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Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts





Introduction to Cross-System Data Sources in Child Welfare, Alcohol and Other Drug Services, and Courts

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
and
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau

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Introduction

In many families that are involved in the child welfare system and juvenile dependency court, one or both parents has a substance abuse disorder. In a survey by the National Center on Child Abuse Prevention Research, 85% of States reported that substance abuse was one of the two major problems exhibited by families in which maltreatment was suspected (National Center on Child Abuse Prevention Research, 2001). Studies have shown that between one-third and two-thirds of child maltreatment cases involve substance abuse (U.S. Department of Health and Human Services, 1999). Data indicate that abused or neglected children from families with a substance-abusing parent are more likely to be placed in foster care and to remain there longer than maltreated children from families without a substance-abusing parent (U.S. Department of Health and Human Services, 1999).

This guide describes the primary data-reporting systems used in the child welfare, alcohol and other drug services, and court systems. The document describes 15 data-reporting systems, including 8 child welfare systems, 5 alcohol and other drug service systems, 2 initiatives to implement a national data reporting system in the courts, and 1 enterprise health information system for data on American Indian and Alaska Native families.

This report is a companion guide to *Facilitating Cross-System Collaboration: A Primer on Child Welfare, Alcohol and Other Drug Services, and Courts*. The primer provides basic information on child welfare, alcohol and other drug services, and court systems to support cross-system communication and coordination within State, county, and tribal jurisdictions.

The primary audiences for these two documents include jurisdictions that are interested in developing cross-system relationships. The documents are tailored to management and administrative personnel in State, county, and tribal jurisdictions' child welfare, alcohol and other drug services, and court systems.

For the purposes of this document, the authors have used the term "system" to refer to all of the data systems described in this report. Although these entities are very different from one another and might not fit the strict definition of a data system, each makes information available in its own way to the public about child welfare services, substance abuse services, or court-related cases. The systems described include automated data-collection systems, data-reporting systems, and related data-gathering activities that collect child welfare data to monitor a State agency's ability to ensure safety, permanency, and well-being for all children in the child welfare system. These systems also include activities to collect and report data on substance use and treatment and on court processes.

Child Welfare System Data

The Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, sponsors the major child welfare data systems that child welfare programs use to monitor and improve their outcomes. Five of the seven child welfare data systems described in this section were developed and implemented under the auspices of the Children's Bureau: the statewide automated child welfare information system (SACWIS), Adoption and Foster Care Analysis and Reporting System (AFCARS), National Child Abuse and Neglect Data System (NCANDS), National Youth in Transition Database (NYTD), Child and Family Services Review (CFSR), and Longitudinal Studies of Child Abuse and Neglect (LONGSCAN). These systems are very different from and not comparable to one another. Chapin Hall at the University of Chicago and the American Public Human Services developed the Center for State Foster Care and Adoption Data, and the Child Welfare League of America created the National Data Analysis System (NDAS).

The SACWIS is a comprehensive, automated case management tool that assists social workers with foster care and adoptions assistance case management. Federal regulations require States to use a SACWIS or other system to collect and report AFCARS data to the Children's Bureau to receive Federal reimbursement for State foster care and adoption costs. All States and the District of Columbia collect data on their child welfare cases and activities for a statewide automated system that provides a variety of reports. Not all statewide automated systems meet the standards for a SACWIS system, however. The Children's Bureau supports State development of SACWIS systems, including reimbursement of a percentage of costs.

The AFCARS includes case-level information on all children in foster care for whom State child welfare agencies have responsibility for placement, care, or supervision. The AFCARS also includes information on children who are adopted under the auspices of the State's public child welfare agency. States enter AFCARS data into and generate AFCARS reports from SACWIS systems.

The NYTD collects case-level data from States on youth in care, including the services provided by State agencies that administer the John H. Chafee Foster Care Independence Program (Public Law [PL] 106-169). The Children's Bureau requires all States to participate in the Child and Family Services Review (CFSR), which reviews each State's data reporting system. For more information on Federal and State child welfare reporting systems, visit <http://www.acf.hhs.gov/programs/cb/systems/index.htm>.

NCANDS, LONGSCAN, the Center for State Foster Care and Adoption Data, and the NDAS are voluntary data-reporting systems. The Children's Bureau encourages but does not require States to collect NCANDS data in their SACWIS systems and to report to the Children's Bureau on the status of child abuse and neglect reports, investigations, outcomes, and services. Currently, all States are collecting and reporting NCANDS data to the Children's Bureau. LONGSCAN is a consortium of longitudinal research studies on the etiology and impact of child abuse and neglect in five cities around the country. The Center for State Foster Care and Adoption

Data maintains a multi-State database of longitudinal foster care and adoption data. The NDAS integrates national child welfare data from AFCARS, NCANDS, and other sources and presents data in customized tables and graphs.

Child Welfare Data-Reporting Systems

Statewide Automated Child Welfare Information System (SACWIS)

Sponsor	<ul style="list-style-type: none"> Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> SACWIS is a comprehensive, automated case management system that helps social workers manage foster care and adoption cases. SACWIS includes basic components that the Children’s Bureau mandates and optional elements that the Children’s Bureau encourages but does not require States to use. All States and the District of Columbia collect data on their child welfare cases and activities for entry into a statewide automated system that provides reports for a variety of uses. Twenty-three SACWIS certified systems are in operation, 17 SACWIS systems are in development, and 10 non-SACWIS models are in operation.
Federal Requirements and Support	<ul style="list-style-type: none"> Federal legislation enacted in 1993 supports States in planning, designing, developing, and implementing a SACWIS system. Each SACWIS must support the reporting of data to AFCARS and NCANDS. The Federal government reviews each State’s SACWIS system to ensure that the system supports child welfare practices throughout the State and complies with reporting guidelines. The review takes place approximately 1 year after the State implements the SACWIS system. Front-line workers, supervisors, managers, and other system users (such as quality assurance personnel and non-case carrying staff with advisory responsibilities) use SACWIS data. When the review is complete, the State receives a summary report noting any areas that need improvement.
Data Elements	<ul style="list-style-type: none"> The Children’s Bureau requires States to include 66 data elements that are also part of the AFCARS system, including demographic information on the child’s race, age, gender, and date of entry into care. To view the data elements, visit http://www.nrccwdt.org/resources/afcars/notebook/docs/appendix_c.pdf. The SACWIS includes case-related information, such as the reason identified for removing the child and placing him or her into foster care, service goals, funding source, number of placements, and availability for adoption. States may include other data elements to meet their needs, including elements that help caseworkers manage their caseloads within the structure of the State child welfare system. Because each State can include different data elements in its SACWIS, States collect varying amounts and types of information. States use their SACWIS data to create management and outcome reports, which the Children’s Bureau sometimes requires for use in monitoring performance improvement. Other reports are unique to each State to aid in their own performance-monitoring and improvement systems.

Statewide Automated Child Welfare Information System (SACWIS)

Strengths	<ul style="list-style-type: none"> • The SACWIS provides a wealth of information about children and families and their progress through the child welfare system. • The SACWIS is a means for collecting, collating, and analyzing data regarding agency, local office, and individual worker performance. • Ideally, the SACWIS system gives anyone in the agency quick and easy access to all pertinent information about a child or family.
Challenges	<ul style="list-style-type: none"> • State systems are in various stages of development and use. • Although standards are available for the inclusion of specific information, each State or locality has the latitude to establish its own format and functionality. • The degree to which front-line workers and key supervisory or management personnel use a SACWIS can vary between States and jurisdictions within States. This variation can result in inaccurate data. • Although management personnel usually have access to specific outcome measures, they do not always have access to individual case data. • Because SACWISs are in varying stages of development and use, the longitudinal information on children and families in these systems is limited and unique to each State.
Cross-System Issues	<ul style="list-style-type: none"> • Child welfare data have significant implications for multiple domains, including substance abuse, mental health, family court, and housing systems. The sharing of data across these systems has a great potential to enhance services to children and families in the child welfare system. • The ability to share information outside the State or local child welfare system is limited by strict confidentiality restrictions aimed at protecting the rights of children and families. • Efforts are underway to develop a format for sharing information between court systems and child welfare agencies, but progress in this area has been limited. Issues that impede progress include the use of multiple vendors and proprietary formats in the development of the data systems, the unique nature of each SACWIS, the different approaches and formats for gathering data across systems, and the highly sensitive nature of the data. • Because each State develops its own SACWIS, cross-system data sharing would require each State to develop a unique data-sharing system. • Because each State selects the vendor that develops its SACWIS, cross-system data sharing might require collaboration with multiple vendors and software developers.
Website	<p>http://www.acf.hhs.gov/programs/cb/systems/sacwis/about.htm</p>

