team is multifaceted. First, it is important to have a broad range of stakeholder voices and perspectives represented in the assessment of service array. Ideally, involving the community in this process also will be mutually beneficial, will improve the agency's relationships with community members, and will foster broader support for the well-being of children and families (Morris & Baddache, 2012).

The Center's Becoming a Family-Focused System series resources can help agencies build culture and climate that facilitate best practices for working with families and community stakeholders. Access series resources at https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/family-focused-system/

The Community Team should be multidisciplinary and involve the following members:

- Key leaders, at the jurisdictional level, of the courts and tribes
- Leaders of child abuse prevention, family support, and early childhood services

- Representatives of the juvenile justice, education, housing, food security, family and youth mentoring, domestic violence, health, mental health, and substance use disorder services systems
- Parents, kinship caregivers, resource parents, and youth/young adults (See "**Strategies for Authentic Integration of Family and Youth Voice in Child Welfare**" tip sheet for more information)
- Other nontraditional partners, including other community organizations, the local business community, law enforcement agencies, faith-based organizations, parks and recreation departments, and local government

Membership of this group will likely differ depending on the scope of the assessment. For example, if the assessment focuses on the needs and services of older youth, agencies that serve this population should be targeted for involvement.

Jurisdictional Spotlight: Kentucky

In April 2018, the Kentucky Department of Community Based Services (DCBS) began its Child Welfare Transformation, an overarching framework to comprehensively change agency culture, climate, and practice to help achieve better outcomes for children, youth, and families. In structuring the framework, DCBS sought the voices and the opinions that mattered to make transformational changes, including working with alumni of the child welfare system to make sure youth voice was being incorporated. This input informed the development and trajectory of the Child Welfare Transformation.

As a key implementation strategy, the agency continues to make sure staff and stakeholders are on board by providing training at all staff levels and integrating the new practices with existing frameworks to support staff throughout the process. As agency leaders studied the provisions of the FFPSA, they realized that being an early implementer of the FFPSA would serve as a lever for the Child Welfare Transformation efforts already underway.

Workgroup Tasks

The **Agency Team's** work plan may include the following tasks:

- Recruit and retain a wide range of traditional and nontraditional stakeholders for the Community Team, which may include members of the private provider community, including people who have participated in other needs assessments in the jurisdiction.
- Plan for how to involve parents, kinship caregivers, resource parents, and youth throughout the jurisdiction's service array development process.
- Study data from existing needs assessments or other documents in the state or jurisdiction relevant to child and family welfare to understand past and ongoing efforts. This will help ensure that the service array assessment builds on, rather than duplicates, existing planning processes and will help to align the work with agency efforts such as ongoing CQI, CFSR Program Improvement Plan (PIP) activities, and activities related to the CFSP and the APSR, or other state/jurisdiction initiatives.
- Perform initial analysis of available data related to child and family service needs and the available array of services.
- Schedule workgroup meetings and secure meeting facilities.
- Facilitate meetings and support committees as they conduct assessments.

- Obtain additional data and conduct data analysis arising from meeting discussions.

In addition, the Agency Team should ensure all members of the Community Team, many of whom are not directly involved with the child welfare agency on a regular basis, have a common understanding of the following:

- Child welfare agency's core mission, organizational structure, and children and families served
- CFSR results and results of other relevant reviews such as Quality Service Reviews
- Sources of administrative data, such as Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD), title IV-E eligibility, and other data reports used regularly by the agency
- Foundations of the agency's practice model
- Assessment tools used by the agency, including risk, safety, strengths/needs, and any other population-specific tools, such as those used to assess independent living skills and needs for youth
- Agency's current process for determining service needs, making referrals, paying for services, and following up
- Findings from needs assessments and service array analyses

The Community Team's core tasks may include the following tasks:

- Prepare for meetings by reviewing any information provided by the Agency Team, which may include foundational information about the child welfare agency, data reports, and other documents.
- Share relevant data available from members' own community agencies or organizations.
- Participate actively in meetings, serve on committees, and complete other assignments as needed.

3. Collect Data

Collecting data for an analysis of your service array starts with identifying the right questions. A focused approach is necessary when considering what data will be needed. Numerous reports and data elements probably are available but not all will be useful to addressing the most critical questions to assessing your service array.

The "Service Array Data Inventory Sample Worksheet" contains examples of basic questions to guide the service array assessment process. It contains sections specific to different service or program areas and can be modified to meet the needs of the jurisdiction. The worksheet offers one example of how a jurisdiction might organize this information. If the jurisdiction has an existing methodology to collect and organize this kind of information, it can integrate the example questions in the tool into the existing process and use the questions to initiate conversation among service array assessment teams. The jurisdiction may choose to include these questions in a spreadsheet or another format that can be adapted and modified as the process continues.

