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CHILD WELFARE

States Face Challenges in Developing Information Systems and Reporting Reliable Child Welfare Data

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Highlights

Highlights of GAO-04-267T, a testimony for the Subcommittee on Human Resources, Committee on Ways and Means, House of Representatives

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Why GAO Did This Study

To better monitor children and families served by state child welfare agencies, Congress authorized matching funds for the development of statewide automated child welfare information systems (SACWIS) and required that the Department of Health and Human Services (HHS) compile information on the children served by state agencies. This testimony is based on our July 2003 report and addresses the following: (1) states' experiences in developing child welfare information systems and HHS's role in assisting in their development, (2) factors that affect the reliability of data that states collect and report on children served by their child welfare agencies and HHS's role in ensuring the reliability of those data, and (3) practices that child welfare agencies use to overcome challenges associated with SACWIS development and data reliability. For the July 2003 report, we surveyed all 50 states and the District of Columbia regarding their experiences developing and using information systems and their ability to report data to HHS. We also reviewed a variety of HHS documents and visited five states to obtain firsthand information. Finally, we interviewed HHS officials and child welfare and data experts and reviewed relevant literature.

www.gao.gov/cgi-bin/getrpt?GAO-04-267T.

To view the full product, including the scope and methodology, click on the link above. For more information, contact Cornelia M. Ashby at (202) 512-8403 or ashbyc@gao.gov.

What GAO Found

HHS reported that 47 states are developing or operating a SACWIS, but many states continue to face challenges developing their systems. Most state officials said they recognize the benefit their state will achieve by developing SACWIS, such as contributing to the timeliness of child abuse and neglect investigations; however, despite the availability of federal funds since 1994, states reported a median delay of 2½ years beyond the time frames they set for completion. States reported that they encountered some difficulties during SACWIS development, such as challenges receiving state funding and creating a system that reflected their work processes. In response to some of these challenges, HHS has provided technical assistance to help states develop their systems and conducted on-site reviews of SACWIS to verify that the systems meet federal requirements.

Despite efforts to implement comprehensive information systems, several factors affect the states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data. States responding to GAO's survey and officials in the five states GAO visited reported that insufficient caseworker training and inaccurate and incomplete data entry affect the quality of the data reported to HHS. In addition, states reported technical challenges reporting data. Despite HHS assistance, many states report ongoing challenges, such as the lack of clear and documented guidance on how to report child welfare data. In addition, although states were mandated to begin reporting data to the Adoption and Foster Care Analysis Reporting System (AFCARS) in 1995, few reviews of states' AFCARS reporting capabilities have been conducted to assist states in resolving some of their reporting challenges.

Some states are using a variety of practices to address the challenges associated with developing SACWIS and improving data reliability. For example, 28 states reported using approaches to help caseworkers identify and better understand the data elements that are required for federal reporting.

In a related report, we recommended that the Secretary of HHS consider ways to enhance the guidance and assistance offered to states to help them overcome the key challenges in collecting and reporting child welfare data. These efforts could include a stronger emphasis placed on conducting AFCARS reviews and timelier follow-up to help states implement their improvement plans or identifying a useful method to provide clear and consistent guidance. HHS generally agreed with our findings but, in response to our recommendation, said that we did not recognize the long-term efforts to provide AFCARS and National Child Abuse and Neglect Data System related guidance. HHS also noted that the data definitions need to be updated and revised and said it was in the process of revising regulations. HHS added that it is firmly committed to continue to support the states and to provide technical guidance and assistance as resources permit.

Mr. Chairman and Members of the Subcommittee:

Thank you for inviting me here today to discuss states' development of automated child welfare information systems. As you are aware, the Congress required that the Department of Health and Human Services (HHS) compile information on the children served by state agencies and authorized federal funds to match those of states for use in the development of state child welfare information systems. Since 1994, designated federal matching funds have been available to states to develop and implement comprehensive case management systems—statewide automated child welfare information systems (SACWIS)—to manage their child welfare cases as well as to report child abuse and neglect, foster care, and adoption information to the federal government. States have the option to implement a SACWIS or develop different information systems without using SACWIS funds to support their child welfare agencies and collect information on their child welfare cases. Regardless of the type of system a state develops, child welfare caseworkers at the county or local level are the key personnel who collect and document information on children and families served by child welfare agencies, in addition to performing a wide range of services to protect children—such as investigating child abuse or neglect reports or providing support services to maintain the children in their homes.

Currently, HHS compiles state-reported child welfare data in two databases: the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS). HHS relies on the information available in its databases to analyze and track children's experiences in the child welfare system, to determine states' performance on federal child welfare outcome measures, and to report to Congress on children's well being and child welfare experiences.

My testimony today will focus on three key issues: (1) states' experiences in developing child welfare information systems and HHS's role in assisting in their development; (2) factors that affect the reliability of data that states collect and report on children served by their child welfare agencies, and HHS's role in ensuring the reliability of those data; and (3) practices that child welfare agencies use to overcome challenges associated with SACWIS development and data reliability. My comments are based on the findings from our July 2003 report, *Child Welfare: Most States Are Developing Statewide Information Systems, but the Reliability of Child Welfare Data Could Be Improved* (GAO-03-809, July 31, 2003). Those findings were based on our survey of all 50 states and the

District of Columbia regarding their experiences in developing and using information systems and their ability to report data to HHS. We received responses from 49 states and the District of Columbia,[1] although some states did not respond to every question. We also reviewed a variety of HHS documents, including the protocol and reports for its reviews of SACWIS systems and states' AFCARS reporting capabilities and visited five states—Colorado, Iowa, New York, North Carolina, and Oklahoma—to obtain firsthand information on their experiences developing SACWIS and reporting data to HHS. We selected these states to represent geographic diversity and different stages of SACWIS implementation. Finally, we interviewed HHS officials and child welfare and data experts and reviewed relevant literature.

In summary, HHS reported that 47 states were developing or operating a SACWIS, but many states continue to face challenges developing their systems. Most state officials said they recognize the benefit their state will achieve by developing SACWIS, but added that they have encountered difficulties in receiving state funding and in creating a system that reflected their work processes. Despite the availability of federal funds since 1994, states reported a median delay of 2½ years beyond the time frames they set for completion. Several factors affect the states' ability to collect and report reliable adoption, foster care, and child abuse and neglect data. For example, insufficient caseworker training and inaccurate and incomplete data entry affect the quality of data reported to HHS. States also reported technical challenges reporting data. Despite HHS's assistance, many states reported ongoing challenges, such as the lack of clear and documented guidance from HHS on how to report child welfare data. In addition, although states were mandated to begin reporting data to AFCARS in 1995, few reviews of states' AFCARS reporting capabilities have been conducted. Some states are using a variety of practices to address the challenges they face in developing SACWIS and improving data reliability. For example, 28 states reported using approaches to help caseworkers identify and better understand the data elements that are required for federal reporting. To improve the reliability of state-reported child welfare data, we recommended in our July 2003 report that the Secretary of HHS consider ways to enhance the guidance and assistance

[1]Throughout this testimony, references to state survey responses include the District of Columbia. Forty-six of these states reported that they are developing or operating a SACWIS. Nevada, which HHS reported has an operational SACWIS, did not respond to our survey.

offered to states to help them overcome the key challenges in collecting and reporting child welfare data.

