



ReImagining Data at ACF

Agency Prioritizes Data Sharing Actions in Response to State Feedback

By Christopher Traver and Christi Dant

The Administration for Children and Families (ACF) in the federal Department of Health and Human Services (HHS) promotes the economic and social well-being of children, families, individuals, and communities with leadership and resources for thoughtful and effective delivery of human services. ACF administers more than 60 programs with a budget of more than \$53 billion, in partnership with states, tribes, territories, local governments, and other grantees. Increasing reliance on data and analytics are common themes among human services agencies and their partners. Data are a strategic asset that drive case management, program administration, analytics, and research. Our data are most useful for agencies, the families we serve, direct service providers, and decision-makers at all levels when they are appropriately and

readily shared across organizational boundaries.

HHS acknowledges this fundamental reality and has launched an effort called ReImagine HHS, focusing on aligning programs and “Putting People in the Center of HHS Programs.” As the name implies, this means taking a fresh look at how to best serve individuals and families and re-imagining our programs and service delivery models.

Human services represent an inter-connected and inter-dependent community. But the silos we have created organizationally, financially, and technologically serve to create additional complexity that hampers our ability to coordinate and collaborate. Too often, the people we serve struggle with divergent application processes, conflicting eligibility rules, redundant documentation requirements, incompatible payment mechanisms, and case decisions made without the full context of

their individual needs. For example, caseworkers too often cannot see both parents’ and children’s information because it is stored in different systems, making it difficult to make data-informed decisions.

While many of these factors may currently be outside our control, data sharing is within our reach now. Data sharing could ultimately allow people to navigate our programs seamlessly. Our partners in state, territorial, local, and tribal governments are addressing these issues often in creative ways, but with limited consistency across programs and unnecessary duplication of effort in doing so.

ACF recently completed a series of regional listening sessions with states and territories to delve deeper into the feedback survey results obtained by the Office of Regional Operations. A major topic was data integration, with numerous recommendations for improving federal agency

coordination, harmonizing funding, additional technical guidance, and practical tools to accelerate data-sharing efforts. We heard our state and local partners express significant needs both for technical assistance and additional program guidance—and ACF is responding.

Complementary to the ReImagine HHS effort, ACF launched the Interoperability Initiative¹ to advance data sharing through coordinating efforts, identifying best practices, and developing guidance for implementers. The work to date has been foundational. We are now building on that foundation, developing new and improved tools and services that are responsive to the current needs of our state and local partners. We will continue to engage our partners and we welcome continued input on our efforts to address these issues. Current efforts are summarized below:

Data Privacy

We are updating and expanding the ACF Confidentiality Toolkit.² We know that protecting individuals' privacy and confidentiality is a critical

aspect of any data-sharing initiative. In addition to modernizing the Toolkit to update references to law and policy, we will address requirements to enable cross-program data sharing and leverage modern technology tools such as attribute-based access control to promote more granular control and accountability of the data. Both ACF and the Office of Management and Budget (OMB) have provided funding to advance this initiative.

Building Staff Capacity

A recent report³ from The Pew Charitable Trusts found the top challenges to progress on state data initiatives were issues relating to staffing, including lack of skills and expertise in data-related fields. Conversations at this year's APHSA National Summit reinforced this concern. By making our organizations more data literate, we can empower staff with the knowledge and confidence to think strategically about how to better use our data assets, so that those closest to the problems can more rapidly identify and test solutions. We are exploring additional supports to states, such as new training materials, reusable tools, and dashboards.

Harmonized Rules and Policies

We have also consistently heard that federal agencies need to do a better job coordinating with each other and promulgating more consistent, and ideally harmonized, guidance to grantees. We agree, and have established an ACF-wide community of interest on interoperability as an important step in better connecting our people and programs.

But we know the need for coordination extends beyond ACF, and we will work hard to engage with our partners in other parts of government.

Analytics

Agencies and grantees also made it clear they want to do more with their data. While analytical tools are improving rapidly, their usefulness depends on accessing relevant and high-quality data. For example, dashboards help management quickly

assess progress or identify trouble spots—but only if the underlying data that populates them have been collected, formatted, and displayed in a manner than supports the analysis. Similarly, quality of the data is another limiting factor. Data quality improvement is often a necessary precursor to expanded analytics.

To advance ACF's work in this area, in May 2018, Acting Assistant Secretary for Children and Families Steve Wagner signed the ACF Interoperability Action Plan,⁴ which set in motion a series of actions that will strengthen ACF's support for data sharing and integration initiatives at all levels.

As a first step toward this vision, we convened an internal community of interest called the Human Services Data Integration Solutions Community (HSDISC), which serves as a coordination body across ACF programs.