Your jurisdiction will need to decide which of the suggested questions are most relevant to your selected areas of focus and most critical to improving your service array. Additional questions may be needed for your unique situation. Once your team agrees on the questions, the worksheet will help you document the data-finding process by mapping current reports or data to the key questions.

Staff responsible for information system development should continue to be involved at this stage. They will have specific knowledge of data collection fields, the quality of data available, and efforts to improve quality. They will also be able to provide information and considerations should the group recommend changes to the system, such as additional data fields or other changes.

Determining the Questions Data Should Answer

Assessing any service array requires teams to answer three basic questions:

- What are the current needs of children and families served?
- What services currently are being provided to children, youth, and families?
- What child and family needs currently are unmet by the existing service array?

Identifying Key Questions

One of the first tasks a service array team should undertake is identifying the key questions, within these broad categories, that will guide the analysis and improvement of the jurisdiction's service array. The worksheet can serve as a guide in this process. It provides sample questions for each of the three principal areas that require exploration.

Current Needs of Children and Families

The Current Needs of Children and Families section of the "Service Array Data Inventory Sample Worksheet" addresses the following issues:

- Number of children and families served and their demographics
- Overarching needs and related service needs by program area

These questions seek to determine details and specific counts, if available, of the service needs of children and families. For example, a question might ask, "Of in-home cases, how many families have been assessed as needing mental health services?"

Services Currently Provided to Children and Families

This section explores the types of services provided through the current service array. It includes questions about the following issues:

- Types of services available
- Number of services provided, number of agencies providing each service, and/or slots available for each service area
- Utilization of those services
- Accessibility of services based on location, time to begin service, and other factors
- Finding out the details of how families and youth are referred to or connect with services and what those details mean (for example, being placed on a wait list might indicate that a family is eager to start services or it might not be a meaningful measure if the agency simply refers a family to the service)
- Measuring how effectively the services provided are meeting identified needs, such as changing caregiver behavior and/or improving outcomes for children and youth, for example, by" shortening the time to reunification or decreasing the number of placement changes

For example, a question in the transitional living section of a jurisdiction's service array assessment might ask, "How many youth in the caseload are receiving mentoring services?" Another might ask, "How effective are these mentoring services for youth transitioning out of foster care?"

Unmet Needs of Children and Families

The questions in this section analyze the following:

- Gaps between the needs of children and families and the services currently provided
- Child and family needs that are not met due to lack of available services or barriers to service provision

For example, a question in this area might ask, "Of the families identified as needing mental health services, how many have actually received these services or how many are on a wait list for services?"

Primary Versus Follow-up Questions

Within these three general areas, your service array team will have to decide which questions are most important to begin your analysis, based on the defined scope of your service array assessment. Primary questions are best defined by the group as what you "must know" to get a clear picture of the service array. Follow-up questions add depth to the analysis but are not as critical.

For example, a primary question might be, "How many youth currently are eligible for transitional living services?" This question defines the scope of the need for such services. A follow-up question might refer to this same group of eligible youth but ask about their current placement settings or case plan goals. This information provides depth to the analysis but is not essential to begin to get a basic picture of community needs.

Points to Remember:

- Data availability alone should not determine the importance of a question. In other words, do not eliminate questions at this point strictly because of a perceived lack of data.
- Identify follow-up questions, but keep them in the inventory. They might become more important to your analysis as the team gathers more information and answers other key questions.

Documenting and Framing Questions

Someone on the team will need to document the process of selecting key questions. This can be done in the worksheet or another format.

Questions should be stated clearly, so that all agree and understand what information specifically is being sought, and should clearly define the following:

- Population being addressed
- Explanation of whether the question calls for a point-in-time analysis or trends over a defined timeframe
- Expectations for how to present the answer (e.g., calculations, aggregation by location, etc.)

Good questions begin with the phrase, "of the," which helps to define the population to which the question refers. For example, "Of all youth in foster care. . ."

Adding "on January 1 of this year" to the prior example specifies a point-in-time population, or a snapshot of the population at a specific time. Another possible approach would be something like, "Of all youth in foster care at least 1 day during the last 3 months. . ." This question defines the population over a specified timeframe. If the team wants the question to address current needs or services, either will work—a point-in-time population or a period-of-time population, providing the time period is limited.

If the team wants to understand trends over time, it can adapt either of the above examples. For example, "Of the children in foster care on the last day of each of the previous 5 years, how many were receiving substance use disorder services?" This question provides a trend analysis over the past 5 years.