Background

ACF's Children's Bureau is responsible for the administration and oversight of federal funding to states for child welfare services under Titles IV-B and IV-E of the Social Security Act. However, the monitoring of children served by state child welfare agencies is the responsibility of the state agencies that provide the services to these children and their families. Child welfare caseworkers at the county or local level are the key personnel responsible for documenting the wide range of services offered to children and families, such as investigations of abuse and neglect, treatment services offered to keep families intact and prevent the need for foster care, and arrangements made for permanent or adoptive placements when children must be removed from their homes. Caseworkers are supported by supervisors, who typically assign new cases to workers and monitor caseworkers' progress in achieving desired outcomes, analyzing and addressing problems and making decisions about cases.

To qualify for federal funding for SACWIS, states must prepare and submit an advance planning document (APD) to the Children's Bureau, in which they describe the state's plan for managing the design, development, implementation, and operation of a SACWIS that meets federal requirements and state needs in an efficient, comprehensive, and cost-effective manner. In addition, the state must establish SACWIS and program performance goals in terms of projected costs and benefits in the APD. States are required to submit separate APDs for the planning and development phases, in addition to periodic updates.

Since the administration and structure of state child welfare agencies vary across the nation, states can design their SACWIS to meet their state needs, as long as states meet certain federal requirements. Federal funding is available to states for SACWIS that

- meet the requirements for reporting AFCARS data to HHS;
- to the extent practicable, are capable of linking with the state data collection system that collects information on child abuse and neglect;
- to the extent practicable, are capable of linking with, and retrieving information from, the state data collection system that collects information on the eligibility of individuals under Title IV-A—Temporary Assistance for Needy Families; and

- provides for more efficient, economical, and effective administration of the programs carried out under a state's plans approved under Titles IV-B and IV-E of the Social Security Act.

A SACWIS must operate uniformly as a single system in each state and must encompass all entities that administer programs provided under Titles IV-B and IV-E. In some cases, HHS will allow the statewide system to link to another state system to perform required functions, such as linking to financial systems to issue and reconcile payments to child welfare service providers. The state's APD must describe how its SACWIS will link to other systems to meet the requirements in the SACWIS regulations.

In addition to monitoring the APDs of the states that are developing SACWIS, HHS reviews state information systems through formal SACWIS assessment reviews and the Child and Family Services Reviews (CFSR)—a federal review process to monitor states' compliance with child welfare laws and federal outcome measures. The formal SACWIS reviews are conducted by the Children's Bureau to determine if a state has developed and implemented all components detailed in the state's APD and if the system adheres to federal requirements. The CFSR assesses statewide information systems, along with other systemic factors, to determine if the state is operating a system that can readily identify the status, demographic characteristics, location, and goals for placement of every child who is in foster care. This systemic factor is reviewed in all states, regardless of whether the state is developing a SACWIS or the stage of system development. For the 40 CFSR reports that are available, HHS found that four states were not in substantial conformity on the statewide information system indicator.[2] These four states must address how they will come into conformity with this factor in a program improvement plan. HHS has also conducted SACWIS reviews in two of these states.

[2]We are currently conducting an engagement on states' and HHS's experiences in conducting the CFSRs.

Most States Are Developing SACWIS, But Challenges Remain Despite HHS's Oversight and Technical Assistance

While 47 states are developing or operating a SACWIS, many challenges remain despite HHS's oversight and technical assistance. Since 1994, states reported that they have spent approximately $2.4 billion in federal, state, and local funding on SACWIS. While most state officials we interviewed and those responding to our survey said that they recognize the benefits their state will achieve by developing a statewide system, many states reported that the development of their SACWIS is delayed between 2 months and 8 years beyond the time frames the states set for completion, with a median delay of 2½ years. Most states responding to our survey faced challenges, such as obtaining state funding and developing a system that met the child welfare agency's needs statewide. In response to some of these challenges, HHS has provided technical assistance to help states develop their systems and conducted on-site SACWIS reviews to verify that the systems meet all federal requirements.

States Are Using Federal and State Funds and Various Participants to Develop Multicomponent SACWIS

Currently, 47 states are developing or operating a SACWIS and are in various stages of development—ranging from planning to complete. The states responding to our survey reported using approximately $1.3 billion in federal funds[3] and approximately $1.1 billion in state and local funds[4] for their SACWIS. However, HHS estimated that it allocated approximately $821 million between fiscal years 1994 and 2001 in SACWIS developmental funds[5] and $173 million between fiscal years 1999 and 2001 in SACWIS operational funds.[6] The total amount of federal funding provided to states for SACWIS is unknown because states claimed operational costs as a part

[3]Forty-four states provided information on the total amount of federal funds they received to develop and operate SACWIS. Alaska, Hawaii, Missouri, North Carolina, Texas, and Vermont did not report federal funding information. Nevada did not respond to our survey. State-reported figures may include some funding allocated in fiscal year 2003, since the survey was issued in October 2002 and completed as late as December 2002.

[4]Forty-four states provided information on the total amount of state funds used to develop and operate SACWIS. Arkansas, Hawaii, Missouri, North Carolina, Texas, and Vermont did not report state funding information. Nevada did not respond to our survey. State-reported figures may include some funding allocated in fiscal year 2003 since the survey was issued in October 2002 and completed as late as December 2002.

[5]This figure includes developmental funds allocated by HHS to 49 states and the District of Columbia. Hawaii did not take any federal money for SACWIS development.

[6]This figure includes operational funds allocated to 35 states. States begin claiming operational costs when some or all components of their SACWIS are operating in local offices. Operational activities include routine maintenance, minor enhancements, and other changes that do not significantly increase or modify the functionality of the system.

of their Title IV-E administrative expenses prior to 1999.[7] Although the federal government matched state funding at an enhanced rate of 75 percent beginning in 1994, many states did not apply for federal funding or begin SACWIS development until 1996 or 1997, when more than $467 million—the bulk of federal funds—were allocated. Most states were still developing their SACWIS by the time enhanced funding expired in 1997, after which states could receive a 50 percent federal financial participation for SACWIS development and operation. Although 47 states are currently developing or operating a SACWIS, all states except Hawaii received some federal SACWIS funds. For example, according to figures provided by HHS, North Carolina and North Dakota received some developmental funds but encountered difficulties that prevented them from completing their systems.

