

## VII. RECOMMENDATIONS

### Recommendations for States and Tribes

- Improve outreach, customer service, and support services for those interested in becoming foster parents to attract and retain high-quality foster families.
- Support enhanced oversight of foster families to ensure robust background checks, home study assessments, and ongoing placement oversight.
- Frequently review performance of child welfare service providers/contractors to ensure child safety, permanency, and well-being standards are being met.
- Track child safety and well-being related outcomes at the individual provider level, including whether children served by specific providers have higher than average needs (*e.g.*, medically fragile, special needs, or therapeutic foster care placement, etc.).
- Set standards for maximum caseload size for child welfare workers, which may include differentiated standards based on variations in case type (*e.g.*, medically fragile children, children in therapeutic foster care placements, etc.) or activity (*e.g.*, investigations of abuse or neglect, case planning for children in foster care).
- Provide greater funding for the training of front-end staff charged with making removal and placement setting decisions for children entering foster care or at risk of entry.
- Revoke contracts from child welfare service providers who are unable to demonstrate the capacity to provide safe foster care placements for children.
- Provide subsidized guardianship payments to relatives willing and able to provide safe placements for children who can no longer remain at home.
- Ensure child death review teams are transparent, timely, and well-staffed. Require the timely publication of the results of child death reviews while ensuring appropriate and robust privacy protection of sensitive data.
- Make placement setting decisions based on the assessed strengths and needs of children entering foster care using an age-appropriate, evidence-based, validated, functional assessment tool to ensure children receive the appropriate level of care in the least restrictive, most family-like environment.
- Establish child welfare ombudsman offices through which children in care, family members, child welfare workers, foster parents, whistleblowers, and members of the public at large can submit comments and concerns about misconduct within the child welfare system.

### Recommendations for the Department of Health and Human Services (HHS)

- Work to engage States, Congress, and the broader child welfare community in understanding the purpose and State-specific relevance of the CFSRs and ensure this process contributes to meaningful improvement and reform.

- Seek and provide clarification on how States and Tribes are defining, using, and overseeing the delivery of Therapeutic Foster Care (TFC) and establish a common definition of TFC for the purposes of Medicaid and title IV–E.
- Develop a uniform definition of “child abuse and neglect fatality” and provide guidance related to determining and reporting such fatalities and ensure States and Tribes are using this new definition when reporting data via the National Child Abuse and Neglect Data System (NCANDS).
- Aid States in developing the means and mechanisms to accurately collect provider-specific outcomes data, consistent with the metrics and definitions associated with AFCARS, NCANDS, and the CFSRs.
- Establish maximum caseload guidelines to promote manageable caseload sizes for the child welfare workforce.

### **Recommendations for Congress**

- Support both funding and oversight for States and Tribes to enhance foster parent recruitment and retention activities to ensure robust background checks, home studies, ongoing placement oversight, and strong support services for foster parents.
- Support both funding and oversight for States and Tribes to enhance caseworker recruitment and retention activities to ensure child welfare caseworkers are both prepared to enter the field and given the support services necessary to carry out their jobs effectively.
- Allow States and Tribes to use title IV–E funds to support evidence-based services aimed at safely preventing foster care entries.
- Consider de-linking subsidized guardianship payments from the Aid to Families with Dependent Children (AFDC) income standard so that States and Tribes can receive a Federal match on behalf of all children placed in subsidized guardianship placements and promote equity in the payment rate for kinship placements.
- Require all States to report to the National Child Abuse and Neglect Data System (NCANDS) using standard definitions and provide support for this data collection and reporting.
- Consider legislation creating an explicit private right of action for children and youth in foster care tied to components of the case plan and case review requirements defined under section 475 of the Social Security Act.<sup>94</sup>
- Consider statutory changes requiring HHS to assess fiscal penalties on States for failing to meet CFSR outcomes or system requirements and develop a penalty reinvestment structure under which assessed penalties must be used by the State to address the key identified deficiencies (rather than be deposited into the Federal Treasury).
- Consider amending section 479A of the Social Security Act to require States to collect, and HHS to audit, provider-

<sup>94</sup>“Compilation of the Social Security Laws,” Social Security Act, section 475, [https://www.ssa.gov/OP\\_Home/ssact/title04/0475.htm](https://www.ssa.gov/OP_Home/ssact/title04/0475.htm).

specific child outcomes data in addition to State-specific data on outcomes such as: child fatalities, maltreatment in care, recurrence of maltreatment within 6 months, exits from foster care by reason for the exit (adoption or guardianship, reunification, emancipation), time to reunification, re-entry rates, and the average number of placements. Ensure this performance data is available to the public and considered by States or Tribes before making or renewing a contract with the provider.

- Consider prohibiting Federal title IV–E reimbursements for providers who consistently perform poorly on key safety, permanency, and well-being indicators. Charge HHS with auditing States and providers to determine which providers shall be excluded from Federal title IV–E reimbursement.
- Require States to make their contracts with private child welfare service providers publicly available and include details on whether such providers are private not-for-profit or private for-profit.