Adoption and Foster Care Analysis and Reporting System (AFCARS)

Sponsor	<ul style="list-style-type: none"> Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> The AFCARS collects information on all children covered under Titles IV-B and IV-E of the Social Security Act. States submit data from their SACWIS semiannually to the Children’s Bureau on every child who entered or resided in foster care and every child who was adopted through the State child welfare system.
Federal Requirements and Support	<ul style="list-style-type: none"> The Children’s Bureau requires States to collect AFCARS data, which it uses to assess and evaluate each State’s child welfare performance. The AFCARS assessment review is a “validation and verification” of the State’s automated information system (whether SACWIS or other) and includes an assessment of the system’s ability to accurately gather, extract, and submit the correct AFCARS data. Each review team identifies problems, investigates their causes, and suggests solutions. The Children’s Bureau establishes a schedule for AFCARS reviews, which it conducts after each State SACWIS review. If the State does not have a SACWIS, the Children’s Bureau reviews the system that the State uses to report AFCARS data to the Children’s Bureau. A State may also request an AFCARS review. Circumstances that may prompt an AFCARS review, in addition to the regular reviews, include the identification of data quality issues in the course of a SACWIS, Title IV-E, or child and family service review. In addition, issues related to data quality identified by other sources—such as the Office of Management and Budget, the General Accountability Office, or the Office of the Inspector General—can result in a request for an AFCARS review.
Data Elements	<ul style="list-style-type: none"> The 89 foster care variables and 45 adoption variables that States can include in the AFCARS report include: <ul style="list-style-type: none"> Demographic information about the child (race, age, and gender). Date of entry into care. Limited case information (e.g., identified reason for removal and placement into foster care, drug and/or alcohol abuse history, service goals, funding source, number of placements, and availability for adoption). The system assigns each child’s file an identifying number but records do not include child and family names.
Strengths	<ul style="list-style-type: none"> The AFCARS allows for the collection of aggregate data regarding child welfare systems and related services across the country. The AFCARS provides a snapshot of the field that allows comparative analyses. The AFCARS makes outcomes analyses possible in the child welfare system. Multiple years of data are available. Because AFCARS reporting is mandatory, State compliance levels are high.

Adoption and Foster Care Analysis and Reporting System (AFCARS)

Challenges	<ul style="list-style-type: none">• Because the focus is on foster care and adoptive care cases, the information that States may share across systems is limited to general demographic information only.• The Children’s Bureau discourages the use of data from before 1998.• Tribal agencies that place children for adoption are not required to report data to AFCARS.• The definitions of some data elements, such as “placement” and “date of discharge,” are inconsistent.
Cross-System Issues	<ul style="list-style-type: none">• The data collected are primarily demographic and may have some limited applicability for cross-system issues such as understanding service provision.• The format was developed for the Federal child welfare system, and this could limit its usefulness for other data-collection systems.
Website	http://www.acf.hhs.gov/programs/cb/stats_research/index.htm

National Child Abuse and Neglect Data System (NCANDS)

Sponsor	<ul style="list-style-type: none"> Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> This voluntary national data collection and analysis system gathers State- and child-level data on child abuse and neglect reporting, assessment, and service provision. The Administration on Children and Families publishes annual reports on NCANDS data, available at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can. States can order NCANDS data through the National Data Archive on Child Abuse and Neglect (NDACAN).
Federal Requirements and Support	<ul style="list-style-type: none"> The Children’s Bureau developed the NCANDS in response to the requirements of the Child Abuse Prevention and Treatment Act (PL 93-247) to establish a national data collection and analysis program for child maltreatment. The NCANDS began in 1990 when 49 States, 1 territory, and the armed forces started submitting aggregate data. In fiscal year (FY) 2007, 46 States, the District of Columbia, and Puerto Rico submitted child data and 47 States submitted aggregate data.
Data Elements	<ul style="list-style-type: none"> The NCANDS includes 26 data elements from the SACWIS in the following categories: <ul style="list-style-type: none"> Identifying information. Preventive services, or services aimed at preventing child abuse and neglect. States can direct these services to a specific “at risk” population. Services include those designed to increase family strength and stability or improve parenting abilities. Screened out reports, including reports of alleged maltreatment received within the calendar year that were not referred for child protective service investigation or assessment. Out-of-court contacts. Child maltreatment fatalities, including child deaths that occurred within the calendar year based on data from the coroner’s office, the Uniform Crime Reports, or reports compiled by the State’s child death review team. The NCANDS includes State-level data, such as: <ul style="list-style-type: none"> The total number of abuse and neglect reports in the State. Agency performance (e.g., average response time for abuse reports). Workforce data (e.g., number of workers responsible for intake and assessment). States may include child-level data in their NCANDS from 146 data fields, such as: <ul style="list-style-type: none"> Number of abuse reports for a specific child. Disposition of reports. Type of abuse. Characteristics of the child and parent or caregiver. Risk factors, such as mental health status, physical disabilities, medical conditions, and substance abuse. Availability of these data varies by State and can be limited due to the timing of assessments and reporting, as well as the voluntary nature of the data collection. The variability in data collection limits the inclusion of these items in child maltreatment reports. Number of children and families receiving services. Types of services provided (e.g., day care, respite care, transportation, counseling, and medical care). Source of funding for services.

National Child Abuse and Neglect Data System (NCANDS)

Strengths	<ul style="list-style-type: none"> • The NCANDS offers a systematic means of analyzing data related to child abuse and neglect. • The NCANDS data are available to researchers via the NDACAN, which conducts secondary analyses of data relevant to the study of child abuse and neglect. NCANDS therefore provides an inexpensive and scientifically productive means for researchers to explore important issues in the child maltreatment field. • Various Federal review processes have resulted in enhancements and improvements to the NCANDS data submission system.
Challenges	<ul style="list-style-type: none"> • A 2003 report, <i>Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved</i>, from the General Accounting Office highlighted some concerns about the NCANDS data submitted to the Federal government. The oversight and monitoring of data submission is ongoing and various Federal review processes have resulted in improvements to the data submission system. The report is available at http://www.gao.gov/new.items/d03809.pdf. • Because NCANDS reporting is voluntary, not all States submit NCANDS data every year. • Variation in State child maltreatment laws and information systems could affect interpretation of the data.
Cross-System Issues	<ul style="list-style-type: none"> • Information on such issues as mental health and substance abuse is available through NCANDS, but States have not leveraged this information to the fullest extent possible in support of cross-system collaborative efforts.
Website	http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can

National Youth in Transition Database (NYTD)

Sponsor	<ul style="list-style-type: none"> • Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> • States collect case-level data on youth in care, including the services provided by State agencies that administer the John H. Chafee Foster Care Independence Program (PL 106-169). States report these data biannually to the Administration on Children, Youth and Families. • The NYTD tracks State performance on outcome measures.
Federal Requirements and Support	<ul style="list-style-type: none"> • The Children’s Bureau developed the NYTD in response to the requirements of the John H. Chafee Foster Care Independence Program. This program provides funding to States to implement transitional programs for foster youth. • State data must comply with the NYTD reporting standards, which include: <ul style="list-style-type: none"> ◦ Use required file formats. ◦ Contain accurate demographic data. ◦ Meet 90 percent data quality check for data elements. ◦ Provide full or partial outcome survey information from individuals aged 19–21 years old. ◦ Achieve 60 percent participation from individuals aged 19–21 years. For individuals aged 19–21 who are still under the State’s care, the State must achieve 80 percent outcome survey participation. • The Children’s Bureau penalizes States that fail to comply with the NYTD reporting requirements by reducing the State’s annual funding for independent living services by 1–5 percent.
Data Elements	<ul style="list-style-type: none"> • States collect demographic information. • States report on the independent living services they provide to all youth in the following categories: <ul style="list-style-type: none"> ◦ Independent living needs. ◦ Academic support. ◦ Post-secondary educational support. ◦ Career preparation. ◦ Employment programs or vocational training. ◦ Budget and financial management. ◦ Housing education and home management training. ◦ Health education and risk prevention. ◦ Family support and healthy marriage education. ◦ Mentoring. ◦ Supervised independent living. • States survey youth about six outcomes: <ul style="list-style-type: none"> ◦ Financial self sufficiency. ◦ Experience with homelessness. ◦ Educational attainment. ◦ Positive connections with adults. ◦ High-risk behavior. ◦ Access to health insurance.
Strengths	<ul style="list-style-type: none"> • All States use the same standard reporting system. • The Children’s Bureau uses the NYTD to track the independent living services that States provide and assess the collective outcomes of transitional youth.