In order to track states' SACWIS development, HHS places them in six categories that identify their stage of development (see table 1). HHS sometimes recategorizes states into a lower stage of development when problems are encountered. In addition, while HHS may classify a state system as complete following an assessment of the state's SACWIS, a state may make additional changes to the system since SACWIS, like other computer systems, continually evolve as technology and child welfare practices change. States can claim federal funding for these changes as operational expenses. An HHS official reported that such changes do not need prior approval unless they are in excess of $5 million.

[7]According to HHS officials, prior to fiscal year 2000, states reported SACWIS operational expenses as part of their Title IV-E administrative expenses because the claims sheet states used for reporting did not have a separate column for SACWIS operational expenditures. In fiscal year 2000, states were required to use a claims sheet that was reformatted to provide space for SACWIS operational expenditures. In addition, an HHS official explained that the difference between the state-reported figures and the federal figures may be due to states claiming some SACWIS expenses under different programs, such as Title IV-E administrative funds, rather than separately as SACWIS expenses.

Table 1: Number of States in Various Stages of SACWIS Development

Stage	Number of states
Complete[a]	5
Operational[b]	24
Partially operational[c]	9
Implementation[d]	2
Planning[e]	7
No SACWIS[f]	4

Source: HHS.

Note: Status is as of October 13, 2003.

[a]The SACWIS assessment process is completed, and all functional requirements and specifications set forth in the APD are either included in the system or in an accepted corrective action plan.

[b]All functional requirements and specifications in the APD are included in the system, and the system is functional statewide, but state has not completed a SACWIS assessment or is working on other issues.

[c]The state is still rolling out a system to field sites or still adding functions to systems that are operational statewide.

[d]In active design and development, even if delayed while waiting to resolve problems such as funding.

[e]Working through options for a SACWIS.

[f]Have never pursued SACWIS funding or have abandoned plans to develop a system.

States have considerable flexibility in the design of their SACWIS. According to HHS officials, a state should be using its SACWIS as a case management tool that uses automation to support the various aspects of state child welfare programs, such as recording child protection, out-of-home care, and foster care and adoption services. To further assist child welfare practice, states have designed their systems to follow the natural flow of child welfare practice in their state and have added design features to help track key events during a case. For example, in Iowa child welfare work is divided between child abuse and neglect investigations and ongoing case management for children brought into the care of the child welfare agency. As a result, Iowa designed a SACWIS to reflect this work process by linking two databases—one to record child abuse and neglect

information and one to record ongoing case records—that share information with each other.[8]

Since many states are in different phases of SACWIS development, their systems currently support to varying degrees a variety of child welfare and administrative components (see table 2). According to HHS, while the components listed in table 2 are required for a state's SACWIS to be considered compliant with federal guidance—either through an interface or built within the system—some of the subcomponents, such as a function that helps caseworkers manage their caseloads, are optional. HHS has encouraged states to automate as many functions as possible in the SACWIS in an effort to cut down on the additional paperwork or duplicative steps inherent in manual data collection.

[8]Although the Iowa state officials described their SACWIS as including the child abuse and neglect system, HHS commented on a draft of the July 2003 report that it does not view the child abuse and neglect system as part of the state's SACWIS. However, HHS said that the state has met the SACWIS requirement in this area by building an interface between the two systems.

Table 2: Selected SACWIS Child Welfare and Administrative Services

Service	Fully or partially operational in SACWIS	Planned for SACWIS
Child welfare services		
Child protection[a]	38	5
Out-of-home care[b]	35	8
Adoption	34	9
Independent living	27	14
Intensive home-based services[c]	27	13
Administrative services		
Workload management	32	8
IV-E eligibility[d]	29	14
Foster care maintenance payments	28	14
Adoption assistance payments	25	17
Contract provider payment	24	15

Source: GAO survey.

Note: This table is based on responses from 46 states developing or operating a SACWIS. The rows for the columns "fully or partially operational" and "planned" do not add to 46 because the respondents may have answered "not supported," "don't know," or "no answer."

[a]Child protection includes services such as intake and screening, investigation, and disposition.

[b]Out-of-home care includes things such as foster care, group homes, and residential placement.

[c]Intensive home-based services include efforts to avoid placing a child in foster care.

[d]IV-E funding is available for foster care, adoption, and independent living services.

To assist with the design of their SACWIS, states relied on a number of different participants, including internal users, such as caseworkers and managers, information technology (IT) staff, and contractors. In Oklahoma, for example, 150 child welfare staff from the field worked closely with the contractor in intensive work group sessions to design and test the system. To complement the caseworkers' knowledge of child welfare practice, 43 states relied on IT staff. Finally, 42 states reported that they hired private contractors to conduct a large part of SACWIS design and development.

At the time of our review, HHS reported that four states were not pursuing SACWIS development, and most of these states reported various reasons in our survey for not developing a system. In Hawaii, for example, the child welfare agency chose not to pursue SACWIS because it already had a

statewide system in place that it believed was adequately meeting its needs and which was collecting and reporting federal child welfare data.

States Accrue Benefits from Using SACWIS, but Several Issues Create Delays in Completing States' Systems

While most state child welfare agency officials said they recognize the benefits the state will achieve by developing SACWIS, such as enhancing their ability to track the whereabouts of foster children, 31 state agencies lag behind the time frames they set for completion, with 26 states reporting delays ranging from 2 months to 8 years. According to survey results, automated systems provided easier access to data and allowed caseworkers to better monitor children in their care, a fact that may contribute to additional child welfare and administrative benefits, such as decreased incidences of child abuse and neglect, shortened length of time to achieve adoption, timeliness of payments to foster families, and timeliness of payments to foster facilities. New Jersey, which is in the planning stage, reported in our survey that its goal in developing a SACWIS is to integrate the more than 40 stand-alone systems that currently capture information on the children served by their child welfare agency.[9] By pulling all of these systems together into a uniform SACWIS, the state hopes to improve the recording of casework activities in a timely manner and to develop a tool to better target resources and services. Effectively integrating these systems will require the state to use a disciplined IT management approach that includes (1) detailed analyses of users' needs and requirements, (2) a clearly defined strategy for addressing information needs, and (3) sufficient technical expertise and resources to support the effort.

Despite the benefits that many states have accrued with SACWIS, 31 states reported in our survey that they have been delayed in system completion beyond their initial deadline and identified a number of challenges that have led to the delay (see table 3).[10] Some of the common difficulties states

[9]New Jersey reported in our survey that it had spent approximately $9 million in federal funds and $4 million in state and local funds on system development. According to HHS, New Jersey first received federal funds in 1996.

