

# NYS OCFS

## CCWIS Biennial Data Quality Review

### CCWIS Program Years 2019-2021

#### Introduction

This document represents New York State Office of Children and Family Services' (OCFS) first Biennial Data Quality Review. This report provides updates on efforts pertaining to data quality improvement priorities on which the agency focused over the past two years.

As reported in our Data Quality Plans for 2019-20 and 2020-21 (Appendix C), our intent was to focus on a number of specific, measurable, achievable, relevant, and time-based (SMART) goals. The following data quality initiatives rose to the top as priorities, and while we may not have been able to devote the resources to focus as much as we would have liked on this work due to COVID-19 pandemic impacts, we were able to make progress toward improving data quality in some areas:

1. Development of Data Governance processes.
2. Accuracy of Person Identifiers – focused on reducing individuals with multiple person identifiers (MPIDs) by 75% for NCANDS submission.
3. Timeliness of Data Entry into CONNECTIONS – focused on increasing the percentage of movement, admission, and discharge data entered within 30 days of the activity by 5% per year until we reach 90%.
4. Completeness of Federal Reporting Submissions – focused on completeness of AFCARS 1.0 data elements.
5. CPS Intake Process Improvement – focused on improving practice and data collection related to previously investigated fatalities.

#### 1. Development of Data Governance Processes

As described in our Data Quality Plan, OCFS has initiated implementation of a data governance program, understanding it will be a multi-year endeavor. Multiple governance committees are now seen as part of the agency's umbrella data governance framework. An enterprise Data Governance Council has been established. The Council has a set vision and approved Charter and Implementation Plan that has been disseminated to executive leadership. There is executive support and buy-in to improve the current practices and set reasonable and achievable objectives. OCFS is following an incremental approach to the data governance program. The Council had been meeting on a monthly basis until mid-2020 when the designated lead left OCFS and the pandemic necessitated focus on other priorities.

OCFS is following a non-invasive approach to establishing a more formal data governance program by integrating the existing governance teams: Reporting/Data Warehouse governance; CCWIS governance; Data Leaders Team; CONNECTIONS system governance; and collaboration sub-committees such as with NYC Administration for Children's Services (ACS) and the Council of Family and Child Caring Agencies (COFCCA), all of which are described in our Data Quality Plan.

The Data Governance Council will begin to convene regularly again by mid-2021.

## 2. Accuracy of Person Identifiers

The most significant data quality issue in CONNECTIONS is the existence of Multiple Person Identifiers (multiple PIDs or MPIDs). Each person within CONNECTIONS should have a singular PID; however, for many reasons, new PIDs are created for persons already in the system. (Most commonly, individuals become known to the system through a CPS hotline call, where identifying information may not yet be known and individuals cannot be confidently related to an existing person in the system.) The existence of multiple PIDs impacts the health and safety of children as a child or parent/caretaker's full history may not be connected. The existence of multiple PIDs will also impact data exchanges with other state and local systems.

In the fall of 2019, a renewed effort was begun to raise awareness of the importance of reducing MPIDs, preventing the creation of MPIDs, and maintaining proper practice around searching, relating, and merging in CONNECTIONS. A Multiple PID workgroup was started, consisting of local district and state staff, to share pain points associated with MPID remediation work and share suggestions and tips to the overarching goal of reducing the number of multiple PIDs in CONNECTIONS. Part of the objective of the group was to also establish one, preferably two, multiple PID specialists within each district to work on merging and thus reducing multiple PIDs. Through the workgroup, a number of system enhancements were identified, where automation can support this work and detail and aggregate reports could be improved. In addition, opportunities to improve existing training curricula were identified.

- Work has been done over the past two years to improve the data reports used to quantify multiple PIDs. One report near completion, will show the number of multiple PIDs in a district in relation to the number of open CONNECTIONS stages for that district. This will give the state a better idea of a district's progress in truly reducing their multiple PID workload and set expectations and performance metrics.
- Changes have been made to CONNECTIONS system to help reduce the creation of multiple PIDs. A pop-up message was added when an edit is made to an existing person's name, which reminds the worker to perform another person search to make sure this person does not exist in the system and conduct a person merge if they do. Another implemented CONNECTIONS change was to add the apartment number to the person search results. This will help narrow down potential person matches in large urban districts.