National Youth in Transition Database (NYTD)

Challenges	<ul style="list-style-type: none">• Collecting data from youth who have aged out of the foster care system and maximizing youth participation rates in general is difficult.• The data do not explain why some youth do not receive any transitional independent living services.• States do not quantify the services they provide, so these data do not show the extent or quality of the services the youth received.
Cross-System Issues	<ul style="list-style-type: none">• Information on such areas as substance abuse is available but States have not leveraged this information to the fullest extent possible in support of cross-system collaborative efforts.
Website	https://www.nrccwdt.org/resources/nytd/nytd_home.html

Child and Family Services Review (CFSR)

Sponsor	<ul style="list-style-type: none"> Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> The CFSR collects safety, permanency, and well-being data on children involved in the child welfare system. The process also involves an evaluation of such systemic factors as training, recruitment of resource families, and available services. The CSFR is not a data-reporting system but this review process does collect important data. The CFSR is the largest and most comprehensive systematic evaluation of public child welfare services outcomes undertaken by the Federal government.
Federal Requirements and Support	<ul style="list-style-type: none"> Since 2001, after an initial pilot phase, the Administration on Children, Youth and Families has conducted annual reviews of State child welfare systems. The Children’s Bureau determines substantial conformity by analyzing statewide assessments; reviewing and comparing AFCARS and NCANDS report data to national data standards; and conducting week-long, on-site reviews of specific child welfare cases. The on-site review process involves the review of State self-assessments; State and local policies; individual case files; and interviews with children, families, court personnel, and other stakeholders in the child welfare system. After completing the CFSR process, States must develop performance improvement plans (PIPs) to address areas not in substantial conformity with Federal outcome guidelines.
Data Elements	<ul style="list-style-type: none"> The CFSR contains detailed information about evaluations and services provided in many areas, such as substance abuse, mental health, and education.
Strengths	<ul style="list-style-type: none"> The CFSR makes it possible to identify cross-systems’ strengths and challenges. This information can be helpful in formulating future goals aimed at improving outcomes for children and families in a variety of areas.
Challenges	<ul style="list-style-type: none"> The CSFR collects data on only 50 cases drawn from three geographic areas within each State. One of these areas is the largest metropolitan area in the State, and the Federal and State governments jointly select the other two areas. However, the second round of CFSRs will include a slightly larger sample size, although it will still be drawn from three geographic areas within each State.
Cross-System Issues	<ul style="list-style-type: none"> The data gathered could be valuable to many systems that interact with public child welfare programs. The PIP process offers an opportunity for stakeholders in related fields to become actively involved in addressing outcomes in the child welfare process. The second round of CFSRs is increasing the Children’s Bureau’s emphasis on collaboration with stakeholders and community organizations. This new emphasis could lead to improved data-sharing opportunities across systems.
Website	http://www.acf.hhs.gov/programs/cb/cwmonitoring/index.htm

Other Child Welfare Data Systems

Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)	
Sponsor	<ul style="list-style-type: none"> Children’s Bureau, Administration on Children, Youth and Families
Features	<ul style="list-style-type: none"> LONGSCAN is a consortium of longitudinal research studies of child abuse and neglect in Baltimore, Chicago, North Carolina, San Diego, and Seattle. LONGSCAN’s coordinated design permits longitudinal exploration of critical issues in child abuse and neglect to identify trends and developing situations. Comprehensive assessments of children, their parents, and their teachers occur when the child reaches ages 4, 6, 8, 12, 14, 16, 18, and 20. LONGSCAN is built on pre-existing research programs. Social-developmental-ecological theory guides LONGSCAN.
Federal Requirements and Support	<ul style="list-style-type: none"> LONGSCAN began in 1990 through grants from the National Center on Child Abuse and Neglect to a coordinating center at the University of North Carolina and five sites. Each site is conducting a separate and unique research project on the etiology and impact of child maltreatment. Using common assessment measures, similar data collection methods and schedules, and pooled analyses, LONGSCAN allows for individual dataset analysis.
Data Elements	<ul style="list-style-type: none"> LONGSCAN collects official child welfare records. LONGSCAN uses situational tests and samples. LONGSCAN assesses four domains: <ul style="list-style-type: none"> Child or youth characteristics and functioning. Caregiver characteristics and functioning. Family microsystem (home environment and functioning). Macrosystem (neighborhood, school, and support).
Strengths	<ul style="list-style-type: none"> LONGSCAN provides a scientific database that is useful for policy decisionmaking, program planning, and targeted service delivery. LONGSCAN is a collaborative effort to implement common measures, data collection methods and schedules, and analyses. Yearly telephone interviews allow the sites to track families and assess yearly service use and important life events. The combined sample is sufficiently large to provide substantial statistical power and flexibility. LONGSCAN can replicate or extend its findings across multiple socioeconomic subgroups.

Longitudinal Studies of Child Abuse and Neglect (LONGSCAN)

Challenges	<ul style="list-style-type: none">• Participation of minors throughout a longitudinal study is difficult.• Only faculty and non-student research personnel at institutions with an institutional review board or human subjects review committee may order the LONGSCAN data.
Cross-System Issues	<ul style="list-style-type: none">• Coordination and collaboration from each of the five sites is crucial to the success of these research studies.
Website	http://www.iprc.unc.edu/longscan/

Center for State Foster Care and Adoption Data

Sponsor	<ul style="list-style-type: none"> American Public Human Services Association and Chapin Hall Center for Children at the University of Chicago
Features	<ul style="list-style-type: none"> The Center for State Foster Care maintains a multi-State database of longitudinal foster care and adoption data. This database provides information-management tools to assist in program evaluation. The center’s database includes data from a multi-State data archive and current subscribers. State child welfare agencies that currently report their data include Alaska, Arizona, Connecticut, Florida, Georgia, Illinois, Indiana, Maryland, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Tennessee, and Washington.
Federal Requirements and Support	<ul style="list-style-type: none"> The Center for State Foster Care and Adoption Data was developed through a partnership of the American Public Human Services Association, Chapin Hall Center for Children at the University of Chicago, Jordan Institute for Families at the University of North Carolina at Chapel Hill, and the Center for Social Services Research at the University of California at Berkeley. An advisory group consisting of partner institute representatives guides the center’s activities. The partners established the center in January 2004 to provide member child welfare agencies with information technology for performance measurement.
Data Elements	<ul style="list-style-type: none"> The center provides agencies with an evidence base to assess their program initiatives and monitor the impact of innovation. The center uses State administrative data extracted from SACWIS and other legacy systems pertaining to each child’s experience in foster care and adoption.
Strengths	<ul style="list-style-type: none"> States collecting data on substance abuse treatment types and outcomes can capture these data longitudinally through enhancements to their databases. The longitudinal database allows State administrators to: <ul style="list-style-type: none"> Analyze key child welfare outcomes, including time to reunification, time to adoption, placement stability, and re-entry into care. Compare outcomes for different administrative offices within their State or with other States. Trace outcomes from the aggregate to the individual child level. Project future service patterns based on historical trends. Test the impact of service and policy innovations. Set performance goals and monitor progress. Link financial decision-making to outcome measures. Tell their story to media and make their case to legislators.
Challenges	<ul style="list-style-type: none"> Not all States participate in reporting to this voluntary data system. Fees paid by participating States and additional funding from the Annie E. Casey Foundation provide the center’s only financial support.

Center for State Foster Care and Adoption Data

Cross-System Issues

- State agencies receive technical assistance and training on using the database.
- Participants become part of a professional community of child welfare administrators and researchers familiar with best practices in the field.

