



Privacy, Policy, & Permanency: The Family First Prevention Services Act and the use of Administrative Data for Child Welfare Research

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KEY CONSIDERATIONS:

- The Family First Prevention Services Act of 2018 was passed to afford states the means to more meaningfully address some of the most challenging problems in child welfare practice.
- This child welfare reform initiative relies heavily on research to inform practice, and the data collected by state administrative data platforms is an exceptional source of information for program evaluation analyses.
- States that are interested in implementing the Family First Prevention Services Act should explore whether their current state law allows this data to be used for the purposes of research and evaluation.

**“Prevention is the
daughter of intelligence.”**

– Sir Walter Raleigh

Introduction

During Federal Fiscal Year 2018, the Adoption and Foster Care Analysis and Reporting System reported that there were more than half a million children served at some point by state foster care systems.¹ This population of children has risen by nearly 40,000 since 2014 – a 5.74 percent increase in just that four-year period. There is more than one explanation for this concerning trend, but researchers and state agencies have overwhelmingly pointed to a common trio of problems that contribute to the heightened risk of removing children from their families: 1) the rise in prevalence of harmful substance use; 2) the incapacitating effects of severe mental illness and; 3) household economic hardships.

While the opioid epidemic in the U.S. may have exacerbated these problems in recent years, they are not new. Child welfare authorities have long known of this trio’s detrimental effects on families, and evidence of these associations has been documented by several authors.²⁻⁴ For example, analyses using datasets from the Centers for Disease Control and Prevention (CDC) and U.S. Children’s Bureau produced an estimate that each 10 percent increase in drug overdose deaths in a typical US county was associated with a 4.4 percent increase in foster care entries.⁵ Similarly, when it comes to mental illness, analyses of state level data in Missouri found that the proportion of

children placed in out-of-home care was more than double for the children of mothers with mental illness than for other children involved with Child Protective Services (CPS).³ The risk of removal from the home was also found to be notably higher for the children of mothers with anxiety disorders in that study. Economic hardships – especially those that result in homelessness and housing instability – have also been discovered to increase the risk of a family’s involvement with CPS.⁶

The Health and Economic Burden of Child Maltreatment in the United States

Children placed in foster care suffer from higher rates of medical and mental health conditions than their peers who have not experienced foster care placement or severe maltreatment. Specifically, there is evidence these children exhibit a litany of health problems that are highly associated with their exposure to adverse childhood experiences – such as higher rates of smoking, cardiovascular disease, and suicide later in their lives.⁷⁻¹⁰ Incident mental health problems seem to be especially acute and costly for children who experience foster care placement instability (i.e., multiple unplanned placements, disruptions in case plans, etc.).¹¹ Tragically, from 2003-2016, these health conditions contributed to mortality rates that were significantly higher for children in foster care than the general U.S. child population.¹²

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Just as maltreatment and out-of-home care placement are disruptive and painful for individual children and their families, they have been shown to adversely affect the communities where families reside. Abuse and neglect broadly inhibit a child's capacity to thrive and realize their full human potential, which in turn decreases their likelihood for wellness and economic security over their lifespan – effects that can ripple through a society. When considering the associated risks of costly illness, criminal justice involvement, educational disruption and lost productivity, CDC researchers estimated that child maltreatment accounts for \$428 billion in annual economic burden to the U.S. population (in 2018 dollars).¹³

The central premise of Family First is that efforts to avoid such family disruptions are warranted, and that too many children have been removed from their parents before sufficient preventive measures have been attempted.

Parenting young children is challenging. Parenting young children while coping with depression and barely making ends meet is even more so. While the spectrum of maltreatment that children endure in this country ranges in terms of its severity and harm, data from the U.S. Children's Bureau finds that ~60% of cases are substantiated for neglect only.¹⁴ Because child neglect is often a result of overwhelmed or under-resourced parents, it follows that there are many families whose circumstances can be improved with appropriate intervention and support.

Any meaningful policy that aims to improve the lives of children necessarily involves fortifying the capacity of their caregivers. This issue brief will outline how the federal government has crafted such a policy framework with the passage of the Family First Prevention Services Act. It will specifically discuss this initiative in terms of the emphasis that the Act places on child welfare research to build new evidence, and how administrative data collected by state child welfare agencies can be used to facilitate this research to discover which interventions can effectively keep children safe.