- CONNECTIONS currently provides a multiple PID report (MPR) that the multiple PID specialists in each district can use to review and remediate multiple PID situations. The issue with the report is that it is purely a system output; it does not allow workers to flag or mark individuals that appear to be duplicates but are not or who may be the same person but cannot be merged. (Examples of situations that require more than a simple report include twins with almost exactly the same name; pre- and post-adoptive PIDs; and persons with duplicate identifiers brought in from an external system.) A change request has been submitted and is still to be scheduled, that will provide users with a multiple PID workload section within CONNECTIONS where they can work through the multiple PID remediation. The goal is to create a module where users can see the multiple PIDs, mark those confirmed to not be duplicate persons, flag their status and compare person data, to make the merging process more productive for the users.
- As far as training and development around multiple PIDs, OCFS has worked closely with the State University of New York Professional Development Program (PDP) to develop a new WebEx training, *Performing Person Merges and Splits in CONNECTIONS*. The training, which started in early 2021, is being offered for 8-10 sessions a month for local district staff. Also, additions have been made to the OCFS CONNECTIONS website to add a Multiple PIDs and Person Maintenance section. This site contains resources for MPID work, and we continue to develop resources, including frequently asked questions (FAQ) for different users of CONNECTIONS.

The five boroughs of New York City account for approximately 70% of the multiple PIDs in New York State. Below is data on the improvement made in NYC in a period of over two years, reflecting a 32% reduction:

<b>Borough</b>	<b>Bronx</b>	<b>Brooklyn</b>	<b>Manhattan</b>	<b>Queens</b>	<b>Staten Island</b>
<b>MPIDs July 2018</b>	2,952	1,416	9,314	2,162	614
<b>MPIDs February 2021</b>	1,794	886	7,636	857	64
<b>Improvement by Borough</b>	1,158	530	1,678	1,305	550
<b>% Improvement by Borough</b>	39%	37%	18%	60%	90%

#### **Total Multiple PID improvement in New York City:**

	<b>Total NYC MPIDs</b>
<b>MPIDs July 2018</b>	<b>16,458</b>
<b>MPIDs February 2021</b>	<b>11,237</b>
<b>Overall NYC Improvement</b>	<b>5,221</b>
<b>% Overall NYC Improvement</b>	<b>32%</b>

OCFS continues to make positive strides in reducing multiple PIDs and the progress of this work is being reported to executive level within the agency. Updates are shared at monthly OCFS CCWIS Webinars attended by local district and voluntary agency liaisons, as well as NYC CONNECTIONS Stakeholder meetings. Information around best-practice and training is shared at these meetings.

In the coming year, improved reports will be available for counties, and we expect to institute a periodic monitoring mechanism to review the percent change in MPIDs, develop thresholds, and reasonable and incremental goals for each county with significant issues in this area.

### 3. Timeliness of Data Entry into CONNECTIONS

As part of its initial data quality plan submitted in 2019, OCFS established a series of SMART goals related to movement entries. In accordance with OCFS Administrative Directive (15-OCFS-ADM-25) which directs local districts to enter all foster care movements into CONNECTIONS within 30 days, OCFS set a goal of having 90% of all admissions, movements, and discharges recorded within 30 days. Timeliness of movement entry was selected as a priority area as delayed movement entry can negatively impact real-time service provision, performance monitoring and federal reporting. For example, under Family First Prevention Services Act (FFPSA), children entering a Qualified Residential Treatment Program (QRTP) must have a comprehensive assessment completed within 30 days of program admission and a court review within 60 days. To support caseworkers in meeting these deadlines, OCFS is building into CONNECTIONS a series of system “ticklers” to remind workers of approaching deadlines. If a child’s movement record is not entered promptly, caseworkers and their supervisors will not receive these important reminders and may fail to complete tasks on time. Similarly, failure to enter foster care discharge activity within required timeframes can impact CFSR permanency metrics, making it appear that children remain in care when in fact permanency was obtained.