Website

<http://www.chapinhall.org/partners/CSFCAD>

National Data Analysis System (NDAS)

Sponsor	<ul style="list-style-type: none"> • Child Welfare League of America (CWLA)
Features	<ul style="list-style-type: none"> • CWLA developed the NDAS in 1999 to organize an abundance of information, provide information on how States collect data, and offer a knowledge base to complement other data sources. • The NDAS provides point-in-time and exit cohort child welfare data and statistics through the Internet. • The NDAS integrates national child welfare data from AFCARS, NCANDS, and other sources. It presents data in customized tables and graphs. • The NDAS displays data sources and explanatory notes and provides descriptive text with each predefined table and graph. • Users can download any data table for more in-depth analysis. • The NDAS features general notes on each State, with additional information to help understand and interpret each State's data. • The NDAS features links to websites for child welfare agencies, State statutes, and other sources of child welfare data and information.
Federal Requirements and Support	<ul style="list-style-type: none"> • The NDAS is a part of CWLA's National Center for Research, Data, and Technology. • Forty-six States sponsor NDAS and provide financial support.
Data Elements	<ul style="list-style-type: none"> • Data topics include: <ul style="list-style-type: none"> ◦ Administration. ◦ Adoption. ◦ Child abuse and neglect. ◦ Child abuse and neglect fatalities. ◦ Child care services. ◦ Children's health. ◦ Fiscal data. ◦ Juvenile justice. ◦ Outcomes. ◦ Out-of-home care. ◦ Population data.
Strengths	<ul style="list-style-type: none"> • The NDAS is a comprehensive collection of child welfare and related data from across the country. • The NDAS allows users to create customized tables and graphs. It also provides information and Web links to help users understand the data. • The NDAS provides an ongoing forum for developing uniform data standards in the child welfare field.
Challenges	<ul style="list-style-type: none"> • The NDAS only provides data from recent years and does not typically include data from the current year. • Not all States report to this voluntary data system.
Cross-System Issues	<ul style="list-style-type: none"> • The NDAS facilitates discussion of State and Federal data issues to promote the effective integration of research, policy, and practice.
Website	http://www.cwla.org/ndas.htm

Alcohol and Other Drugs System Data

The Office of Applied Studies, Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, sponsors the data-reporting systems for alcohol and other drug (AOD) services.

The Drug and Alcohol Services Information System (DASIS) is the primary data-reporting system for the AOD services system. The DASIS monitors the prevalence of use, impact, and treatment. The DASIS has three components: Inventory of Substance Abuse Treatment Services (I-SATS), National Survey of Substance Abuse Treatment Services (N-SSATS), and Treatment Episode Data Set (TEDS). Other national data-reporting systems include the National Outcome Measures (NOMs) and the National Survey on Drug Use and Health (NSDUH).

Like the child welfare data-reporting systems, each of these data systems has a different purpose. The I-SATS lists all substance abuse treatment facilities in each State and U.S. territory. The N-SSATS collects survey data on substance abuse treatment services and use from all of the facilities listed in the I-SATS. In addition, the N-SSATS periodically collects survey data on substance abuse treatment services and use from correctional facilities. States are required to report data on treatment admissions and discharges in a standardized format to TEDS for national use. Each State and U.S. territory must also collect and submit data on client-level outcomes to NOMs. Annual reports on AOD topics and substance abuse treatment services are available through the NSDUH.

For more information on Federal and State AOD services reporting systems, visit <http://www.dasis.samhsa.gov/dasis2/aboutdasis.htm> and <http://www.oas.samhsa.gov/nhsda.htm>.

Inventory of Substance Abuse Treatment Services (I-SATS)

Sponsor	<ul style="list-style-type: none"> Office of Applied Studies, SAMHSA
Features	<ul style="list-style-type: none"> The I-SATS provides a master list of all known public and private substance abuse treatment facilities in the United States and its territories and was formerly referred to as the National Master Facility Inventory. The I-SATS classifies facilities as State-approved or non-State-approved. The N-SSATS uses the I-SATS list of facilities in the N-SSATS data-collection process.
Federal Requirements and Support	<ul style="list-style-type: none"> The I-SATS is a component of SAMHSA’s DASIS. The DASIS is a cooperative endeavor of SAMHSA and State substance abuse agencies to collect data on substance abuse services. State substance abuse agencies, the N-SSATS and mini N-SSATS (which collects services data from newly identified facilities between major N-SSAATS survey cycles), and individual treatment facilities maintain this list by submitting data to SAMHSA. Information on State-approved substance abuse treatment facilities is available from SAMHSA’s Substance Abuse Treatment Facility Locator, at http://findtreatment.samhsa.gov/, or the National Directory of Drug and Alcohol Abuse Treatment Programs, a compilation of State-approved treatment facilities.
Data Elements	<ul style="list-style-type: none"> The I-SATS collects data on substance abuse treatment facilities, including: <ul style="list-style-type: none"> Inpatient and residential rehabilitation services. Outpatient rehabilitation services. Detoxification services. Opioid treatment programs (methadone or levo-alpha-acetyl-methadol maintenance). Driving under the influence and driving while intoxicated programs that include treatment. Halfway house services that include treatment. Locations of service provision can include: <ul style="list-style-type: none"> Hospitals. Residential facilities. Outpatient facilities. Mental health facilities with a substance abuse treatment program. Other kinds of facilities with a substance abuse treatment program.
Strengths	<ul style="list-style-type: none"> The I-SATS provides a national master list of facilities. The I-SATS is continuously updated to keep it current and comprehensive.
Challenges	<ul style="list-style-type: none"> The list does not provide detailed programmatic information on the services offered. The list includes some non-treatment facilities.
Cross-System Issues	<ul style="list-style-type: none"> Cooperation with the States is important to maintain a current and comprehensive list of facilities.
Website	http://wwwdasis.samhsa.gov/dasis2/isatsonline.htm

National Survey of Substance Abuse Treatment Services (N-SSATS)

Sponsor	<ul style="list-style-type: none"> Office of Applied Studies, SAMHSA
Features	<ul style="list-style-type: none"> The N-SSATS collects and disseminates information on all substance abuse treatment facilities and their services. The N-SSATS collects and quantifies data on the location, characteristics, and use of substance abuse treatment facilities. The N-SSATS provides national and State-level data on individuals who receive treatment and the facilities that provide treatment. The N-SSATS was formerly referred to as the Uniform Facility Data Set.
Federal Requirements and Support	<ul style="list-style-type: none"> The N-SSATS is a component of SAMHSA's DASIS. N-SSATS data are used for program administration and policy analysis. N-SSATS data are used to update the I-SATS, National Directory of Drug and Alcohol Abuse Treatment Programs, and SAMHSA's Substance Abuse Treatment Facility Locator.
Data Elements	<ul style="list-style-type: none"> The N-SSATS collects data on treatment facility types and services, including: <ul style="list-style-type: none"> Facility focus (e.g., substance abuse, mental health, etc.). Facility operation (e.g., for profit, not-for-profit, etc.). Hotline operation. Services offered (e.g., counseling, pharmacotherapy, etc.). Operation of an opioid treatment program. Services in sign language. Services in languages other than English. Types of clients accepted for treatment. Special programs for specific types of clients. Types of treatment provided (e.g., inpatient, residential, outpatient, etc.). The N-SSATS collects additional data on other issues, including: <ul style="list-style-type: none"> Payment options. Receipt of public funding for substance abuse treatment programs. Managed care participation. Number of clients in treatment. Number of beds designated for non-hospital residential versus hospital inpatient treatment. Client substance abuse problems treated. Facility licensure, certification, or accreditation. Facility internet access and website availability.
Strengths	<ul style="list-style-type: none"> The N-SSATS is a comprehensive database of information on all known treatment facilities in all U.S. States, the District of Columbia, and U.S. Territories. The N-SSATS provides information on many aspects of facilities, from their location and capacity to trends in client characteristics and services offered.
Challenges	<ul style="list-style-type: none"> The N-SSATS data do not include programmatic information on the services that facilities offer.

National Survey of Substance Abuse Treatment Services (N-SSATS)

Cross-System Issues

- The N-SSATS collects data on numbers of facilities that accept women, including pregnant or postpartum women, into treatment and that offer a specially designed substance abuse treatment program or group specifically for these clients.
- The survey does not collect detailed information on whether programs offer child welfare, parenting, or child-related services.
- The N-SSATS only collects data from adult and juvenile correctional facilities that provide substance abuse treatment periodically.