The Family First Prevention Services Act of 2018

Communities have called for the resources to curb their child welfare problems for years. Ultimately, the collective harms of maltreatment and out-of-home care placement led community leaders to petition their political representatives to act on behalf of these vulnerable children. In response to these calls to action from their constituents, Congress passed the Family First Prevention Services Act (Family First), which was signed into law in February of 2018.^{15,16} Principally, Family First reforms federal funding mechanisms found in sections of Title IV of the Social Security Act related to public child welfare system operations (e.g., Title IV-E, Title IV-B). It affords the states greater flexibility

in terms of spending these dollars on health and social services that have been determined, through published research evidence, to be likely to prevent the need for foster care placements. In other words, services that can be targeted for the most at-risk families, and utilized to keep the home environment safe enough to allow the child to remain there. By law, these so-named 'prevention services' must fall into at least one of the following set of categories outlined by Congress:

1. Mental health and substance abuse prevention and treatment services,
2. In-home parent skill-based programs, and
3. Kinship navigator services.¹⁷

While states have been offering such services to families for decades, before the passage of Family First they were typically required to wait until after a child had been removed from the home before they could initiate them. While there is a certain logic to this approach (i.e., make sure children are safe while their parents are receiving help), national reunification data highlight how difficult it is to safely bring children back to family environments they were removed from. According to the Casey Family Programs: (1) 49% of children have a case plan that involves reunification with their parents; (2) Black and Native American children are considerably less likely to be reunified with their parents and; (3) children who are removed before their first birthday are much less likely to be reunified than older children.¹⁸

It is now widely acknowledged that out-of-home care placement itself is a significant traumatizing event for a child – even in cases where it is ultimately in the child's best interest.¹⁹ The central premise of Family First is that efforts to avoid such family disruptions are warranted, and that too many children have been removed from their parents before sufficient preventive measures have been attempted. This has often been the result of a dearth of available or accessible services for families involved with CPS. In such instances, the child welfare professionals serving these families are left to choose between a set of options where none of their choices are ideal. It is traumatic to remove a child from their parent, but there are also serious risks associated with leaving children in homes where severe maltreatment has occurred. How should CPS workers decide which homes are safe enough to leave a child in? Which programs and services should states choose to keep children safe and keep families together?

The Role of Child Welfare Research in Family First

Family First places a great deal of emphasis on states providing services and treatments that are both safe and effective. To ensure this, Family First created the Title IV-E Prevention Services Clearinghouse in 2018 to conduct systematic reviews of child welfare services research, and then rank services on a scale in terms of the strength of the empirical support for their use with families in the field. This evidence hierarchy categorizes services into one of three conditions: 'promising' (the minimum allowable standard

in order to fund with Title IV-E dollars), ‘supported’ (services with demonstrated benefits compared to an untreated group at 6 months after discharge), or ‘well supported’ (those services with the most established efficacy – typically through randomized controlled trials). States are financially incentivized to provide services that have been designated ‘well supported’ by the Title IV-E Prevention Services Clearinghouse.* Table 1 outlines requirements put forth by Family First that services must meet in order to be considered for the Clearinghouse’s systematic review process.

Importantly, Family First requires that a given service must have been evaluated by a study that, “(bb) was carried out in a usual care or practice setting.” – criteria that are outlined both in the federal law itself as well as the handbook released by the Title IV-E Prevention Services Clearinghouse.^{17,20}

These study design requirements create a challenge for states in their efforts to conduct rigorous evaluations of child welfare services. Evaluations at the size and scope necessary to meet these standards are often expensive, complex, and time consuming. Of particular importance, states must consider the most methodologically appropriate and ethically sound manner of identifying untreated comparison groups to enable valid treatment effect estimates. This is especially true when the handbook issued by the Title IV-E Clearinghouse requires that, “Comparison groups must be “no or minimal intervention” or “treatment as usual” groups.”²⁰ Understandably, many state child welfare administrators are not comfortable randomly assigning high-risk families to a “no or minimal intervention” condition.

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Admittedly, a thorough discussion of the balance between rigorous research methodology, professional ethics, and providing the highest quality services to families in need is beyond beyond this brief’s scope. Suffice it to say, the researchers charged with performing these program evaluations have to think creatively and work within the inescapable limitations of trying to learn as much as possible while keeping any risk to children and families below an acceptable threshold. Regardless of the ultimate approach taken, one thing is certain – this type of research requires large amounts of data if it is to be done well.

If The Evidence-Building Process Is So Challenging, What Should States Do?

While Family First creates new opportunities for states, the evidence standards that programs must meet in order to be funded through Family First pose a dilemma for many states. Many public child welfare agencies offer programs and services that fall below the ‘well-supported’ designation (or even ‘promising’) – this may simply be because they have yet to be the subject of a peer-reviewed article that documents how effective they truly are.