#### Baseline Data:

While the OCFS administrative directive requiring movement entry within 30 days was issued in 2015, data analyses completed at the time of our initial Data Quality Plan submission revealed room for improvement. Between 2015 and 2018, timeliness of all types of movement entry was substantially below the desired target of 90%. Just over two-thirds of new admissions were entered within 30 days, with annual performance ranging between a low of 68% and a high of 71%. Discharges followed a similar pattern with timeliness ranging from an annual low of 69% to a high of 74%. Timely entry was better for all other movement types (e.g., absences, transfers) but still below expectations, with 81-85% of movements entered in the desired 30 days.

Based on these results, OCFS set a goal of increasing the timeliness of data entry by 5% each year, resulting in the following incremental performance targets for the current review period:

Movement Type	Percentage of Documented Movements Entered within 30 Days		
	Baseline Average (2015-2018)	2019 Target	2020 Target
Admissions	70%	75%	78%
Discharges	71%	76%	81%
Other	83%	88%	90%

## Quality Improvement Strategy: 2019-2021

To assist in monitoring the timeliness of movement entries, monitoring reports for admissions, discharges and other movement types were created and added to the OCFS Data Warehouse in 2019. These reports provide state and county users with the ability to monitor the number and percentage of movement records entered within 0-30, 31-60 and 60 or more days for a user selected timeframe. The user can also drill down into the report to get a child level list of the movement records included in each outcome metric, along the agency and caseworker associated with the child's case. The intention was that state and county staff would use these reports to monitor overall data entry performance and if necessary, identify specific agencies/workers experiencing challenges with timely entry.

## Current Status:

All outcomes are monitored on a quarterly basis after the minimum 90-day follow-up period has passed. As shown below, performance outcomes for admissions and discharges remained within baseline ranges throughout the current review period, while other movements declined slightly. Timeliness outcomes appear to be trending upward in Q2 of 2020, though this trend may dissipate as additional late entries are added as the year continues.

		Admissions			Discharges			All Other Movement Codes		
		TOTAL	<=30Days		TOTAL	<=30Days		TOTAL	<=30Days	
			N	%		N	%		N	%
YEAR	QTR									
2019	1	2,169	1,544	71.2%	1,987	1,371	69.0%	9461	7664	81.0%
	2	2,171	1,522	70.1%	2,324	1,685	72.5%	10484	8359	79.7%
	3	2,105	1,441	68.5%	2,096	1,494	71.3%	11445	9137	79.8%
	4	1,929	1,350	70.0%	2,147	1,439	67.0%	9101	6766	74.3%
	Annual	8,374	5,857	69.9%	6,567	4,618	70.3%	40491	31926	78.8%
2020	1	2,005	1,414	70.5%	1,728	1,155	66.8%	8592	6699	78.0%
	2	1,220	896	73.4%	1,065	787	73.9%	6553	5184	79.1%

Based on these results, timeliness of data entry remains a priority area for OCFS and will be carried over as an area of focus for the 2021-2023 biennial data quality review. Obtaining 90% timeliness of entry for all movement codes will be maintained as a data quality goal.

## Quality Improvement Strategy: 2021-2023

As noted earlier, emergence of the COVID-19 pandemic in early 2020 led to a pause for many data quality efforts. Thus, while the new data reporting was made available within the OCFS Data Warehouse in 2019, outreach efforts aimed at educating regional and county staff about the reports and how to best utilize them to improve practice did not occur. During the 2021-2023 review period, OCFS intends to create a movement quality workgroup that will focus on improving both the timeliness and accuracy of movement data. Workgroup members will likely include staff from the Bureau of Research, Evaluation and Performance Analytics, PQI and Data, Connections Implementation leads, and regional office. The group will develop a strategy

for report dissemination and use and explore whether technical assistance or additional training is needed.