The action plan also established a strategic vision for ACF moving forward. A "Data Sharing First" strategy is being promoted internally that will fundamentally shift our thinking from a default position of reluctance to share data to a forward-leaning posture of "Yes, Unless." This means that we begin with the position that ACF will support, allow, and enable data exchanges that support our families and programs unless there are bona fide legal prohibitions or other weighty impediments. And in cases where there is a prohibition, we will review it to determine if any actions to address the prohibition are advisable and warranted.

The Action Plan tasks the Division of Data and Improvement (DDI, a relatively new division of ACF's Office of Planning, Research, and Evaluation⁵) with the responsibility for executing the plan and serving as the agency's lead on multi-program data exchanges. Through DDI we are continuing the interoperability initiative in multiple ways, including focusing on data-sharing standards and guidelines. For instance, the expansion and broader implementation of the National Information Exchange Model (NIEM)⁶ is one critical step in improving the

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the purpose of criminalizing conduct under the statute is that where “a child is endangered, it may be injured; it is the likelihood of injury against which the statute speaks.” *Id.* at 475, 451 N.W.2d at 699 (quoting *State v. Fisher*, 230 Kan. 192, 631 P.2d 239 (1981)). Although courts strictly construe criminal statutes...we have recognized the breadth of conduct addressed in §28-707(1)(a) and have stated that “[a]s a matter of practicality for general application, child abuse statutes, by virtue of the nature of their subject matter and the nature of the conduct sought to be prohibited, usually contain broad and rather comprehensive language.” (*State v. Crowdell*, 234 Neb. at 474, 451 N.W.2d at 699). Accordingly, the court held that Mendez-Osorio’s conviction was supported by the evidence.

Other states have similar statutes comparable to the one in Nebraska, articulating their resolve to criminalize child abuse that results from

conduct that exposes a child to harm despite the fact that the child was not the direct object of the defendant’s behavior. For instance, the Supreme Court of Delaware, in *Mubrouca Allison v. State of Delaware*, 148 A.3d 688 (2016), held that the “child endangerment statute provides that a person is guilty of endangering the welfare of a child if she has assumed responsibility over the child and [i]ntentionally, knowingly or recklessly acts in a manner likely to be injurious to the physical, mental, or moral welfare of the child.” It held that “an ordinary person could easily understand that leaving two young children alone in an unlocked car in near triple-digit heat for at least fifteen minutes with the windows almost rolled up could be ‘injurious to the physical, mental, or moral welfare’ of the children.”

Like false allegations of child abuse, false allegations of child endangerment are illegal. In Colorado, for instance, a person whom the court

finds has brought a motion that is “frivolous, substantially groundless, or substantially vexatious” may be required to pay reasonable attorney’s fees and the costs of the opposing party (C.R.S. 14-10-129(5)).

Child endangerment charges are highly fact specific. A legal analysis of sufficiency of evidence supporting a child endangerment conviction will depend upon the specific circumstances of each case. Human services workers and others who believe they have encountered child endangerment, and individuals who have been charged with child endangerment, should seek the advice of an experienced attorney. The attorney should be able to discuss what options are available under the circumstances. 

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interoperability of our data. Through NIEM we can ensure that we are naming, defining, and structuring our data consistently to enable seamless cross-program communication.

We are also examining existing technical architecture frameworks, including the National Human Services Interoperability Architecture (NHSIA), to promote effective planning and design of integrated systems. Ideally, NHSIA will provide the basis for interoperability with other communities, such as with those organizations leveraging the Medicaid Information Technology Architecture. Alignment of both architectural and data standards frameworks across human services and critical partners is a major attribute of the ACF Interoperability Initiative.

We recognize these are early steps on a long journey, but we hope it is evident

that ACF is committed to working hard to improve the way we and our partners are able to fully leverage data as a strategic asset and enabler of more effective and efficient services to the people we serve.

Interoperability represents the opportunity to modernize our programs and service delivery models, and fully support data-informed decision-making. It is the cornerstone for achieving scalable data sharing and data integration. Too often we cast interoperability as an IT problem. Instead, we propose that interoperability should refer to “The alignment of business, policy, and technical factors to enable efficient and flexible data sharing and integration.” This means interoperability is both a challenge and an opportunity that we must address holistically across the human services community.

We invite you to join us on this journey and hope you will tell us openly, directly, and honestly how we can do better. If you have questions about data sharing or interoperability activities at ACF, please contact us at the ACF Data Sharing Assistance Center at DataRx@acf.hhs.gov. Let’s get started! 

Reference Notes

1. See <https://www.acf.hhs.gov/about/interoperability>
2. See https://www.acf.hhs.gov/sites/default/files/assets/acf_confidentiality_toolkit_final_08_12_2014.pdf
3. See <http://www.pewtrusts.org/en/research-and-analysis/reports/2018/02/how-states-use-data-to-inform-decisions>
4. See reference note #1.
5. See <https://www.acf.hhs.gov/pre/research/topic/overview/interoperability-and-data-sharing>
6. See <https://www.niem.gov/communities/human-services>