In many cases, these programs have developed support from their communities and have gained the faith of the CPS workforce. Consider an example. If a program falls below the ‘promising’ designation and the state wishes to continue providing it as they implement Family First, that state is left with three choices: (1) discontinue the service; (2) fund the service through a non-Family First source, or; (3) build the evidence base around their program (and ultimately demonstrate that it meets the minimum criteria to receive funds under Family First). Assuming the state is unwilling to abandon their program and unable to secure non-Family First funding, they will need to navigate the aforementioned challenges of such evaluations. This brief will proceed to offer insights that may be useful for states in such a position.

Table 1 – General Practice Requirements for Family First Evidence-Based Prevention Services

- (I) The practice has a book, manual, or other available writings that specify the components of the practice protocol and describe how to administer the practice.
- (II) There is no empirical basis suggesting that, compared to its likely benefits, the practice constitutes a risk of harm to those receiving it.
- (III) If multiple outcome studies have been conducted, the overall weight of evidence supports the benefits of the practice.
- (IV) Outcome measures are reliable and valid, and are administered consistently and accurately across all those receiving the practice.
- (V) There is no case data suggesting a risk of harm that was probably caused by the treatment and that was severe or frequent.

Family First Prevention Services Act of 2018, § 111. Foster Care Prevention Services and Programs.

State Child Welfare Information Systems and their Value for Research

One solution that states have used to address these research challenges is to make administrative data from their Comprehensive Child Welfare Information Systems (CCWIS) available to researchers for program evaluation.^{21,22} Indeed, the U.S. Department of Health and Human Services Administration for Children and Families issued an information memorandum in 2013 encouraging state child welfare agencies to make this data available for evaluations. They claimed that doing so would further the purposes of providing the field with more practice and policy research, produce more theoretical and empirical studies on government child welfare programming, and provide high-quality insights to inform decision-making.²³

* The passage of the Family First Transition and Support Act presents a caveat. Several original funding provisions have been delayed to provide states with additional flexibility to accommodate Family First implementation.

This approach of using CCWIS administrative data for research purposes radically reduces the costs associated with primary data collection, stores longitudinal data at an unrivaled scale, and documents multiple outcomes of interest to the child welfare field (out of home care placement, substantiated allegations of abuse or neglect, number of days a child spent in out of home care, etc.). Furthermore, sharing this data allows researchers to maintain a “light touch” – allowing them to conduct their work while avoiding undue interference in clinical operations in the field. There are several examples of prevention services whose Clearinghouse ratings were bolstered or informed by studies that used these state administrative data sources for their analyses; such as the Homebuilders® Intensive Family Preservation Services program,²⁴ the SafeCare program,²⁵ and the Nurse-Family Partnership program.^{26,27}

Disclosure of Confidential Child Welfare Case Records: Statutory Concerns

While this data is of high value for researchers, there are important legal and ethical matters to consider when sharing and using it for analyses.²⁸ Unlike Protected Health Information (PHI) – which has clear Federal provisions for research outlined in HIPAA – privacy regulations related to child welfare case data are largely written and administered at the state level. As a result, these regulations vary significantly across states in terms of whom is permitted access, and under what conditions.²⁹ Moreover, each state child welfare agency makes its own set of choices about what information to record in its CCWIS system, the financial and personnel resources to devote towards maintenance and upgrades to that system, and how available to make the records to researchers and program evaluators.

The federal government helps to establish data conventions, oversees a research repository of state child welfare data,³⁰ and provides example statutory language for sharing and protecting that data. Specifically, amendments made in 1988 to the Child Abuse Prevention and Treatment Act (CAPTA) established annual reporting of state data through the National Child Abuse and Neglect Data System (NCANDS). Similar amendments to Title IV-E of the Social Security Act in 1986 established the Adoption and Foster Care Analysis and Reporting System (AFCARS) – a data collection tool to specifically monitor the features of children placed in out of home care or adopted. These systems provide nationally representative information, as well as standardize the fields or variables that states capture in their own systems. Especially pertinent to this brief, CAPTA also provides model statutory language for states to adopt in order to guide data sharing for research and evaluation purposes. This includes the following:

(2) If a State chooses to, it may authorize by statute disclosure to any or all of the following persons and agencies, under limitations and procedures the State determines:

(xi) A person, agency, or organization engaged in a bonafide research or evaluation project, but without information identifying individuals named in a report or record, unless having that information open for review is essential to the research or evaluation, the appropriate State official gives prior written approval, and the child, through his/her representative as cited in paragraph (i) of this section, gives permission to release the information.