#### 4. Completeness of Federal Reporting Submissions

Submission of complete and accurate data elements in all required federal data submissions, such as the Adoption and Foster Care Reporting System (AFCARS), is an agency priority. Comprehensive, quality data is fundamental to the production of meaningful outcome metrics and practice analysis, and failure to meet federal standards can result in federal action, such as the imposition of a program improvement plan or fiscal penalty. OCFS is seeking to improve the quality of its AFCARS reporting by reducing to zero the number of data elements that are flagged as missing values for more than 10% of reported cases.

##### Baseline Data

Following each AFCARS data submission, OCFS receives a report detailing which data elements have failed to meet the missing data standard. As shown in the table below, going into the beginning of the current biennial review period, OCFS was regularly seeing a high number of AFCARS elements flagged for missing data.

<b>Submission Period</b>	<b>Number of Data Elements With 10% or More Missing Cases</b>
17A	21
17B	20
18A	27
18B	14
19A	24

Further drill down on these numbers revealed that several items were consistently problematic across submissions, including child's race, manner of removal, and prior adoption history (see below). Missing clinical diagnoses were also identified as an emerging data issue. This is due to the recent modifications of the rules for assigning case values to these elements. The changes were made to meet ACF expectations under the agency's AFCARS Improvement Plan. These elements were therefore targeted for initial outreach and remediation efforts with local staff responsible for data entry.

<b>% of AFCARS Cases Missing Data by Case Element and Submission File</b>					
<b>Submission File</b>	<b>17A</b>	<b>17B</b>	<b>18A</b>	<b>18B</b>	<b>19A</b>
Child Race	10.3	11.37	11.53	11.09	.
Clinical Diagnosis	-	-	.	.	15.07
Prior Adoption	35.33	36.20	29.91	16.19	10.55
Manners of Removal	16.21	10.80	10.38	.	.

## Quality Improvement Strategy: 2019-2021

CONNECTIONS elements used for federal reporting are earmarked within the data system with a red "\$" icon. This icon appears on the screens workers use during their daily case management activities to alert staff to the importance of completing these items. In 2019, OCFS expanded the data quality tools surrounding our targeted AFCARS items to include monitoring reports available to state, regional and local district staff through the OCFS data warehouse. Developed reports allow users to select prior or current AFCARS reporting period and returns an aggregate summary of all children known to be in foster care during that period of time that are missing responses one or more targeted items, such as prior adoption history, manner of removal and permanency planning goal. Users can then drill down to get a child level view for their county, including child's name, case identifiers, and responsible parties (case planner, case manager, agency). A similar report was developed for children with missing clinical diagnoses.

Following the release of these reporting functions, improvement efforts shifted to educating users about the availability of the reports and getting them to use them as a proactive monitoring tool. Reports were highlighted in the OCFS Data Warehouse newsletter, shared with OCFS CONNECTIONS Implementation Leads and Regional Office staff, and tip sheets with step by step instructions and screen shots detailing where and how users should be entering the required items in CONNECTIONS were developed. In December 2020, the Deputy Commissioner of Child Welfare and Community Services released a letter to all LDSS Commissioners and agency Executive Officers reminding them of the AFCARS submission dates and encouraging them to utilize both reports in the months prior to submission to address missing elements. Attached to the letter was the tip sheet.

During the 2020-21 period, a second round of AFCARS missing data elements reports was slated for development with the data warehouse. These reports were to focus on other elements frequently failing the compliance requirements: permanency hearing review dates, freed dates, termination of parental rights, and foster parent marital status. Work on these reports was delayed due staffing resources working on high priority COVID-19 pandemic-related monitoring but will resume and continue during the next reporting period.