[10]Twelve of the 46 states reporting that they are developing or operating a SACWIS reported that they have not experienced delays in developing their systems. In response to the length of the delays reported by 26 states in our survey, ACF commented on a draft of the July 2003 report that these states may be using different definitions in defining their delays. However, ACF did not provide further information on how the delays represented in that report differ from its perception of states' experiences. In our survey, we asked states to report on the delays that exceeded the time line outlined in their initial APD.

reported in developing SACWIS included receiving state funding approval, reaching internal agreement on system development, and creating a system that reflects child welfare work processes and is user-friendly. Vermont officials, for example, reported that the state legislature declined to provide the matching state funds needed to secure federal funding for SACWIS. As a result, the state could not pursue development.

Table 3: Number of Months States Delayed in SACWIS Development

State	Length of delay in months[a]
Alabama	36
Arkansas	6
California	36
Colorado	26
Connecticut	96
District of Columbia	36
Georgia	25
Idaho	21
Illinois	79
Indiana	6
Kansas	72
Louisiana	12
Maryland	12
Michigan	26
Minnesota	12
Mississippi	12
New Jersey	42
New Mexico	3
Ohio	36
Oregon	70
Rhode Island	14
South Carolina	47
Tennessee	36
Utah	48
Virginia	2
Washington	36

Source: GAO survey.

Note: While 31 states reported in the survey that they have experienced a delay in SACWIS development, only 26 states reported the length of their delay. The survey was issued in October 2002 and completed by states as late as December 2002.

[a]States were asked to report the number of months the delays exceeded the time line outlined in their APD.

Despite user involvement in system design, some states still faced challenges trying to reach internal agreement among agency officials and caseworkers on the design of a system, resulting in a delay in development. In New York—a state where the counties are responsible for administering child welfare services—the development of SACWIS was stalled when significant frustration with the system's design led commissioners from five large counties and New York City to request that the state stop SACWIS development until a reassessment of the design of and plans for the implementation of the system was completed.

Similarly, despite states' heavy reliance on contractors, many reported that securing contractors with knowledge of child welfare practice was a challenge for timely SACWIS development. Contractors are hired by the state for their system development knowledge but often are unfamiliar with child welfare policies and practices, especially since they vary from state to state. A contractor who has worked with seven states to develop their SACWIS reported that contractors are asked to learn the child welfare business practices of a state in a short amount of time and that states cannot devote many resources, such as caseworkers, to help in the design process because caseworkers need to devote their time to providing services to children and families.

Many states reported that creating a system that reflects child welfare work processes and is user-friendly was a challenge in developing SACWIS. These issues were also identified in the federal reviews of states' SACWIS. For example, one state explained in the SACWIS review that it had designed a system to meet the caseworkers' needs and reflect the nature of the child welfare work processes by developing a system that required events to be documented as they occurred. However, this design limited the SACWIS's functionality because it did not allow the caseworkers to go back and enter information after an event happened. The state explained that caseworkers do not use the system in real time, but provide services to the children and families and then record the information in the system. The state had to redesign the system to correct for this design flaw.

HHS Provides Some Assistance to Help States Meet SACWIS Requirements

HHS has assisted states in a variety of ways in developing and completing their SACWIS.[11] As a part of its regulatory responsibilities, HHS must review, assess, and inspect the planning, design, development, installation, and operation of SACWIS. In addition to reviewing and monitoring states' APDs, HHS conducts on-site SACWIS reviews to comply with these responsibilities. HHS officials told us that these reviews are a detailed and thorough assessment of state systems to ensure the systems' compliance with SACWIS requirements. In addition, officials reported that they provide technical assistance during the on-site review to help states that do not fully conform with the applicable regulations and policies. As of October 2003, HHS had reviewed 27 SACWIS—5 of which were determined as meeting all the requirements and classified as complete. HHS officials told us that since states have the flexibility to build a SACWIS that meets their needs, a large portion of the formal reviews concentrate on ensuring that the systems conform to state business practices. For example, while SACWIS regulations require that a state report all AFCARS data from their SACWIS, one state HHS reviewed relied on a separate state system to report data on the children served by the juvenile justice agency who are eligible for IV-E foster care funds. The state proved it had developed an automated process to merge data from both systems to compile a single AFCARS report that included children captured in both their SACWIS and juvenile justice systems. Therefore, HHS recognized that this process best met the state's needs and determined the SACWIS to be complete and meeting all requirements.

Few systems have been determined complete after an on-site review because of unresolved issues, such as not being able to build links to other state information systems or not implementing certain eligibility determination functions. To help states address some of these development challenges, the SACWIS review team provides the state with recommendations for complying with SACWIS requirements. In addition, HHS officials reported that once the draft report with the results of the SACWIS review is completed, federal staff schedule a conference call with

[11]With regard to the budget difficulties that states reported facing, since 1994 the federal government has made a commitment to help states develop and maintain their SACWIS by matching 75 percent of states' development funds through 1997 and providing an ongoing match of 50 percent of state funding for the development and maintenance of their systems. However, since the states' legislatures must make the initial commitment to fund SACWIS, the federal government cannot assist state child welfare agencies with this challenge.

the state officials to walk through the system's deficiencies and offer guidance on how the state can move forward.

HHS facilitates the sharing of information between states developing SACWIS through an automated system users' group that allows state and federal officials to exchange information, ideas, and concerns. In addition to the users' group, HHS officials also sponsor a Listserv—an electronic mailing list—that allows state officials to exchange information and a monthly conference call with state information technology directors. [12] Technical assistance for SACWIS development is also available to states through the National Resource Center for Information Technology in Child Welfare (Resource Center), which opened in 1999. According to survey results, 9 states said they used the Resource Center for assistance in developing SACWIS and 14 states reported using it for help with SACWIS maintenance and improvements. According to Resource Center officials, they assist states with SACWIS development by helping states understand the technology that is available for use, providing information on the automation of child welfare work and converting data, and reviewing the APD documentation.

[12]In commenting on a draft of the July 2003 report, HHS indicated that a Web resource is available to states interested in learning about other states' efforts to develop human services—child welfare, food stamps, Temporary Assistance to Needy Families, child care, and child support enforcement—information systems at http://www.acf.hhs.gov/nhsitrc.

Several Factors Affect the States' Ability to Ensure Reliable Data on Children's Experiences, and Some of HHS's Oversight and Assistance Is Problematic

Several factors affect states' ability to collect and report reliable[13] data on children served by state child welfare agencies, and some problems exist, such as a lack of clear and documented guidance, with HHS's oversight and technical assistance. Almost all of the states responding to our survey reported that insufficient caseworker training and inaccurate and incomplete data entry affect the quality of the data reported to HHS.[14] In addition, 36 of the 50[15] states that responded to our survey reported that technical challenges, such as matching their state data element definitions to HHS's data categories, affected the quality of the data that they report to the federal government. Despite the assistance that HHS offers to states, such as testing state data quality and providing the results to states to aid them in resubmitting data, states report ongoing challenges receiving clear and documented guidance and obtaining technical assistance.