How the States Have Used This Statutory Guidance

There are a number of reasons to share data related to child abuse and neglect. For example, states allow data sharing for the purposes of care coordination for child victims³¹, forensic investigation, law enforcement activities, and pre-employment screening for childcare workers.³² The authors performed a review of state laws that grant explicit permission to share child welfare data for the purposes of research or evaluation. This review found that state legislatures have primarily used the CAPTA language above to outline the terms of such data use. There are 29 states that expressly describe disclosure of their child protective services case data to those engaged in research. The remaining 23 states have no such language (the sum of 29 + 23 is inclusive of Washington, DC and Puerto Rico, who also report NCANDS data to the federal government). Figure 1 describes where each state falls with regard to their legislative/statutory language related to use of their data for this type of research.

This dichotomy should not be interpreted to mean that states without such explicit language in their state laws cannot or do not use their data for research purposes. Some states, such as Delaware, allow for their executive branch agency to set the terms for data sharing. Specifically, the language used includes:

“To protect the privacy of the family and the child named in a report, the division shall establish guidelines concerning the disclosure of information concerning the abuse and neglect involving a child. The division may require persons to make written requests for access to records maintained by the division.”³²

It is important to consider the possibility that the last time many state legislatures have written or re-visited their statutes on disclosure of this data was before it was stored in the kinds of digital systems used today. The capacity of modern servers and the computing power now available may warrant new legislative conversations about how to use this data to inform state child welfare decisions. Given the new landscape ushered in by Family First legislation, and the emphasis it places on supporting programmatic decisions with research, the opportunity is ripe for states to explore how their current laws help or hinder the evaluation process.

Data Linking and Prospects for Future Research on Child Safety, Permanency, and Wellbeing

CCWIS data can produce worthwhile insights as a sole source of information, but becomes exponentially more functional when it is linked to other administrative data sources. Linking allows for enhancing the quality of studies and extending the frame of their analyses. For example, pairing child welfare case information with Temporary Assistance for Needy Families (TANF) data would allow a researcher to: a) gauge baseline equivalence in poverty between treatment groups; b) test the adjuvant effects of anti-poverty programs in child welfare practice and; c) identify whether ancillary benefits are realized from certain child welfare interventions (i.e., improved household economic circumstances). In light of the many lessons learned from the Adverse Childhood Experiences (ACE) studies⁷⁻⁹ and the line of research spawned by knowledge of the role of the social determinants of health, there are countless untold stories to be found in states' housing records, corrections data, or Medicaid claims from CPS-involved families. Indeed, this is a trail that has already begun to be blazed by intrepid scholars. Table 3 offers examples of published studies that illustrate the power of linking state administrative data to learn about the experiences of children and their families.

Research Ethics and Data Governance

This capacity for knowledge building should be considered with the utmost care and respect for the privacy of the citizens from whom the data was originally collected. Researchers would be wise to continually remember that this information is often produced as the result of extreme trauma, and should therefore be treated with great sensitivity and a protective posture. The best practices that have emerged from the fields of data science, academic research, and data governance should be utilized in these instances; such as submitting proposals to Institutional Review Boards, de-identifying/anonymizing data when possible, and executing rigorous data use agreements to clarify the terms of data sharing and establish mutual expectations for its protection. Further protections on this data could involve the use of honest

brokers, encrypted computing hardware, and strong password protocols for anyone with rights to access information. Finally, investigators that see the promise of using CCWIS data for research and evaluation and wish to expand its access for these purposes would be wise to approach their cause with the sensitivity and care of a diplomat. In most instances, administrative data was not collected for the purposes of research, has no institutional history of being used that way, and requires new, and occasionally uncomfortable, interagency lines of communication – especially in cases where data linking is concerned. A patient, steadfast attitude combined with a clear and compelling vision for the benefits of this kind of collaboration are the hallmarks of success in this endeavor.

Conclusion

With the passage of Family First, the federal government has asserted that the ideal environment for children to grow up in is with their family, in their own homes. It is a great tragedy when this is untenable, yet Congress has now equipped the States with new tools to prevent out of home care placements from happening for more families. This is, at its core, a hopeful assertion – that circumstances can change and families can heal. Decades of research have provided insights about which services work, for which families, and under which conditions. More studies are needed to guide the country if this prevention-focused era of child welfare practice is to be fully realized. The keys that will unlock many of these future insights will be found in state capitols across the country. The choices made there will weave together the story of the Family First Prevention Services Act. Which storytellers are invited to the table – as well as the richness of their narrative – depends on these choices. States may choose to view their data as a symbol of faith entrusted to them by their citizens, something to be put to work and used to grow their understanding; or they may choose to bury it in the ground. States would be wise to view the passage of Family First as an opportunity to decide which course to take.