Finally, the question should state the calculations needed to answer the question—such as totals, averages, or both—and specify how to present the data for analysis, such as by county or service provider. For example, "Of all youth in foster care on the last day of the year, how many and what percentage, by age and sex, received at least one transition service during the previous year?"

Reminder: At this stage in the process, it is not necessary to determine whether the data exist to answer your questions. However, note if someone knows where to find the data for a particular question or if it is clear that you will want to collect data in some way as part of the assessment.

The Center's Change and Implementation in Practice resources provide further support for next steps identified through this process. For more information or to access individualized supports, please find and contact your State Liaison at https://capacity.childwelfare.gov/map/

Finding and Using Data to Answer the Key Questions

The next task in the assessment process is locating data to answer the key questions. This involves two steps:

1. Identify existing reports that already address some of the key questions.
2. Set priorities for report development and/or data collection where reports do not exist.

Using Existing Data Sources

Use the "Service Array Data Inventory Sample Worksheet" to identify existing data reports that might answer each of your key questions. Make sure the report specifically addresses the question. That is, make sure the report addresses the population defined in the question and presents the data in a format needed for analysis. If needed, work with the data and IS experts on your team to modify the report to better address the question.

Some questions may call for more than one report, whereas other reports may answer more than one question. For example, one report may provide information about mental health services provided by county, and a separate report may present the same data by provider. On the other hand, one report may present the data by both county and service provider, as well as by children's ages.

Some questions will require quantitative data, such as number of services provided. Others will need qualitative data, such as information about how well the service met the child's or family's needs. How the question is posed will guide you in determining the types of data needed. Quantitative data usually are captured in data systems, whereas qualitative data might be captured in surveys or qualitative reviews.

Exploring and listing possible data sources as a team can help identify the specific data needed. Begin by listing all the data systems or sources available that might address key questions. (Some of these data sources are listed for the example questions in the worksheet.) Explore current reports from those systems first.

Some data sources available in your community may include the following:

- **Data captured regularly for federal reporting** is a good place to start. Data provided to these systems are available and reported from the state's child welfare information system, or a separate system in the case of the NYTD. Federal reporting systems include:
  - NCANDS, which collects data on intake and investigation services
  - AFCARS, which captures foster care and adoption data
  - NYTD, which collects data on youth and young adult services and outcomes
- **CFSR results and PIP-related data** provide valuable insights. Consider exploring data used in assessments, such as the CFSR Statewide Assessment, the CFSP, and the APSR.
- **Child welfare case management systems** capture information about child and family needs, service provision, and casework processes.
- **Child welfare payment or contract systems** serve as a reliable source of data about services.
- **Child welfare case reviews and quality assurance reviews** can serve as a source of additional qualitative data.
- **Other partner data** may be available through the school system, Medicaid, courts, or others.
- **Other public data** may include census data, public listings of available services, and clearinghouses or resource lists for special service areas, such as domestic violence or substance use disorder treatment.

State or tribal agency development of a new Comprehensive Child Welfare Information System (CCWIS) may provide even more data sources through linking external data to child welfare child and family data. Links to court, health, and education data could provide new sources of data for answering key questions.

The Child and Family Snapshot Workbook is a tool developed to answer questions about a jurisdiction's service array using NCANDS and AFCARS data. The tool provides answers to many questions using the federal data. You will need access to the latest submission of these data files. NCANDS findings are reported by calendar year, whereas AFCARS findings are reported semiannually using the federal fiscal year, which begins October 1. The Child and Family Snapshot Description provides many sample service array questions and lists some of the other rich datasets available in many communities. These tools are historical documents and are not currently maintained but may help to generate ideas for how data available to states can be used to support this process.

In the process of this discussion, someone on your service array team (which includes both the Agency and Community Teams) will likely mention a report or data source that could lead to adding a new key question to the inventory. Consider how each proposed question can be used to analyze the service array. If it is not directly related, it may not need to be answered.

Jurisdictional Spotlight: New Jersey

New Jersey's child welfare system is tapping the principles of implementation science to improve outcomes for children and families through greater use of evidence-based and evidence-informed practices. To build on its steady progress in reducing the use of foster care and helping greater numbers of children remain safely with family and kin, the Department of Children and Families prioritized the continued transition of the service array to research- and evidence-supported service models. The agency recognized, however, that program model success in one setting does not guarantee the same results in another.

With support from the Annie E. Casey Foundation, the state partnered with the National Implementation Research Network, a subset of New Jersey service providers, and an expert advisory committee to develop An Implementation Science and Service Provider-Informed Blueprint for Integration of Evidence-Based/Evidence-Informed Practices into New Jersey's Child Welfare System (Blueprint).