Insufficient Caseworker Training and Inaccurate and Incomplete Data Entry Are the Most Common Factors That Affect Data Reliability

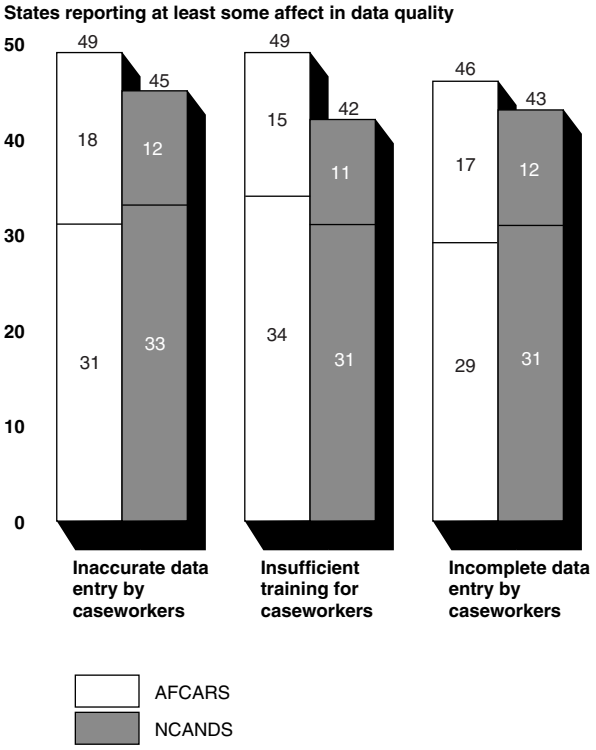
Almost every state responding to our survey and all the states we visited reported that insufficient training for caseworkers and inaccurate and incomplete data entry affect the quality of the data reported to AFCARS and NCANDS (see fig. 1). Although most states reported these as separate factors, HHS and the states we visited found that insufficient training and inaccurate and incomplete data entry are often linked. In official reviews of states' information systems' capability to capture data and report them to AFCARS, HHS advised states to offer additional training to caseworkers on several AFCARS data elements, such as recording the reasons for a child leaving foster care, to improve the accuracy of the data submitted. However, state officials told us that training is typically one of the first programs cut when states face tight budget restrictions. For example, Iowa officials told us that training has been significantly reduced in recent years because of budget cuts and new workers may wait 2 to 3 months before being trained how to enter data appropriately into their SACWIS.

[13]Data are reliable when they are complete and accurate. A subcategory of accuracy is consistency. Consistency refers to the need to obtain and use data that are clear and well defined enough to yield similar results in similar analysis. See U.S. General Accounting Office, *Assessing the Reliability of Computer-Processed Data*, GAO-02-15G (Washington, D.C.: Sept. 2002).

[14]States were asked the extent to which certain problems may decrease the quality of the data submitted to AFCARS and NCANDS using the following scale: very great, great, moderate, some, and no affect.

[15]The analysis of survey responses about reporting data to HHS is based on responses from 49 states and the District of Columbia. All states, regardless of SACWIS development, were asked to complete these questions.

Figure 1: Most Common Caseworker Issues That Affect Data Quality



Source: GAO survey.

Notes: Based on responses from 50 states.

The results reported in the figure are a sum of the states that reported the issue had a very great affect, great affect, moderate affect, or some affect on the quality of state data submitted to HHS. Very great and great affect responses are represented in the top section of each bar. Moderate and some affect responses are represented in the bottom section of each bar. States not included answered “no affect,” “don’t know,” or “no answer.”

Inaccurate and incomplete data entry can also result from a number of other factors, such as caseworkers’ hesitation to ask families for sensitive information. For example, caseworkers in Oklahoma reported that they did not feel comfortable asking if a child’s mother was married at the time of birth or if a child is of Hispanic origin—both of which are required AFCARS data elements. In commenting on a draft of this report, Oklahoma added that caseworkers did not understand why the data elements were required and how the federal government used the information. HHS noted

similar issues in five states that have had an AFCARS review.[16] Caseworkers were inaccurately recording a child's race as "unable to determine" even though this option should be selected only if the child's parents or relatives cannot provide the information, such as when a child is abandoned.[17]

Caseworkers, supervisors, and managers in the 5 states we visited reported that additional factors, such as difficulties balancing data entry with the time that they spend with the families and children, contributed to inaccurate or incomplete data entry. Supervisors in Iowa explained that since caseworkers are responsible for ensuring that children and their families receive the services they need, the caseworkers tend to initially limit data entry to the information that is necessary to ensure timely payment to foster care providers and complete all other data elements when they have time. In addition, caseworkers in Colorado said that they are between 30 and 60 days behind in their data entry, so the information in the automated system may not accurately reflect the current circumstances of children in care. HHS's Inspector General recently issued a report in which more than two-thirds of the states reported that caseworkers' workloads, turnover, a lack of training, and untimely and incomplete data entry affected the reporting of AFCARS data.[18]

[16]For the July 2003 report, we reviewed AFCARS reports from six of the eight states that had been assessed by HHS—Arkansas, Connecticut, New Mexico, Texas, Vermont, and Wyoming. HHS conducted reviews in Delaware and West Virginia after we completed our analysis. As of October 2003, HHS had completed three additional reviews for North Dakota, Rhode Island, and Washington.

[17]In commenting on a draft of the July 2003 report, ACF said that the finding from the AFCARS reviews indicates that information is often defaulted to the response "unable to determine" in order for the element not to fail the missing data standard, not that workers are recording "unknown"; however, the report findings we used in this analysis instruct states to fix the defaults and address caseworker practice by enhancing training on the correct use of "unable to determine" when noting a child's race.

[18]Department of Health and Human Services, Office of Inspector General, *Adoption and Foster Care Analysis and Reporting System (AFCARS): Challenges and Limitations*, OEI-07-01-00660 (Washington, D.C.: Mar. 2003).

Technical Challenges, such as Matching State Definitions to Federal Definitions, Affect Data Reliability

In addition to data quality being affected by caseworker issues, many states experienced technical challenges reporting their data to HHS. The problems reported by states are typically a result of challenges associated with data "mapping"—matching state data elements to the federal data elements. For example, 36 states reported in our survey that matching their state-defined data to HHS's definitions affected the quality of the data reported to NCANDS and AFCARS. Similarly, 24 states reported that matching the more detailed data options available in their states' information systems to the federal data elements affected the quality of the data reported to NCANDS. Twenty-nine states reported that this issue created challenges in reporting data to AFCARS. For example, following an AFCARS assessment, HHS instructed a state that collects detailed information on children's disabilities, such as attention deficit disorder and eating disorders, to map the information to the more limited options in AFCARS, such as mental retardation and emotionally disturbed.