Table 3 - Examples of Child Welfare Research Using Linked Data

Article	Data Sources	Research Insight
Florence et al. (2013) ³³	<ul style="list-style-type: none"> The National Survey of Child and Adolescent Well-Being (NSCAW) Medicaid Analytic Extract (MAX) 	Approximately 9% of national Medicaid spending on children each year is attributable to child abuse and neglect.
Ghertner et al. (2018) ⁵	<ul style="list-style-type: none"> Healthcare Cost & Utilization Project (HCUP) National Child Abuse & Neglect Data System (NCANDS) Adoption & Foster Care Analysis & Reporting System (AFCARS) 	County-level hospitalizations and overdose deaths related to illicit substance use are significantly associated with rates of child maltreatment reports and foster care entries in that county.
Raghavan et al. (2016) ³⁴	<ul style="list-style-type: none"> National Survey of Child and Adolescent Well-Being (NSCAW) Medicaid Analytic Extract (MAX) 	The greater the severity of maltreatment a Medicaid-enrolled child experiences, the higher the odds that child has of receiving a prescription for psychiatric medication.

References

1. US Department of Health and Human Services. (2019). The AFCARS Report, Federal Fiscal Year 2018. Retrieved on June 10, 2020.
2. Young, N. K., Boles, S. M., & Otero, C. (2007). Parental substance use disorders and child maltreatment: Overlap, gaps, and opportunities. *Child Maltreatment*, 12(2), 137-149.
3. Kohl, P. L., Jonson-Reid, M., & Drake, B. (2011). Maternal mental illness and the safety and stability of maltreated children. *Child Abuse & Neglect*, 35(5), 309-318.
4. Pelton, L. H. (2015). The continuing role of material factors in child maltreatment and placement. *Child Abuse & Neglect*, 41, 30-39.
5. Ghertner, R., Waters, A., Radel, L., & Crouse, G. (2018). The role of substance use in child welfare caseloads. *Children and Youth Services Review*, 90, 83-93.
6. Culhane, J. F., Webb, D., Grim, S., & Metraux, S. (2003). Prevalence of child welfare services involvement among homeless and low-income mothers: A five-year birth cohort study. *J. Soc. & Soc. Welfare*, 30, 79.
7. Waehrer, G. M., Miller, T. R., Silverio Marques, S. C., Oh, D. L., & Burke Harris, N. (2020). Disease burden of adverse childhood experiences across 14 states. *PLoS One*, 15(1), e0226134.
8. Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.
9. Affi, T. O., MacMillan, H. L., Boyle, M., Cheung, K., Taillieu, T., Turner, S., & Sareen, J. (2016). Child abuse and physical health in adulthood. *Health Reports*, 27, 10-18.
10. Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care. *Pediatrics*, 138(5).
11. Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics*, 113(5), 1336-1341.
12. Chaiyachati, B. H., Wood, J. N., Mitra, N., & Chaiyachati, K. H. (2020). All-Cause mortality among children in the US foster care system, 2003-2016. *JAMA Pediatrics*.
13. Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 178-183.
14. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2020). *Child Maltreatment 2018*.
15. Lindell, K. U., Sorenson, C. K., & Mangold, S. V. (2020). The Family First Prevention Services Act: A New Era of Child Welfare Reform. *Public Health Reports*, 135(2), 282-286.
16. Villalpando, F. (2019). Family First Prevention Services Act: An Overhaul of National Child Welfare Policies. *Child Legal Rights Journal*, 39, 283.
17. Family First Prevention Services Act of 2018, § 111 - Foster Care Prevention Services and Programs.
18. Casey Family Programs (2011). Breakthrough Series Collaborative: Timely Permanency through Reunification.
19. Howard, K., Martin, A., Berlin, L. J., & Brooks-Gunn, J. (2011). Early mother-child separation, parenting, and child well-being in Early Head Start families. *Attachment & Human Development*, 13(1), 5-26.
20. Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0, OPRE Report # 2019-56, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.
21. Witte, S. (2020). Case file analyses in child protection research: Review of methodological challenges and development of a framework. *Children and Youth Services Review*, 108, 104551.
22. Kum, H. C., Stewart, C. J., Rose, R. A., & Duncan, D. F. (2015). Using big data for evidence based governance in child welfare. *Children and Youth Services Review*, 58, 127-136.
23. United States Administration for Children and Families. (September 12, 2013). ACYF-CB-IM-13-02: Encouraging Child Welfare Agencies to share data with various Children's Bureau discretionary grant projects, or related federally-funded initiatives.
24. Kirk, R. S., & Griffith, D. P. (2004). Intensive family preservation services: Demonstrating placement prevention using event history analysis. *Social Work Research*, 28(1), 5-16.
25. Gershater-Molko, R. M., Lutzker, J. R., & Wesch, D. (2002). Using recidivism data to evaluate project safecare: Teaching bonding, safety, and health care skills to parents. *Child Maltreatment*, 7(3), 277-285.
26. Olds, D. L., Henderson, C. R., Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: a randomized trial of nurse home visitation. *Pediatrics*, 78(1), 65-78.
27. Matone, M., Kellom, K., Griffis, H., Quarshie, W., Faerber, J., Gierlach, P., ... & Cronholm, P. F. (2018). A mixed methods evaluation of early childhood abuse prevention within evidence-based home visiting programs. *Maternal and Child Health Journal*, 22(1), 79-91.
28. Barclay, C. (2013). When the Need to Know Outweighs Privacy: Granting Access to Child Welfare Records in the Fifty States. *Child. Legal Rts. J.*, 34, 175.
29. Child Welfare Information Gateway. (2017). Disclosure of confidential child abuse and neglect records. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau.
30. National Data Archive on Child Abuse and Neglect. <https://www.ndacan.acf.hhs.gov/>.
31. Greiner, M. V., Beal, S. J., Dexheimer, J. W., Divekar, P., Patel, V., & Hall, E. S. (2019). Improving Information Sharing for Youth in Foster Care. *Pediatrics*, 144(2).
32. Delaware Annotate Code, Title 16, § 906.
33. Florence, C., Brown, D. S., Fang, X., & Thompson, H. F. (2013). Health care costs associated with child maltreatment: impact on Medicaid. *Pediatrics*, 132(2), 312-318.
34. Raghavan, R., Brown, D. S., Allaire, B. T., Ross, R. E., & Landsverk, J. (2016). Associations between magnitude of child maltreatment and Medicaid expenditures for psychotropic medications. *Psychiatric Services*, 67(8), 916-919.