Website

<http://www.dasis.samhsa.gov/webt/newmapv1.htm>

Treatment Episode Data Set (TEDS)

Sponsor	<ul style="list-style-type: none"> Office of Applied Studies, SAMHSA
Features	<ul style="list-style-type: none"> The TEDS compiles data on the substance abuse and demographic characteristics of individuals admitted to publicly funded treatment facilities in the 50 States, the District of Columbia, and Puerto Rico. The TEDS provides descriptive information on the national flow of admissions to and discharges from substance abuse treatment providers.
Federal Requirements and Support	<ul style="list-style-type: none"> The TEDS is a component of SAMHSA’s DASIS. SAMHSA asks treatment programs to provide TEDS data on every client, regardless of the source of funding for the client’s treatment.
Data Elements	<ul style="list-style-type: none"> The TEDS has two main categories of data: the Admissions Data System (comprised of the Minimum Data Set and the Supplemental Data Set) and the Discharge Data System (a newer component). The Minimum Data Set contains the following client-specific information: <ul style="list-style-type: none"> Client and codependent information. Number of prior treatment episodes. Transaction type, date of admission, and principal source of referral. Educational status. Type of service at admission. Employment status. Age, sex, race, and ethnicity. Substance problem (usual route of administration, frequency of use, age at first use, and use of methadone planned as part of treatment). The Supplemental Data Set contains this client-specific information: <ul style="list-style-type: none"> Pregnancy, marital, and veteran status at time of admission. Co-occurring psychiatric problems. <i>Diagnostic and Statistical Manual of Mental Disorders IV</i> diagnosis. Living arrangement. Source of income or support. Health insurance status. Expected or actual primary source of payment. Categories defining “not in labor force.” Categories detailing criminal justice referrals. Days waited to enter treatment. Detailed drug code (primary, secondary, and tertiary). The Discharge Data Set includes information on the type of service at discharge; date of last contact; date of discharge; and reason for discharge, transfer, or discontinuance of treatment.
Strengths	<ul style="list-style-type: none"> The TEDS focuses primarily on admission and discharge information, but its data elements can be used to create cross-tabs. The TEDS’s primary goal is to monitor treatment episodes.
Challenges	<ul style="list-style-type: none"> The TEDS does not collect data on the actual treatment delivered or on prevention or early intervention programs. Not all States submit a TEDS report to SAMHSA.

Treatment Episode Data Set (TEDS)

**Cross-System
Issues**

- The TEDS collects information on pregnancy status but no additional information related to pregnant women.
- The TEDS does not collect data on the number or status of clients' dependents who are admitted for treatment.

Website

<http://wwwdasis.samhsa.gov/webt/newmapv1.htm>

National Outcome Measures (NOMS) for Co-Occurring Disorders

Sponsor	<ul style="list-style-type: none"> • Substance Abuse and Mental Health Services Administration
Features	<ul style="list-style-type: none"> • The NOMS is a performance-management tool developed through a partnership among States, SAMHSA, and SAMHSA grantees. • The NOMS enhances SAMHSA’s accountability while streamlining reporting requirements for States and community-based organizations. • The NOMS includes a set of cross-cutting principles and program priority areas. • All States, the District of Columbia, and U.S. Territories began reporting NOMS data by the end of 2007. • The NOMS tracks and measures outcomes for individuals in recovery following mental health treatment, substance abuse treatment, and substance abuse prevention services.
Federal Requirements and Support	<ul style="list-style-type: none"> • As a result of the Government Performance Results Act of 1993, SAMHSA established targets and goals for its programs. The NOMS grew out of this effort. • SAMHSA collaborated with the States to identify 10 domains that embody meaningful outcomes for people attempting to attain and maintain recovery.
Data Elements	<ul style="list-style-type: none"> • The NOMS has 10 domains, and each has associated outcomes and measures for substance abuse treatment and prevention. They are: reduced morbidity; employment/education; crime and criminal justice; stability in housing; social connectedness; access/capacity; retention; perception of care; cost effectiveness; and use of evidence-based practices. • The NOMS covers a wide variety of issues and problem areas related to substance use disorders. The NOMS also includes data on measurable outcomes for prevention and treatment.
Strengths	<ul style="list-style-type: none"> • The NOMS is an extensive, cross-cutting set of measurable outcomes and essential data related to the prevention and treatment of substance use disorders. • The NOMS allows for the collection of clear, relevant, and current data. • The NOMS can help shape policy and practice decisions. • The NOMS offers a useful snapshot of the AOD prevention and treatment system. • The NOMS helps States manage their treatment and prevention systems and capture useful data.
Challenges	<ul style="list-style-type: none"> • Specific measures in some domains are still under development and do not have defined outcomes and associated indicators (e.g., the social connectedness domain). • More work needs to be done to identify the relevant outcomes and, especially, the developmental measures related to the outcomes.

National Outcome Measures (NOMS) for Co-Occurring Disorders

Cross-System Issues

- One of the program priority areas addresses the needs of children and families at risk of or with substance use disorders, and SAMHSA has created an action plan in this area.
- One of the performance measures is increasing the percentage of children living in stable family environments.
- SAMHSA is developing more comprehensive measures and data capability such as child-parent relational data.
- Although several of the domains (such as employment and education, stability in housing, social connectedness, and retention) are also relevant to child welfare, the NOMS outcomes and measures do not directly address child welfare services.

Website

<http://www.oas.samhsa.gov/NOMsCoOccur2k6.pdf>

National Survey on Drug Use and Health (NSDUH)

Sponsor	<ul style="list-style-type: none"> Office of Applied Studies, SAMHSA
Features	<ul style="list-style-type: none"> The NSDUH is the primary source of statistical information on the incidence and prevalence of alcohol, tobacco, and illicit drug use, as well as the associated problems, in the civilian non-institutionalized population. The NSDUH collects information through face-to-face interviews in respondents' homes. The NSDUH interviews approximately 67,500 people every year. Respondents include residents of households and non-institutional group quarters (shelters, rooming houses, and dormitories), as well as civilians living on military bases. The NSDUH was known as the National Household Survey on Drug Abuse until 2002.
Federal Support	<ul style="list-style-type: none"> Section 505 of the Public Health Service Act authorized the NSDUH.
Data Elements	<ul style="list-style-type: none"> The NSDUH collects data on the sociodemographic characteristics of users, patterns of drug use, treatment utilization, perceptions of risk and availability of substances, criminal behavior, and mental health. The NSDUH presents national data in seven topic areas and related categories: <ul style="list-style-type: none"> Mental health status. Tobacco product use. Use of illicit drugs: Prevalence by type of drug and by user age including youth, race and ethnicity, and employment. Use of alcohol: Prevalence by amount used and age; driving under the influence; and alcohol use by youth, pregnant women, and college students. Trends in initiation of substance abuse: Use of marijuana, cocaine, heroin, hallucinogens, inhalants, psychotherapeutics, alcohol, and tobacco. Prevention-related issues: Perceptions of substance use risk, perceived substance availability, perceived parental disapproval of substance use, fighting and delinquent behavior, religious beliefs and participation in religious activities, and exposure to prevention messages and programs. Substance abuse, dependence and participation in treatment by user age, gender, race or ethnicity, and employment status; type of substance used; location of treatment received; perceived need for and diagnostic criteria of treatment need; and need for treatment for illicit drug use. The NSDUH reports address recent and long-term trends in drug use prevalence and include an appendix with other sources of data on substance use.

National Survey on Drug Use and Health (NSDUH)

Strengths	<ul style="list-style-type: none"> • The NSDUH is the principal source of information on alcohol and drug use in the United States. • The NSDUH uses a private and confidential data-collection method, thereby ensuring honest reporting. • The NSDUH is one of the most comprehensive and extensive banks of information on alcohol and illicit drug use. • NSDUH data are available to researchers from the Substance Abuse and Mental Health Data Archive and SAMHSA’s Office of Applied Studies. • The Office of Applied Studies conducts secondary analyses of research data relevant to the study of alcohol and drug use. These analyses provide an inexpensive and scientifically productive means for researchers to explore important issues in the AOD field.
Challenges	<ul style="list-style-type: none"> • The NSDUH does not include data on homeless individuals who do not use shelters, military personnel on active duty, and residents of institutional group quarters (such as jails and hospitals). • The NSDUH does not address such issues as treatment outcomes and family structure.
Cross-System Issues	<ul style="list-style-type: none"> • The NSDUH collects data on pregnant women. • The NSDUH collects few data on child welfare and custody status related to parental drug abuse.
Website	http://www.oas.samhsa.gov/NSDUHlatest.htm

Court System Information

With the passage of the Adoption and Safe Families Act (ASFA) and the courts' increased involvement in the Child and Family Services Review, courts need to know quickly and accurately how long children are in protective custody and how well courts are serving these children's families.