In many cases, states have to balance state policy with federal requirements to ensure that they are reporting accurate data to AFCARS and NCANDS, but are not contradicting their state policies. For example, Texas officials reported that although the findings of their AFCARS review instructed them to modify their SACWIS to collect, map, and extract data on guardianship placements, the state does not support guardianship arrangements.[19] In addition, a recent report from the Child Welfare League of America (CWLA) found that when reporting the number of times children move from one foster care placement to another, states varied in the type of placements included in that count.[20] For example, 29 percent of the states responding to CWLA's survey included respite,[21] 25 percent included runaways, and 16 percent included trial home visits when reporting the number of placements a child had during the AFCARS report period. According to federal guidance, the "number of placements" element is meant to gather information on the number of times the child welfare agency found it necessary to move a child while in foster care and that by including runaways or trial home visits, a state is inflating the number of moves a child experienced.

[19]Guardianship arrangements occur when permanent legal custody of a child is awarded to an individual, such as a relative, but the child is not legally adopted.

[20]Child Welfare League of America. *National Working Group Highlights*, "Placement Stability Measure and Diverse Out-of-Home Care Populations" (Washington, D.C., Apr. 2002).

[21]Respite care provides temporary child care for children away from their caretakers.

Although HHS Has Taken Steps to Help States Improve Their Data, Some Problems with Its Efforts Exist

HHS provides technical assistance for AFCARS and NCANDS reporting through a number of resources. HHS officials in the central office and NCANDS contractor staff serve as the points of contact for states to ask questions and seek guidance on reporting child welfare data. The officials in three of the five states that we visited said that the one-on-one focused technical assistance was useful when provided in a timely fashion. Most state officials found the NCANDS data easier to report, in part because more people were available for consultation and they were more accessible and responsive. For example, states have access to four NCANDS specialists and staff in the contractor's central office when they need assistance reporting child abuse and neglect information. However, some of the states we visited reported that only one or two staff in HHS's central office are available to assist with AFCARS reporting.

In addition, the Resource Center offers states assistance with improving data quality. However, Resource Center staff reported that the assistance is geared more toward improving the limited data used in the federal review process to monitor states' compliance with child welfare laws and federal outcome measures—CFSR—rather than all the data reported to HHS. The Resource Center also sponsors an annual information technology conference during which sessions covering all data-related issues are held, including practices for ensuring data quality and outcome evaluation in child welfare. In conjunction with this conference, the HHS officials and the contractors that operate NCANDS hold an annual technical assistance meeting for states to share ideas with one another, discuss data elements that pose difficulties, and explore ways to address these problems. In addition, an NCANDS state advisory group meets annually to talk with HHS officials about NCANDS data and their experiences reporting data. From these meetings, the state advisory group proposes changes or improvements to NCANDS. HHS and state officials reported that this partnership has helped ease some of the challenges in reporting child abuse and neglect data.

HHS has also made available to states the software it uses to examine states' AFCARS and NCANDS submissions for inconsistencies and invalid data. Officials in all the states we visited said that they regularly use this software, and an HHS official said that nearly every state has used the software at least once. When the data are submitted to HHS, they are run through the same software, and HHS notifies the states of areas where data are missing or inconsistent and allows the states to resubmit the data after errors are corrected. HHS officials reported that these tests help them to identify some data quality errors, such as missing data, and said that they believe that, in general, data have improved in recent years.

However, they indicated that the tests cannot pinpoint the underlying problems contributing to these errors. Furthermore, one official reported that no specific efforts have been conducted to track the individual data elements, and therefore HHS cannot report on how data quality has changed over time.

In an attempt to help states comply with the reporting standards and address some of the factors that contribute to data quality problems, HHS performs comprehensive reviews of state information systems' ability to capture AFCARS data to identify problems associated with data collection and reporting and to ensure that the information in the automated system correctly reflects children's experiences in care. The assessments include a technical review of the states' computer code, a comparison of the data from selected cases available in the information system to the case files, and an improvement plan to resolve any errors. In addition, HHS officials offer guidance to the states on improvements that can be made to the information system and changes to program code used to report the AFCARS data. HHS conducted pilot reviews in eight states between 1996 and 2000. By October 2003, HHS had conducted 11 official reviews—even though states began reporting to AFCARS in 1995. According to results from 6 of the 11 official AFCARS assessments we reviewed, no state met the reporting requirements for all AFCARS data elements. The problems noted in the reviews are similar to those of states responding to our survey and those we visited. For example, most states received ratings of 2 or 3, indicating technical and/or data entry errors that affect the AFCARS data quality.[22] For the current placement setting data element,[23] for instance, 4 states received a rating of 2, 1 state received a rating of 3, and 1 state received a rating of 4. In Connecticut, which received a rating of 2, HHS found that, among other things, workers were not consistently entering placement information in a timely way. It also found that workers entered

[22]HHS rates each data element using a four-point scale: (1) the AFCARS requirement(s) has not been implemented in the information system; (2) the technical system requirements for AFCARS reporting do not fully meet the standards; (3) the technical system requirements for AFCARS reporting are in place, but there are data entry problems affecting the quality of the data; (4) all of the AFCARS requirements have been met. According to an HHS official, data elements that have a combination of technical and data entry problems are rated as 2 until the technical issues are resolved. HHS will then rate the element as a 3 until the data entry practices are changed.

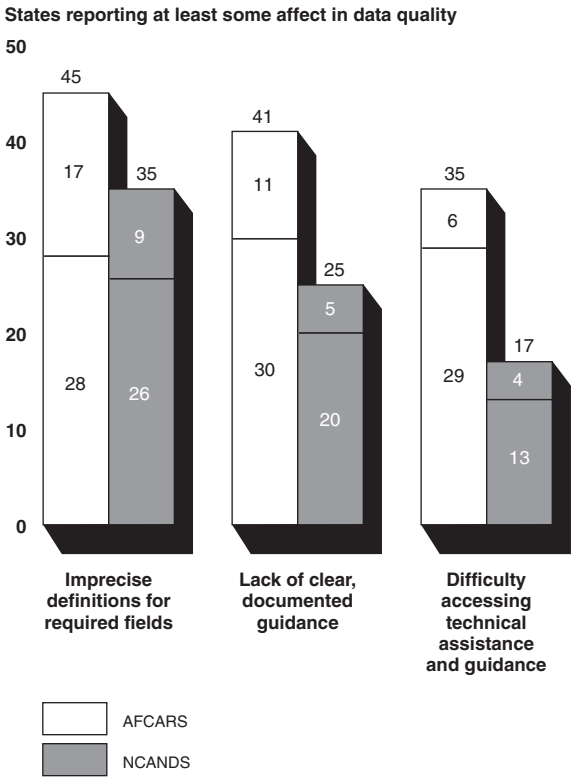
[23]Current placement setting refers to a pre-adoptive home, foster family home-relative, foster family home-nonrelative, group home, institution, supervised independent living, runaway, or trial home visit.

placement data only into a narrative field, which resulted in placement history gaps and incomplete AFCARS reports.