Because New Jersey contracts with more than 800 private child welfare service providers, the Blueprint is geared toward developing a sustainable, consistent approach across initiatives and providers to select interventions that meet community needs, attend to infrastructure to support high-quality implementation of the interventions, and shift systems to ensure sustainability of these practices over time. The Blueprint consists of recommendations for state child welfare agencies, systems partners, and/or service providers/practitioners to support effective integration of evidence-based and evidence-informed practices into a service array.

4. Use Data to Guide Decision-Making and Improve Service Array

Once the work has been done to gather relevant data, discuss preliminary findings, and identify the need for additional problem exploration, there are several possible next steps. For the most effective improvements, agencies should integrate the data and early findings from this assessment into their CQI processes.

When Data Are Not Available

You may discover that available data are not sufficient to gain a full understanding of which areas to target for improvement. Depending on the issues identified, a plan may need to be developed to address gaps in available information.

Key data may not be available for any of the following reasons:

- **Needed reports do not exist.** In some cases, the data you need are being collected but are not presented in existing reports to answer identified questions of interest.
- **Data are collected in a format that does not lend itself well to reporting.** For example, if frontline staff enter data on child and family service needs into the information system using text or comment fields, aggregating those data is difficult, if not impossible. In this example, the data could be gathered by reviewing the text field for a sample of cases in a case review format.
- **Data may not currently be collected.** If the data to answer a key question or questions are not being collected, consider options for gathering data, such as a quick survey or case review. One service array group in a somewhat rural area needed data on transportation needs and sources. It decided to send a short email survey to agency workers, asking how individuals found transportation to visits or other appointments. In doing so, the group found several resources it had not considered, in addition to getting a better picture of the need.

IS and data managers play a key role in gathering requirements and identifying ways to collect more effectively. This may include modifying the information system to collect information in discrete fields rather than in text or increasing the level of detail of certain types of information. For example, the agency may have "batched" information related to how many hours a service provider billed the agency, but it may lack detail about the types of services provided, the number of individuals or families who received the services, or associated outcomes. The way this information is gathered or reported may need to change to get a better understanding of what needs are and are not being met.

Teams also may discover that changes are needed to make more direct connections between family needs and the services being provided. The agency can consider whether data collected during the initial and ongoing assessment process give a clear indication of what services will give families more opportunities for success and, if not, how to adjust the data collection process to better meet this need.

Data Quality

If the data are collected, but there are data quality concerns, the IS, data, and CQI managers can collectively develop a strategy to improve the quality of the data.

Systems typically have some data that have a history of being incomplete or inaccurate for several reasons, including system problems, such as not providing the appropriate answers in drop-down values, or data entry problems, such as staff commonly selecting the wrong item in a drop-down list. Solutions to this type of issue may not be quick or easy. In the meantime, the group might consider looking at cases or areas where best practices in data entry are commonly used.

Solutions may involve sharing the data with those responsible for entering the data, providing training and coaching, and/or making changes to the data collection process. Agencies electing to participate in the CCWIS funding are required to develop a systemwide plan for improving the quality of their data (CB, ACF, HHS, 2016b). Any strategies to improve data quality should be integrated into that comprehensive plan and should include systemwide participation.

Data Exchange

If the data are available but not accessible to the agency, such as data collected by service providers, the agency may decide to pursue a data exchange. (For more information on data sharing, see, for example, https://www.childwelfare.gov/topics/management/info-systems/info-sharing/)

Data or reports from a licensing, payment, or other external service system can be difficult to acquire. Consider this issue when selecting partners for your service array team. Solutions may involve developing data exchange agreements, Memoranda of Understanding, and automated means of regularly exchanging data. CCWIS encourages the use of automated data exchanges; participating agencies are encouraged to consult with their assigned Division of State and Tribal Information Systems federal analyst.

Presenting the Data: Geographic Information Systems

As previously mentioned, as data are analyzed, data quality improved, and new data sources developed or accessed, it is important to thoughtfully share relevant data with various audiences. This can be done through simple reports, dashboards, or other innovations.

Several jurisdictions have used Geographic Information System (GIS) technology to aid in visualizing service array need and availability. GIS uses geographic and spatial data to store, analyze, and present information. In child welfare, it can help to assess whether children and families can access the services they need and/or whether transportation may present a barrier.

Arizona has used GIS to support data-informed diligent recruitment efforts. By studying which communities are in the greatest need of placements and which areas are home to the people most likely to complete the licensing process, Arizona has improved recruitment of foster and adoptive families (AdoptUSKids, 2015). Arizona also uses a process called market segmentation, whereby marketing data are used to support very targeted recruitment strategies (AdoptUSKids, 2015).