Appendix – State Statutory Language Related to Sharing Child Welfare Data for the Purposes of Research for Each U.S. State

State	Does State Have Explicit Language Involving Research?	Law or Statute	Language Related to Research & Evaluation
Alabama	Yes	AL Code § 26-14-8	(5) For use by any person engaged in bona fide research who is authorized to have access to such information by the Commissioner of the Department of Human Resources; or
Alaska	No	Alaska Stat. §§ 47.17.040; 47.10.093	No direct reference to research or evaluation.
Arizona	Yes	AZ Rev. Stat. § 8-807	2. DCS information to a person who is conducting bona fide research, the results of which might provide DCS information that is beneficial in improving the department.
Arkansas	Yes	AR Code § 12-18-909	(6) (A) A person, agency, or organization engaged in a bona fide research or evaluation project having value as determined by the Department of Human Services and the Department of Arkansas State Police in future planning for programs for maltreated children or in developing policy directions. (B) However, any confidential information provided for a research or evaluation project under this subdivision (g)(6) shall not be redisclosed. (C) However, if a research or evaluation project results in the publication of related material, confidential information provided for a research or evaluation project under this subdivision (g)(6) shall not be disclosed
California	No	CA Penal Code § 11167.5	No direct reference to research or evaluation.
Colorado	Yes	CO Rev. Stat. § 19-1-307	(o) A person, agency, or organization engaged in a bona fide research or evaluation project, but without information identifying individuals named in a report, unless having said identifying information open for review is essential to the research and evaluation, in which case the executive director of the state department of human services shall give prior written approval and the child through a legal representative shall give permission to release the identifying information
Connecticut	Yes	Ann. Stat. §§ 17a-28; 17a-101k	(10) An individual conducting bona fide research, provided no information identifying the subject of the record is disclosed unless (A) such information is essential to the purpose of the research; and (B) the department has given written approval for the use of such information
Delaware	No	Ann. Code Tit. 16, § 906	No direct reference to research or evaluation.
Florida	Yes	Ann. Stat. § 39.202	(i) Any person authorized by the department who is engaged in the use of such records or information for bona fide research, statistical, or audit purposes. Such individual or entity shall enter into a privacy and security agreement with the department and shall comply with all laws and rules governing the use of such records and information for research and statistical purposes. Information identifying the subjects of such records or information shall be treated as confidential by the researcher and shall not be released in any form.
Georgia	Yes	Ann. Code §§ 49-5-41; 49-5-185	b)(1) ...individuals who are engaged in legitimate research for educational, scientific, or public purposes and who comply with the provisions of this subsection..
Hawaii	No	Rev. Stat. § 350-1.4	No direct reference to research or evaluation.
Idaho	No	Ann. Code §§ 16-1626; 16-1629	No direct reference to research or evaluation.
Illinois	Yes	Comp. Stat. Ch. 325, § 5/11.1	(10) Any person authorized by the Director, in writing, for audit or bona fide research purposes
Indiana	No	Ann. Stat. §§ 31-33-18-1; 31-33-26-7	No direct reference to research or evaluation.
Iowa	Yes	Ann. Stat. § 235A.15	e. Others as follows, but only with respect to report data and disposition data for cases of founded child abuse subject to placement in the registry pursuant to section 232.71D: (1) To a person conducting bona fide research on child abuse, but without data identifying individuals named in a child abuse report, unless having that data open to review is essential to the research or evaluation and the authorized registry officials give prior written approval and the child, the child's guardian or guardian ad litem and the person named in a report as having abused a child give permission to release the data.