No national formal datasets are available on the court system. The following tables summarize initiatives undertaken to improve the courts' capacity to track activities in their jurisdictions. The National Consortium on State Court Automation Functional Standards is helping State courts automate their case-processing systems. The Dependency Court Performance Measures address safety, permanency, due process, and timeliness.

National Consortium on State Court Automation Functional Standards	
Sponsor	<ul style="list-style-type: none"> National Center for State Courts
Features	<ul style="list-style-type: none"> The consortium promotes the development and adoption of a basic set of case management standards, regardless of case type, that would apply to criminal, probation, juvenile, and dependent court cases. The consortium ensures that the case management system allows for the collection of data on such issues as case initiation and closure; scheduling; hearing type; service of process; document generation; and statistical reporting, including aggregated data on the service needs of parents and children. In addition, the consortium ensures that the case management system collects data on child and caretaker safety, permanency, and well-being, as well as due process and timeliness of court procedures.
Federal Requirements and Support	<ul style="list-style-type: none"> This 3-year effort is helping State courts automate their case-processing systems. Consortium members are: <ul style="list-style-type: none"> Conference of State Court Administrators. National Association for Court Management. Consortium for National Case Management Automation Functional Standards. National Center for State Courts.
Data Elements	<ul style="list-style-type: none"> The consortium recommends that court case management standards take into consideration both global and system levels of functioning: <ul style="list-style-type: none"> Global functions are high-level categories, such as case initiation and indexing, scheduling, hearing types (emergency removal hearings, adjudication, disposition, motion, review, permanency, termination of parental rights trials, and adoption), case closure, security, document generation and processing, and management and statistical reporting. System functions are the operations that the system performs to support the global functions. System functions include storing and reporting information on individual cases and aggregated data (e.g., case number, involved parties, demographic information, complaints, allegations, dispositions, motions, placements, and profiles of children and parents or caregivers).

National Consortium on State Court Automation Functional Standards

Data Elements	<ul style="list-style-type: none"> • The consortium recommends that court case management systems track cases in accordance with ASFA, performance measures, and statutory timelines. Data to collect on cases involving children include: <ul style="list-style-type: none"> ○ Number of months that the child has been in care. ○ Parent’s past and current allegations. ○ Length of time from petition filing to adjudication, disposition, permanent placement, case closure, or termination of parental rights. ○ Length of time from adjudication to disposition. ○ Number of children who do not achieve permanency. ○ Length of time from filing termination of parental rights petition to written termination order. ○ Length of time from termination order to filing of adoption petition. ○ Length of time from filing adoption petition to finalized adoption. ○ Number of hearings, by type, not completed within required timeframes. ○ Number of children and length of time between active cases for children who return to foster care after being returned home. ○ Number of children and length of time between active cases for children who return to foster care after being adopted or placed with permanent guardian(s).
Strengths	<ul style="list-style-type: none"> • The consortium recommends that courts report on performance issues, including: <ul style="list-style-type: none"> ○ Continuances granted by judges or hearing officers, including reasons for continuances. ○ Continuances requested by attorneys and reasons for requests. ○ Case plans submitted in a timely way and reviewed by a judge or hearing officer within established timeframes. ○ Legal counsel appointments and changes for parents and children. ○ Presence of legal counsel for parents and children at each hearing. ○ Changes in judge or hearing officer for family. • According to the consortium, courts should create and track notices, including: <ul style="list-style-type: none"> ○ Written service of process for parents within required time standards. ○ Documentation that notice was issued in advance of the next hearing. ○ Documentation of legal counsel provided to children and parents, guardian ad litem, or court-appointed volunteer advocate (CASA) in advance of the preliminary protective hearing or equivalent. • The consortium recommends that courts produce orders at the end of each hearing for distribution to parties. • The consortium believes that courts should report on issues that could result in service needs for parents and children, such as: <ul style="list-style-type: none"> ○ For parents: Criminal activity, housing type and condition, parenting skills, substance abuse, and cognitive abilities. ○ For children: Cognitive and physical disabilities, mental health issues, school profile, and delinquency issues. • The consortium recommends that courts develop systems for management and statistical reporting to address performance measures, ASFA timelines, and statute or court rules.

National Consortium on State Court Automation Functional Standards

Challenges

- These standards do not address the business processes of each court type. No published standards are available for abuse and neglect courts that address business rules and identify all the data elements that these courts need to track to have meaningful, accurate, and timely information about the families that these courts serve.

Cross-System Issues

- Courts need quality assurance reports to ensure that their data entry is accurate.

Website

http://www.ncsconline.org/d_tech/standards/default.asp

Dependency Court Performance Measures

Sponsor

- American Bar Association Center on Children and the Law, National Center for State Courts, and National Council of Juvenile and Family Court Judges
- This program provides dependency courts with performance measures for four basic outcomes:

Features

- Safety: To ensure that children are safe from abuse while under court jurisdiction.
- Permanency: To ensure that children have permanency and stability in their living situations.
- Due process: To ensure that cases are decided impartially and thoroughly, based on evidence brought before the court.
- Timeliness: To expedite permanency by minimizing the time from the filing of the petition to the achievement of permanency.

Federal Requirements and Support

- The sponsors, with the support of the David and Lucile Packard Foundation, jointly created a set of recommended dependency court performance measures.

The data elements in the recommended performance measures are:

Data Elements

- Safety: Percentage of children who:
 - Do NOT have a subsequent petition filed after the initial petition is filed.
 - Are the subjects of new petitions within 12 months after the initial petition is closed.
- Permanency: Percentage of children who:
 - Reach legal permanency within 6, 12, 18, and 24 months from removal.
 - Do NOT achieve permanency in the foster care system (e.g., court jurisdiction ends because the child reaches the age of majority).
 - Re-enter foster care pursuant to a court order within 12 and 24 months of being returned to their families.
 - Return to foster care pursuant to a court order within 12 and 24 months of case closure after being adopted or placed with permanent guardians.
 - Are transferred among one, two, three, or more placements while under court jurisdiction.
- Due process: Percentage of cases in which:
 - Both parents receive written service of process within required time standards.
 - Notice was given to parties in advance of the next hearing.
 - The court reviewed case plans within the established time guidelines.
 - Children and guardians ad litem or CASA volunteers received legal counsel in advance of the preliminary protective hearing or equivalent.
 - Counsel for parents was appointed prior to the preliminary protective hearing.
 - Counsel for parents changed between assignment of counsel and case closure.
 - Counsel for children changed between assignment of counsel and case closure.
 - Counsel for parents, children, and agencies was present at each hearing.
 - All hearings for children were held before one judicial officer.