### Current Status:

The table below adds the performance for each of these AFCARS elements for the submissions during the current review period. Progress has been made in the reporting on the sex of the child and manner of removal elements, which have been persistently below the 10% threshold compared to the baseline. Significant reduction in the missing data can also be found in the reporting of prior adoption history, though improvement is still needed. Likewise, clinical diagnoses remain problematic, and will be carried forward into the next biennial review. As noted above, focus will also shift to other items emerging with high missing rates during the period: caretaker family structure, TPR dates. Separate efforts also made to understand how the reporting of caretaker and foster parents' marital status, which is not required by AFCARS, subsequently affects the reporting of family structure.

<b>% of AFCARS Cases Missing Data by Case Element and Submission File</b>							
<b>Submission File</b>	<b>17A</b>	<b>17B</b>	<b>18A</b>	<b>18B</b>	<b>19A</b>	<b>20A</b>	<b>20B</b>
Child Race	10.3	11.37	11.5 3	11.09	.	.	.
Clinical Diagnosis	-	-	.	.	15.07	16.53	15.94
Prior Adoption	35.33	36.20	29.9 1	16.19	10.55	14.72	11.99
Manners of Removal Caretaker Family Structure	16.21	10.80	10.3 8	.	.	.	.
Father TPR Date			.	.	36.83 12.96	34.43 14.70	33.62 13.18

### Quality Improvement Strategy: 2021-2023

OCFS intends to maintain improving the comprehensiveness of AFCARS items as an agency priority. Beginning October 1, 2022, the new AFCARS 2.1 rules go into effect. These rules modify some of the existing AFCARS elements and introduce many new ones. OCFS has formed a workgroup to focus on preparing the agency and the field for the transition. The group is led by the OCFS Bureau of Research, Evaluation and Performance Analytics, and includes staff from multiple OCFS divisions concerned with data quality issues (PQI and Data, CONNECTIONS Implementation Team, ITS, Child Welfare and Community Services, Counsel, Policy, CCWIS). The team meets biweekly to review the gap between current data collection and data quality and the new AFCARS 2.1 requirements. This group will be tasked with considering if/how data collection of current high missing items can be improved through system enhancements, data monitoring tools, training, and policy.

## 5. CPS Intake Process Improvement

While not identified in our last Data Quality Plan as a SMART goal, an issue that had been discussed at OCFS and with our local district partners for several years became a focus area for the agency last year: how previously investigated fatalities are handled.

A previously investigated fatality is a report of the death of a child that has been previously reported to the SCR (New York Statewide Central Register for Child Abuse and Maltreatment) and investigated by CPS in New York State, and for which that previous fatality investigation has been closed, when the report is made again to the SCR. Reports on previously investigated fatalities are commonly referred to as “re-reported fatalities.” In recent years, OCFS identified a rise in the number of re-reported fatalities. OCFS is aware that this increase in re-reported fatalities has had a negative impact on families, communities, and CPS staff. The investigation of re-reported fatalities where there are no new concerns or allegations related to the child’s death retraumatizes families and the communities that support those families. Secondly, the heightened requirements for completion of a CPS investigation of a child’s death are time

consuming and have additional time sensitive requirements that must be completed by CPS staff on a strict schedule. The requirement to continue with the investigatory requirements when there is no new evidence to be gleaned results in the local district CPS inefficiently expending critical resources. That is, another report and investigation with no new allegations related to the death of the child unnecessarily draws from CPS's investigative resources that could be better served promoting the safety and well-being of children involved in open CPS investigations.