State	Does State Have Explicit Language Involving Research?	Law or Statute	Language Related to Research & Evaluation
Kansas	No	Ann. Stat. § 38-2209	No direct reference to research or evaluation.
Kentucky	No	Rev. Stat. § 620.050	No direct reference to research or evaluation.
Louisiana	Yes	Rev. Stat. § 46:56	(5)(a) The department may release the information described in Paragraph (1), except names and any other identifying information, to a professional person or professor or graduate student of a college or university who is engaged in bona fide professional, academic, or scholarly research in the field of child welfare services or to a duly authorized person conducting an audit of the department.
Maine	Yes	Rev. Stat. Tit. 22, § 4008	F. Any person engaged in bona fide research, provided that no personally identifying information is made available, unless it is essential to the researcher and the commissioner or the commissioner's designee gives prior approval. If the researcher desires to contact a subject of a record, the subject's consent shall be obtained by the department prior to the contact.
Maryland	No	Family Law § 5-707; Hum. Serv. Code § 1-202	No direct reference to research or evaluation.
Massachusetts	No	Ann. Laws Ch. 119, §§ 51E & 51F	No direct reference to research or evaluation.
Michigan	Yes	Comp. Laws § 722.627	(i) A person, agency, or organization engaged in a bona fide research or evaluation project. The person, agency, or organization shall not release information identifying a person named in the report or record unless that person's written consent is obtained. The person, agency, or organization shall not conduct a personal interview with a family without the family's prior consent and shall not disclose information that would identify the child or the child's family or other identifying information. The department director may authorize the release of information to a person, agency, or organization described in this subdivision if the release contributes to the purposes of this act and the person, agency, or organization has appropriate controls to maintain the confidentiality of personally identifying information for a person named in a report or record made under this act.
Minnesota	No	Ann. Stat. § 626.556, Subd. 11	No direct reference to research or evaluation.
Mississippi	Yes	Ann. Code §§ 43-21-257; 43-21-261	(e) Any person engaged in a bona fide research purpose, provided that no information identifying the subject of the records shall be made available to the researcher unless it is absolutely essential to the research purpose and the judge gives prior written approval, and the child, through his or her representative, gives permission to release the information.
Missouri	Yes	Ann. Stat. § 210.150	(7) Any person engaged in a bona fide research purpose, with the permission of the director; provided, however, that no information identifying the child named in the report as a victim or the reporters shall be made available to the researcher, unless the identifying information is essential to the research or evaluation and the child named in the report as a victim or, if the child is less than eighteen years of age, through the child's parent, or guardian provides written permission; (13) Any person who is a tenure-track or full-time research faculty member at an accredited institution of higher education engaged in scholarly research, with the permission of the director. Prior to the release of any identifying information, the director shall require the researcher to present a plan for maintaining the confidentiality of the identifying information. The researcher shall be prohibited from releasing the identifying information of individual cases.
Montana	Yes	Ann. Code § 41-3-205	(j) a person, agency, or organization that is engaged in a bona fide research or evaluation project and that is authorized by the department to conduct the research or evaluation;
Nebraska	Yes	Ann. Stat. § 28-726	(5) Any person engaged in bona fide research or auditing. No information identifying the subjects of the report of child abuse or neglect shall be made available to the researcher or auditor.
Nevada	Yes	Rev. Stat. § 432B.280	(g) A person engaged in bona fide research or an audit, but information identifying the subjects of a report must not be made available to the person
New Hampshire	Yes	Rev. Stat. § 170-G:8-a	(e) Access to case records by a person conducting a bona fide research or evaluation project, provided that no information identifying the subject of the record shall be disclosed unless such information is essential to the purpose of the research, each person identified in the record or an authorized representative has authorized such disclosure in writing, and the department has granted its approval in writing.