Dependency Court Performance Measures

Data Elements

- Timeliness:
 - Median time from filing of the original petition to adjudication.
 - Median time from filing of the original petition to disposition.
 - Percentage of cases that were adjudicated within 30, 60, and 90 days after the filing of the dependency petition.
 - Percentage of cases that receive a disposition within 10, 30, and 60 days after the dependency adjudication.
 - Median time from filing of the original petition to permanent placement.
 - Median time from petition filing to finalized termination of parental rights.
 - Percentage of cases for which the termination petition was filed within 3, 6, 12, and 18 months after the dependency disposition.
 - Percentage of cases that received a termination order within 30, 90, 120, and 180 days after the filing of the termination petition.
 - Percentage of cases for which an adoption petition was filed within 1, 3, and 6 months after the termination order.
 - Percentage of cases for which the adoption was finalized within 1, 3, 6, and 12 months after the adoption petition.
 - Percentage of hearings, by hearing type, not completed within timeframes set forth in statute or court rules.
- Caretaker well-being¹: Percentage of caretakers who:
 - Had a petition filed for abuse/neglect or dependency and the caretaker had a drug or alcohol use issue.
 - Started abstinence (treatment) from use of drugs, alcohol, or both at 30-day intervals from the date of the filing of the petition to case closure.
 - Had a relapse in the use of drugs, alcohol, or both at 30-day intervals from the date of the petition filing to case closure.
 - Had one, two, three, or more relapses in the use of drugs, alcohol, or both from the date of abstinence (treatment) start to case closure.
 - Had a petition filed for abuse/neglect or dependency and the caretaker's lack of employment is an issue.
 - Were employed at case closure.
 - Had achieved or were seeking additional education at case closure.
 - Had a petition filed for abuse/neglect or dependency and the caretaker's criminal activity or criminal justice involvement was an issue.
 - Had criminal activity or criminal justice involvement at the time the petition was filed but had decreased or no criminal activity or criminal justice involvement at case closure.
 - Had a petition filed for abuse/neglect or dependency and the caretaker's lack of housing was an issue.
 - Achieved appropriate housing by case closure.
 - Were involved outside the home with a social or community organization at the time the petition was filed.
 - Were involved outside the home with a social or community organization (such as a school group, church group, nonprofit organization, or YMCA).
 - Thought at time of case closure that the services rendered for substance abuse, mental health, or housing were helpful.

¹ The well-being measures presented are not part of the national dependency court performance measures that the American Bar Association, Center on Children and the Law, National Center for State Courts, and National Council of Juvenile and Family Court Judges developed and published in *Building a Better Court*. Rather, we suggest that courts use these measures when the petition or case plan identifies substance abuse or substance abuse is a significant issue in the court's decision to intervene in the disposition.

Dependency Court Performance Measures

Data Elements	<ul style="list-style-type: none"> • Child well-being: Percentage of children who: <ul style="list-style-type: none"> ○ Had a petition filed for abuse/neglect or dependency and the children’s alcohol or other drug use was an issue. ○ Started abstinence (treatment) from alcohol or other drug use at 30-day intervals from the date of petition filing to case closure. ○ Had a relapse at 30-day intervals from the petition filing date to case closure. ○ Had one, two, three, or more relapses in the use of drugs, alcohol, or both from the beginning of abstinence (treatment) to case closure. ○ Had a mental health issue identified between the petition filing and case closure. ○ Received mental health services between the petition filing and case closure. ○ (Under court jurisdiction) were enrolled in public or private school and attended regular classes at grade level, were behind by 1 year, were behind by 2 or more years, dropped out of school, or were achieving their GED. ○ (Under court jurisdiction) who were truant from school. ○ Had been adjudicated for a felony or non-felony within 12 months of the time the petition was filed. ○ Had been adjudicated for a felony or non-felony from the time the petition was filed to case closure. ○ Returned to court jurisdiction after case closure due to their substance abuse.
Strengths	<ul style="list-style-type: none"> • Additional insight will provide a stronger understanding of the factors that can produce adverse or favorable effects on the outcome of the abuse/neglect or dependency court case. • The measures are compatible with AFCARS data and CFSR measures.
Challenges	<ul style="list-style-type: none"> • Some courts are unable to collect well-being data because much of this information is not reported to the court. • Current case management systems need to be altered or overhauled to manage the new data. Workflow processes need to be examined and altered to effectively collect the data.
Cross-System Issues	<ul style="list-style-type: none"> • The standards include that courts are expected to collaborate with child welfare agencies to apply these performance measures.
Website	http://ojjdp.ncjrs.gov/publications/courttoolkit.html

Tribal Child Welfare Data

According to the Child Abuse and Prevention Treatment Act (CAPTA), States may develop their own definitions of child abuse and neglect and data-collection strategies, resulting in a wide variety of both definitions and data-collection strategies. According to Howing and Wodarski (1992), “no universal agreement on what constitutes child abuse or neglect” exists. Similar to the States, American Indian/Alaska Native (AI/AN)² communities have no universal definitions of child abuse and neglect. Although the Indian Child Protection and Family Violence Prevention Act of 1990 required reporting of child abuse and neglect in Indian Country and included definitions of child abuse and neglect, little funding has been provided for the act’s implementation; as a result, AI/AN communities define and treat child abuse and neglect differently from State agencies and from one another.

Currently, no reliable or accurate data are available on the true extent and nature of child abuse and neglect in AI/AN communities (Earle & Cross, 2001; Fox, 2003). Most American Indian tribes and Alaska Native corporations and villages, as sovereign nations, provide their own child protection services. However, data from many of these services are not part of any national child abuse and neglect data system such as the NCANDS (Earle, 2000; Earle & Cross, 2001; Fox, 2003). Nationally, reported statistics on child abuse in Indian Country come from the NCANDS, which was designed only for State reporting of child abuse and neglect; tribal child welfare programs do not have a comparable data collection system. Therefore, the only data reported on tribal children in this national system are data that States report. States only report data on AI/AN children in the State child welfare system who are identified as AI/AN children by a child protective services worker.

A review of published Federal government reports found that virtually all of the national statistics describing the abuse and neglect of AI/AN children come from the NCANDS and that data from different sources from the same States differ, depending on who collected the data (Earle & Cross, 2001). Furthermore, a quantitative study using a 10% stratified random sample of tribes found that, at best, only 61% of the child abuse and neglect data on AI/AN children are reported (Earle, 2000; Fox 2003).

Another issue that adds to the complexity of collecting reliable tribal child abuse and neglect data is the fact that tribes do not have access to the Federal resources that States have used to develop the infrastructure necessary to collect and report child abuse and neglect data. CAPTA was amended in 1988 to establish a voluntary collection and analysis system that would make State child abuse and neglect reporting data available, resulting in the development of the NCANDS. Tribal child welfare programs were not included in the CAPTA amendments and have received no Federal funding to develop the infrastructure necessary to capture and analyze tribal child abuse and neglect data.

² We use the term “American Indian/Alaska Native” to refer to the 334 federally recognized American Indian tribes and associated tribal members in the contiguous 48 States, as well as the 229 Federally recognized tribal governments and associated tribal members in Alaska. We prefer this term because many pieces of Federal legislation and policies use it. The popular alternative, “Native American,” can be confusing because it often includes Native Hawaiians and Pacific Islanders who are legally and politically distinct from American Indians/Alaska Natives and tribal governments.

Bureau of Indian Affairs

An examination of tribal reports submitted to the Bureau of Indian Affairs (BIA) reveals major difficulties in obtaining tribal data regarding child abuse and neglect. Until very recently, reports completed by tribes and submitted to the BIA were kept at the regional offices. Reports forwarded to the national BIA office were reviewed and returned to the regions but no centralized data base was maintained. The types of data that tribal communities do gather on the children served in their communities are generally maintained within the community and are only reported to specific agencies outside of the tribe if there are written commitments or agreements with a State or a funding agency to provide certain data as a condition of funding.

Tribal governments submit periodic reports to the BIA regional offices regarding number of families served, type of services provided, etc., but only for those programs funded by the BIA. When asked to submit data to outside funders or the States, many tribal communities gather aggregate data only, for a limited number of services, and do not address the specific allocation of resources. Areas in which most tribal communities with a substantial child welfare obligation gather aggregate data include:

Substance abuse	State not complying with the Indian Child Welfare Act (ICWA)	Nutrition
Alcoholism		Housing
Child abuse	State not reporting ICWA cases to the tribe	Crowded living
Sexual abuse	Amount of daycare resources	Low educational attainment
Family violence	Number of Indian adoptive homes	Transience
Domestic conflicts	Number of Indian foster homes	Transportation
Suicide	Legal issues	Isolation
Unemployment	Children's code	Barriers to resources
Single parent families	Placements not prioritized per ICWA	Cultural conflict
Teenage pregnancy		Language barriers
Parenting skills		Other
School-related issues		

Tribal programs do not generally collect data that accurately reflect the number of families with each primary problem identified. As an example, in their reports to the BIA, tribes are supposed to describe the types of services provided to address three primary problems. But they are not required to collect data on the number of unduplicated clients that received each service to resolve the problems noted in the report. Furthermore, the problems listed in the reports rarely match the services available. The report does not include information on the tracking of families who have received services for substance abuse or alcohol abuse. Instead, tribes briefly describe the program and the client population. These brief descriptions are generally not conducive to understanding how to target services to the multiple needs of families.