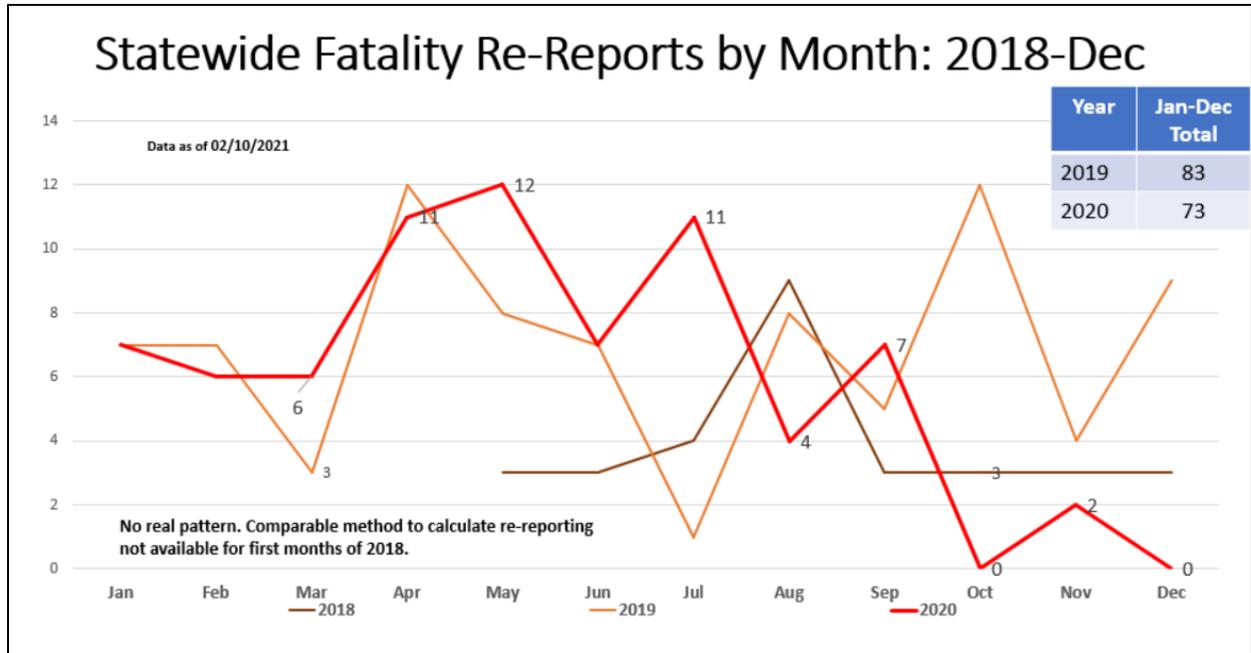
The OCFS child fatality review unit team met with four local district CPS units (Erie county, Rockland county, Nassau county, and NYC Administration for Children's Services (ACS)) to discuss this issue. The group met over the course of a year to discuss better ways to handle re-reported fatalities while also meeting statutory requirements of the SCR and local districts.

As a result, OCFS implemented a process change and supporting modifications in CONNECTIONS in September 2020. The policy and system were modified such that when a previously investigated fatality is reported and the report meets certain criteria, a new fatality report is not opened, and a new investigation is not required. The re-report is still captured and documented in the system, but in such a way that the family is not retraumatized and workers are not left to complete investigations and meet timeframe mandates unnecessarily. The data quality is cleaner and clearer, and now reflects fatalities more accurately rather than the inflated numbers previously held.

OCFS issued a policy to local districts notifying them of the change. The SCR staff received a formal training and the local district staff were provided informal training and technical assistance by the OCFS child fatality review unit when assistance was needed.

To date, since September 2020, the SCR has registered over 50 previously investigated fatalities using the new process. It is estimated that the previous process took caseworkers approximately 40 hours to handle previously investigated fatalities. The new process takes an estimated 5 hours.

While 2021 statistics are not yet available, a small overall decline in calls counted as re-reports can be seen from mid-2018 through 2020.



This initiative is fully implemented and is now in a monitoring phase.

## Conclusion

OCFS is committed to continuous improvement related to data quality in CONNECTIONS. The multiple PID, timeliness of movements, and accuracy of federal reporting will remain priorities over the coming year.

As described in our 2021 Data Quality Plan, the next year will include a re-start of our Data Governance Council including a current state assessment and continued formalization of that framework; data reviews and case file updates related to Family First implementation; case file reviews to assess performance and identify and address data inconsistencies; and multi-disciplinary team (MDT) data and process improvements related to the intake process. New areas of focus will continue to be identified on an ongoing basis.