State officials in the six states for which we reviewed the HHS AFCARS assessments reported that they found the reviews useful for improving their AFCARS data submissions. In particular, they valued the thorough review by HHS officials of the computer code states use to report the data. Some of these officials reported that if all states were reviewed, the quality of data available in AFCARS would improve tremendously. However, HHS officials reported that they are not mandated to conduct the AFCARS reviews and that priority is placed on other reviews, such as the CFSR and SACWIS reviews. In addition, officials explained that the AFCARS reviews are not conducted in states developing SACWIS until the systems are operational. HHS expects to complete approximately four reviews each year, depending on available resources, and has scheduled states through 2006. Similar to the SACWIS reviews, HHS officials offer recommendations and technical assistance to states during the review on how they can improve the quality of the data reported to AFCARS.

Although the states we visited appreciated some of HHS's efforts to assist with improving state data quality, they and most states responding to our survey agreed that the assistance is not always consistent or easily accessible (see fig. 2). States reported similar information to the Inspector General—AFCARS data elements were not clearly and consistently defined and technical assistance is effective but difficult to access.

Figure 2: Federal Practices That Affect Data Quality



Source: GAO survey.

Notes: Based on responses from 50 states.

The results reported in the figure are a sum of the states that reported the issue had a very great affect, great affect, moderate affect, or some affect on the quality of state data submitted to HHS. Very great and great affect responses are represented in the top section of each bar. Moderate and some affect responses are represented in the bottom section of each bar. States not included answered "no affect," "don't know," or "no answer."

The primary concerns reported by the states we visited were delays in receiving clear written guidance on defining and reporting certain data elements and the lack of state input in suggesting changes to AFCARS. Despite the written guidance available to states in the form of regulations and an online policy manual, states reported that the variation in state policies and practices makes it difficult to interpret how to apply the general guidance. As a result, states consult with HHS to ensure they are applying the regulations appropriately. However, in commenting on a draft of this report, officials in Oklahoma told us that a common concern among the states is the lack of timely response from HHS when seeking guidance

on how to report data. In addition, officials in New York explained they have made it a practice to check the HHS Web site on a regular basis for current guidance but have not found it a useful tool, and may turn to other states for guidance on AFCARS reporting. In commenting on a draft of this report, HHS explained that it first refers states to its Web site for information and believes that the available guidance addresses states' concerns in most instances. In addition, the states that have had an AFCARS review experienced delays in obtaining guidance on how to proceed following the on-site review. For example, Texas officials reported that the state sought clarification on its improvement plan and submitted additional questions to HHS following the review. However, when we spoke with the state officials, they said that they had been waiting 3 months for a response on how to proceed. An HHS official told us that since the review process is relatively new, the agency is still developing a process to respond to the states and recognizes that it has not been responsive to the states already reviewed. In addition, HHS is taking steps to gather feedback from states and other users of AFCARS data to determine how to improve the system to make the data more accurate and usable. As a part of these efforts, HHS has published a Federal Register notice soliciting comments and held focus group meetings at national conferences. The difficulties states face in receiving federal guidance and assistance, as well as the other challenges they face in reporting data, may negatively affect the reliability of the data available in AFCARS and NCANDS.

States Are Using Various Practices to Overcome System Development Challenges and Improve Data on Children's Experiences

Some states are using a variety of practices to address the challenges associated with developing SACWIS and improving data reliability, although no formal evaluations of their effectiveness are available. To address the challenge of developing a system to meet statewide needs, states relied on caseworkers and supervisors from local offices to assist in the design and testing of the system. Few states reported in our survey strategies to overcome the other key challenges, such as limited funding and the difficulty of securing knowledgeable contractors, but some states we visited have devised some useful approaches. To improve data reliability, the five states we visited routinely review their data to identify data entry errors so that managers can ensure that the missing data are entered appropriately.

States Are Primarily Relying on SACWIS Users to Overcome Some of the Challenges to Completing Their Systems

To overcome development challenges, survey respondents emphasized the importance of including system users in the various phases of completing SACWIS—planning, design, development, testing, and implementation. Past GAO work and other research efforts have determined similar approaches as best practices in building information systems.[24] Forty-four of the 46 states responding to our survey that they are developing or operating a SACWIS indicated that they relied on internal users, such as caseworkers and supervisors, in the development of their systems and 34 of these states said that they were extremely helpful participants. The extent to which the users were involved in development differed across the states. For example, in Texas, caseworkers from all of their child welfare regions were recruited to provide input on design and development, as well as during initial testing, pilot testing, and implementation of the system. Arkansas reported establishing a committee made up of users to review the work plan and sign off on recommended changes.

Ten states noted that user input should not be limited to frontline workers, such as caseworkers, but should include representatives from other areas of the agency, such as the financial staff, and other agencies that serve children, such as child support enforcement.[25] While not one of the most common challenges reported in our survey, New Hampshire reported that one of its challenges with meeting its SACWIS timeframe was not working collaboratively with other agencies, such as Temporary Assistance for Needy Families (TANF)[26] and child support enforcement, to develop the payment component of SACWIS. To attempt to overcome this challenge, 26 of the 46 states responding to our survey that they are developing or operating a SACWIS indicated that they included external public agency

[24]See U.S. General Accounting Office, *Executive Guide: Improving Mission Performance Through Strategic Information Management and Technology*, GAO/AIMD-94-115 (Washington, D.C.: May 1, 1994); Center for Technology in Government, University of Albany, SUNY. *Tying a Sensible Knot: A Practical Guide to State-Local Information Systems*. Albany, N.Y., June 1997.

[25]The Child Support Enforcement Program is a joint federal, state, and local partnership that was established in 1975 under Title IV-D of the Social Security Act. Each state runs a child support program, which provides four major services: locating noncustodial parents, establishing paternity, establishing child support obligations, and collecting child support for families.

[26]In 1996, the Congress created the block grant Temporary Assistance for Needy Families program replacing the Aid to Families with Dependent Children (AFDC) and related welfare programs. States were given increased flexibility in designing the eligibility criteria and benefit rules, which require work in exchange for time-limited benefits.

users, and 23 reported using representatives from other state agencies that serve children in developing their SACWIS.