For more information about GIS, see the following resources:

- "GIS for the Advancement of Child Welfare" (webinar)
- "Geographic Information Systems (GIS) & Market Segmentation" (tip sheet)

Strategies to Improve Service Array

After collecting, gathering, and analyzing data from various sources and discussing potential root causes for gaps in service array, agencies should be in a good position to proceed with strategies to improve the array of services available to children and families. These may include:

- Work with existing service providers to enhance and improve services, provide a different kind of needed service, or allow for more customization based on the need. Data may suggest that a number of individuals would use a certain kind of specialized service and may provide the impetus for a service provider to invest in resources needed to provide such a service.
- Provide data to legislative bodies, blue ribbon panels, or other stakeholders to advocate for additional funding for specific services. For example, one jurisdiction used survey data to provide support for the need for substance use disorder services for youth transitioning out of care. It was able to obtain additional funding to develop these targeted services.
- Increase service accessibility, either through offering additional service locations or improving access to transportation. The use of GIS may be particularly helpful in this area, by visualizing where services are located relative to where families live or where children are placed.
- Collaborate with other governmental agencies (e.g., health, mental health, education, early intervention, and substance use disorder systems) to develop further resources collaboratively.

Regardless of the gaps identified, agencies should integrate ongoing efforts to make service array improvements within their comprehensive CQI system. This may include:

- Conduct periodic reviews of the data and discuss performance and gaps.
- Reevaluate the data being used, and the analysis being done, to monitor performance.
- Share data with several audiences in a way that is customized to their needs and areas of interest.
- Elicit feedback from frontline staff, service providers, youth, and families.
- Make changes to policy, practice, training, and coaching.

Continued investment from agency leadership, engagement with the service provider community, input from youth and families, and strategic integration with ongoing efforts to assess and improve outcomes can help to ensure that children, youth, and families will receive timely and customized services that will support their success. A strong CQI system helps agencies move toward well-defined, targeted outcomes on an ongoing basis.

The Center's Change and Implementation in Practice: Implementation Planning and Capacity Building resources can help agencies create work plans and build capacity for change. Access the implementation planning and capacity building resources at https://capacity.childwelfare.gov/states/focus-areas/cqi/change-implementation/

Additional Resources

The following Center for States tools and resources can help states and jurisdictions develop a data-driven approach to service array:

- **It's All Relative: Supporting Kinship Care discussion guides and videos** is a collection of resources designed to promote dialogue, critical thinking, and practice improvement through highlighting kinship caregiver experiences and innovative kinship programs.
- **2017 Child Welfare Virtual Expo: Strengthening Assessment and Decision-Making for Improved Outcomes learning experience** (access on CapLEARN, registration required) includes recorded sessions, learning activities, personal stories, and supplemental resources designed to improve practice and the quality of assessments and decision-making.
- **"Selecting Evidence-Based Practices" *Children's Bureau Express* article** defines "evidence-based practices" and identifies resources.
- **Quality Matters: Improving Caseworker Contacts With Children, Youth, and Families** includes learning tools, program guidance, and supervisory and practice tips designed to improve engagement, assessment, and case planning.
- **Family Empowerment and Leadership Academy learning experience** (access on CapLEARN, registration required) includes guidance and resources for individual and group learning to advance partnerships with family leaders and identify effective family empowerment strategies.
- **Youth Development resources** include briefs, tip sheets, podcasts, videos, and other tools for learning to enhance youth engagement.
- **Empowering Caregivers, Strengthening Families video series** presents videos of caregivers talking about their experiences and discussion guides designed to promote dialogue, critical thinking, and practice improvement around collaborative partnerships and support structures for resource parents.
- **"National Foster Care Month: Supporting Caregivers to Promote Positive Outcomes" recorded webinar** highlights effective strategies for collaboration between caregivers and children's parents.
- ***Working With Children and Youth With Complex Clinical Needs: Strategies in the Safe Reduction of Congregate Care* guide** highlights the array of evidence-based practices, promising practices, and strategies that exist nationwide.
- **Change and Implementation in Practice series** resources provide assessment tools, how-to guides, and learning experiences to help individuals and groups better assess systems and implement and manage change in systematic, evidence-informed ways to improve child welfare practice.

In addition to these publications, the Center for States offers additional CQI-related learning experiences, tailored services, constituency groups, and events. Visit the Center's webpage for more details at https://capacity.childwelfare.gov/states/. For more information, please contact your jurisdiction's Center Tailored Services Liaison.

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