Tribal child welfare reports to the BIA do allow an examination of resources used that meet client needs specific to PL 83-280 (which gives States jurisdiction over certain issues in Indian reservations), contracted social service programs from States and counties, and the BIA. Tribes must identify barriers to service coordination and rate existing relationships with local or State partners.

IHS Resource and Patient Management System

Tribal data related to child welfare are also reported to the Indian Health Service (IHS) and are included in the Resource and Patient Management System (RPMS). The RPMS consists of more than 60 software applications used at approximately 400 IHS, tribal, and urban locations. Local RPMS data are used to evaluate clinical quality and population and public health. IHS uses these aggregate data to report on clinical performance measures to Congress.

Clinical services provided through IHS include primary health care, integrated behavioral health care (including mental health, social work, and alcohol and substance abuse treatment), dental care, prevention and treatment, injury prevention, and optometry. These areas, especially mental health, social work, and alcohol/substance abuse treatment, may overlap with child welfare, so that some of the tribal child welfare data is part of the RPMS.

The goal of the IHS is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all AI/AN people. Passage of the Indian Health Care Improvement Act in 1976 gave tribes the option to assume from IHS the administration and operation of health services and programs in their communities, and many have taken that step. As a result, the tribes now have the responsibility for collecting the data to be sent to the IHS.

Developing a data export program that can accommodate multiple data sources requires frequent modification and consistent resources. Some of the challenges include the varying degrees of computer access, various operating systems, a wide range of competency skills in entering data among local service providers, and various levels of information technology support at multiple locations.

According to the Indian Self-Determination Act amendments of 1994, self-governance tribes have the legal right to negotiate reporting requirements during negotiations around reporting data with the IHS. IHS can strongly encourage participation in the RPMS, but self-governance tribes may use any type of software they choose to collect and report data to IHS. The IHS is working with tribes and other organizations to enhance information systems in ways that will improve clinical practice management and administrative reporting systems at all sites.

Since IHS data at the local level can potentially contain information on child abuse and integrated behavioral health care (including mental health care, social services, and alcohol and substance abuse treatment), there is a need to determine the IHS programs in which each tribe participates, how tribes collect and report data to IHS, and the data definitions that each tribe uses for child abuse. Caution should be exercised in analyzing tribal data from the RPMS because tribal members can choose to receive services from IHS facilities or other tribal or non-tribal programs.

In summary, Tribal communities are just starting to be in the position to collect comprehensive data regarding the welfare of their families and children, but there are several issues that will make this process difficult. These issues include:

- Lack of resources to develop the necessary infrastructure.
- Overlapping program jurisdictions, in which many different programs may address child welfare families and cases, in some cases the same ones.
- Overlapping requirements for reporting and methodology, in which different funders require different data elements or the use of different software packages to report the same or similar data.
- Lack of individual case-level data currently collected at the tribal level.

Most importantly, the greatest barrier to the collection of tribal child welfare data may well be that many tribal communities, as sovereign Nations, are reluctant to provide personal data about their citizens to State or Federal governments without considerable incentives to do so. These incentives do not have to be financial, although support is needed for the necessary hardware and software, but incentives can also be the utility to the tribal community itself. Currently, most communities in Indian Country now recognize the need for good information in order to improve services to children and families and many are taking steps to improve their information system.

Tribal Health System Data

Resource and Patient Management System (RPMS)	
Sponsor	<ul style="list-style-type: none"> Indian Health Service (IHS)
Features	<ul style="list-style-type: none"> The RPMS is the IHS enterprise health information system. RPMS consists of more than 60 software applications used at approximately 400 IHS, tribal, and urban locations. Local RPMS data are used to evaluate clinical quality and population and public health. IHS uses these aggregate data to report on clinical performance measures to Congress. The IHS currently provides health services to approximately 1.5 million AI/ ANs who belong to more than 557 federally recognized tribes in 35 States. IHS provides services directly and through tribally contracted and operated health programs, as well as by purchasing services from private providers. The IHS system consists of 33 hospitals, 59 health centers, and 50 health stations. In addition, 34 urban Indian health projects provide a variety of health and referral services. Through PL 93-638 self-determination contracts, American Indian tribes and Alaska Native corporations administer 15 hospitals, 221 health centers, 9 residential treatment centers, 97 health stations, and 176 Alaska village clinics. Clinical services provided through IHS include primary health care, integrated behavioral health care (including mental health, social work, and alcohol and substance abuse treatment), dental care, prevention and treatment, injury prevention, and optometry.
Federal Requirements and Support	<ul style="list-style-type: none"> IHS provides Federal health services for AI/AN people. In addition, IHS is the principal Federal health care provider and health advocate for AI/ANs. IHS was founded to uphold the Federal government’s obligations to promote healthy AI/AN people, communities, and cultures and to honor and protect the inherent sovereign rights of tribes. Its goal is to ensure that comprehensive, culturally acceptable personal and public health services are available and accessible to all AI/AN people. Legislation authorizing Federal funds for health services to recognized Indian tribes include the Snyder Act of 1921 and the Indian Self-Determination and Education Assistance Act (PL 93-638). In addition, the Indian Health Care Improvement Act gives tribes the option of assuming from IHS the administration and operation of health services and programs in their communities or remaining within the IHS administered direct health system. AI/ANs, as citizens of the United States, are eligible to participate in all public, private, and State health programs available to the general population. In addition, they have treaty rights to Federal health care services through IHS.

Resource and Patient Management System (RPMS)

Federal Requirements and Support	<ul style="list-style-type: none"> • To be classified as American Indian, Alaska Native, or both, a person must have one or more of the following characteristics: <ul style="list-style-type: none"> ◦ Is regarded by the community in which he or she lives as American Indian or Alaska Native. ◦ Is a member, enrolled or otherwise, of an AI/AN tribe or group under Federal supervision. ◦ Resides on tax-exempt land or owns restricted property. ◦ Actively participates in tribal affairs. ◦ Has any other reasonable factor indicative of Indian descent. ◦ Is an Indian of Canadian or Mexican origin and recognized by any tribe or group as a member of an Indian community served by the Indian health program. ◦ Is a non-AI/AN woman pregnant with an eligible AI/AN's child for the duration of her pregnancy through the postpartum period (usually 6 weeks). ◦ Is a non-AI/AN member of an eligible AI/AN's household and the medical officer in charge determines that services are necessary to control a public health hazard or an acute infectious disease that constitutes a public health hazard.
Data Elements	<ul style="list-style-type: none"> • The RPMS information technology infrastructure incorporates government and industry standards for the collection, processing, and transmission of information. • All IHS facilities and most tribal facilities use the Resource and Patient Management System (RPMS), American National Standards Institute (ANSI), Massachusetts General Hospital Utility Multi-programming System (MUMPS) for data collection and transmission. Tribal communities and IHS can generate local, programmatic, regional, and national reports using the data entered.
Strengths	<ul style="list-style-type: none"> • IHS has a large network of service providers.
Challenges	<ul style="list-style-type: none"> • Developing a data export program that can accommodate multiple data sources (with varying degrees of computer access, various operating systems, a wide range of competency skills in entering data among local service providers, and various levels of information technology support at multiple locations) requires frequent modification and consistent resources. • According to the Indian Self-Determination Act amendments of 1994, self-governance tribes have the legal right to negotiate reporting requirements during compact negotiations. However, self-governance tribes must consider provisions that would ensure that they report information to IHS that it needs to provide to the Congress. IHS can strongly encourage participation in the RPMS, but self-governance tribes may use any type of software they choose to collect and report data to IHS.

Resource and Patient Management System (RPMS)

Cross-system Issues

- IHS is working with tribes and other organizations to enhance information systems in ways that will improve clinical practice management and administrative reporting systems at all sites.
- IHS data at the local level can potentially contain information on child abuse and integrated behavioral health care (including mental health care, social services, and alcohol and substance abuse treatment).
- Need to determine the IHS programs in which each tribe participates, how tribes collect and report data to IHS, and the data definitions that each tribe uses for child abuse.
- Need to discuss how tribes share these data with the tribal child welfare programs to identify duplicate data possibilities.
- Caution should be exercised in analyzing tribal data because tribal members can choose to receive services from IHS facilities or other public agencies or programs. As a result, obtaining and identifying a comprehensive picture of tribal results can be challenging.

Website

<http://www.ihs.gov/RPMS>

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