In addition to seeking input from caseworkers and other system users while developing SACWIS, many states continue to include users as a part of the implementation teams, to serve as contacts in the field and provide ongoing assistance, and to provide input on system enhancements. Alabama responded in our survey that the state had "mentors" in each county to help caseworkers adjust to the new system. These mentors continue to provide ongoing support now that the system is implemented. Oklahoma recruits experienced child welfare field staff for its SACWIS help desk because of their knowledge of the system and child welfare policy and practice.

Although states faced other challenges in completing their SACWIS, few reported implementing approaches to overcome the barriers. According to survey results, a common problem states faced in developing SACWIS was receiving insufficient state funding for development. States did not report in our survey, however, approaches for obtaining more funding for developing SACWIS, and few states reported developing strategies in an attempt to overcome the challenges associated with tight budgets for maintaining their systems. For example, Iowa officials engaged in careful planning with system users to ensure that they addressed the highest priorities when enhancing the system. In particular, the officials reported that maintaining tight control over the development and maintenance processes helps them avoid investing inordinate amounts of resources to make corrections to the system. Similarly, few states reported on approaches to overcome the challenge of finding contractors with knowledge of child welfare practice. However, Iowa officials explained that once the contract staff are hired, they are required to attend the same training as new caseworkers to ensure that they are familiar with the state's child welfare policies and to familiarize themselves with casework practices.

States Use Strategies, such as Producing Reports That Identify Missing Data, in an Attempt to Improve the Reliability of the Data Reported to HHS

Twenty-eight states reported using approaches to help caseworkers identify the data elements that are required for federal reporting and to help them better understand the importance of entering timely and accurate data. Ten states responding to our survey reported reviewing the federal reporting requirements in training sessions as a way to improve data quality. For example, Tennessee reported that the state added a component about AFCARS to the initial and ongoing training workers receive about using SACWIS. The curriculum addresses the AFCARS

report in general and the individual data elements to help the caseworkers better understand the purpose of collecting the information. In Nebraska, a "desk aid" that explains the data elements and where and why to enter them in the system is available on the caseworkers' computer desktops. In addition, New York has developed a step-by-step guide explaining to workers how NCANDS data should be entered, with references to the policy or statute requiring the information.

To improve data reliability, some states have designed their information systems with special features to encourage caseworkers to enter the information. Four states responding to our survey and three states we visited designed their SACWIS with color-coded fields to draw attention to the data elements that caseworkers are required to enter. Colorado, Iowa, New York, and Oklahoma have built into their systems alerts—also known as "ticklers"—to remind caseworkers and supervisors of tasks that they need to complete. For example, in Oklahoma, a stoplight icon on the caseworker's computer desktop reminds the worker when tasks are due. A green light indicates that nothing is due within 5 days; a yellow light means that something is due within 5 days; and a red light means that something is overdue. Caseworkers and supervisors in the states we visited had mixed responses about the usefulness and effectiveness of the alerts. Some caseworkers found them to be a nuisance, while other caseworkers and supervisors found them to be useful tools in managing workloads and prioritizing daily tasks.

Six states reported that the best way to improve data quality was to use the data in published reports and hold the caseworkers and supervisors accountable for the outcomes of the children in their care. In addition, six states responding to our survey reported using the data available in their information systems to measure state outcomes similar to the CFSR. State officials reported that this approach is an effective way to get local offices invested in the quality of the data. For example, North Carolina publishes monthly reports for each county comparing their performance on state data indicators, such as the length of time children spend in care, to counties of similar size and the state as a whole. County officials reported that these reports encourage workers to improve the quality of the data collected and entered into the state system since their performance is being widely published and compared with that of other counties.

In addition, all the states we visited reported that frequent review of their data, such as using software from HHS to test their AFCARS and NCANDS data to pinpoint data entry errors prior to submitting them to HHS, has helped improve data quality. When the states identify poor data, they alert

the caseworkers and supervisors of needed corrections and data entry improvements. For example, Colorado runs these reports about four to five times a year, with one run occurring approximately 6 weeks before each AFCARS submission. When the data specialists find errors, they notify the caseworker to clean up the data.

Concluding Observations

While most states are developing statewide information systems, challenges with data reliability remain. Although SACWIS development is delayed in many states, state officials recognize the benefits of having a uniform system that enhances the states' ability to monitor the services provided and the outcomes for children in their care. Although states began reporting to NCANDS in 1990 and were mandated to begin reporting to AFCARS in 1995, most states continue to face challenges providing complete, accurate, and consistent data to HHS. In addition, the results of more recent HHS efforts, such as conducting AFCARS-related focus groups, are unknown. Reliable data are essential to the federal government's development of policies that address the needs of the children served by state child welfare agencies and its ability to assist states in improving child welfare system deficiencies. Without well-documented, clearer guidance and the completion of more comprehensive reviews of states' AFCARS reporting capabilities, states are limited in overcoming challenges that affect data reliability. Because these challenges still remain, HHS may be using some questionable data as the foundation for national reports and may not have a clear picture of how states meet the needs of children in their care.

To improve the reliability of state-reported child welfare data, we recommended in our July 2003 report that the Secretary of HHS consider, in addition to HHS's recent efforts to improve AFCARS data, ways to enhance the guidance and assistance offered to states to help them overcome the key challenges in collecting and reporting child welfare data. These efforts could include a stronger emphasis placed on conducting AFCARS reviews and more timely follow-up to help states implement their improvement plans or identifying a useful method to provide clear and consistent guidance on AFCARS and NCANDS reporting. ACF generally agreed with our findings and commented that the report provides a useful perspective of the problems states face in collecting data and of ACF's effort to provide ongoing technical assistance to improve the quality of child welfare data. In response to our recommendation, ACF said that we categorized its efforts as "recent" and did not recognize the long-term efforts to provide AFCARS- and NCANDS-related guidance to the states. Although we did not discuss each effort in

depth, we did mention the agency's ongoing efforts in our report. ACF also noted in its comments that the data definitions need to be updated and revised and said it is currently in the process of revising the AFCARS regulations to further standardize the information states are to report—which we acknowledged in our report. ACF also commented that it is firmly committed to continue to support the states and to provide technical assistance and other guidance as its resources will permit. ACF commented that it provided increased funding to the National Resource Centers in fiscal year 2003, and it believed that this increase will improve ACF's ability to provide assistance to the states. After receiving the draft report for comment, HHS separately provided information on an additional service the National Resource Center for Information Technology in Child Welfare provides to states. More recently, HHS said that it would be creating policy guidance that will delineate what will happen if a state fails to complete its SACWIS within a reasonable time frame. For example, funding may become contingent on successful completion of specific milestones.

Mr. Chairman, this concludes my prepared statement. I would be pleased to respond to any questions that you or other members of the Subcommittee may have.

GAO Contact and Acknowledgments

For further contacts regarding this testimony, please call Cornelia M. Ashby at (202) 512-8403. Individuals making key contributions to this testimony include Diana Pietrowiak and Sara Schibanoff.

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