State	Does State Have Explicit Language Involving Research?	Law or Statute	Language Related to Research & Evaluation
New Jersey	Yes	Ann. Stat. § 9:6-8.10a	d. The department may release the records and reports referred to in subsection a. of this section to any person engaged in a bona fide research purpose, provided, however, that no names or other information identifying persons named in the report shall be made available to the researcher unless it is absolutely essential to the research purpose and provided further that the approval of the Commissioner of Children and Families or his designee shall first have been obtained.
New Mexico	No	Ann. Stat. § 32A-4-33	No direct reference to research or evaluation.
New York	Yes	Soc. Serv. Law § 422	(h) any person engaged in a bona fide research purpose provided, however, that no information identifying the subjects of the report or other persons named in the report shall be made available to the researcher unless it is absolutely essential to the research purpose and the department gives prior approval.
North Carolina	No	Gen. Stat. § 7B-2901	No direct reference to research or evaluation.
North Dakota	Yes	Cent. Code § 50-25.1-11	g. A person engaged in a bona fide research purpose approved by the department's institutional review board; provided, however, that no individually identifiable information as defined in section 50-06-15 is made available to the researcher unless the information is absolutely essential to the research purpose and the department gives prior approval.
Ohio	No	Rev. Code §§ 2151.421; 2151.423	No direct reference to research or evaluation.
Oklahoma	Yes	Ann. Stat. Tit. 10A, § 1-6-103	6. Any person or agency for research purposes, if all of the following conditions are met: <ul style="list-style-type: none"> a. The person or agency conducting the research is employed by the State of Oklahoma or is under contract with the state and is authorized by the Department to conduct the research, and b. The person or agency conducting the research ensures that all documents containing identifying information are maintained in secure locations and access to the documents by unauthorized persons is prohibited; that no identifying information is included in documents generated from the research conducted; and that all identifying information is deleted from documents used in the research when the research is completed
Oregon	Yes	Rev. Stat. § 419B.035	(3) The Department of Human Services may make reports and records compiled under the provisions of ORS 419B.010 to 419B.050 available to... or for research when the Director of Human Services gives prior written approval.
Pennsylvania	No	Cons. Stat. Tit. 23, § 6340	No direct reference to research or evaluation.
Puerto Rico	Yes	Ann. Laws Tit. 8, § 446f	(e) Any person conducting bona fide data research. The Secretary or his or her designee shall evaluate and determine whether or not written authorization should be given. Said person shall not be given information related to the identity of the informant or informants, the victim of abuse, or the subject of the report. The criteria for compliance with the provisions of this subsection shall be established by the Secretary. The confidentiality provisions contained in this chapter shall also extend to the research work described herein.
Rhode Island	No	Gen. Laws § 42-72-8	No direct reference to research or evaluation.
South Carolina	Yes	Ann. Code § 63-7-1990	(17) any person engaged in bona fide research with the written permission of the state director or the director's designee, subject to limitations the state director may impose
South Dakota	No	Ann. Stat. § 26-8A-13	No direct reference to research or evaluation.
Tennessee	Yes	Ann. Code §§ 37-1-612; 37-5-107	(4) Any person engaged in bona fide research or audit purposes. However, no information identifying the subjects of the report shall be made available to the researcher unless such information is absolutely essential to the research purpose, suitable provision is made to maintain the confidentiality of the data and the department has given written approval (f) The department shall adopt such rules as may be necessary to carry out the following purposes: ..., and for cooperation with scientific and governmental research on child abuse and neglect.
Texas	No	Fam. Code § 261.201	No direct reference to research or evaluation.

State	Does State Have Explicit Language Involving Research?	Law or Statute	Language Related to Research & Evaluation
Utah	Yes	Ann. Code §§ 62A-4a-412; 63G-2-202(10)	(i) a person engaged in bona fide research, when approved by the director of the division, if the information does not include names and addresses
Vermont	No	Ann. Stat. Tit. 33, §§ 4916; 4921	No direct reference to research or evaluation.
Virginia	No	Ann. Code §§ 63.2-1514; 63.2-1515; 63.2-1503	No direct reference to research or evaluation.
Washington	No	Rev. Code § 13.50.100	No direct reference to research or evaluation.
Washington, DC	Yes	Ann. Code § 4-1302.03	The staff which maintains the Child Protection Register may release information from said Register for research and evaluation only upon an order of the Superior Court of the District of Columbia; provided, however, that no information identifying the persons named in a report shall be made available to the researcher or evaluator.
West Virginia	No	Ann. Code § 49-5-101	No direct reference to research or evaluation.
Wisconsin	Yes	Ann. Stat. § 48.981	12. A person engaged in bona fide research, with the permission of the department. Information identifying subjects and reporters may not be disclosed to the researcher.
Wyoming	No	Ann. Stat. § 14-3-214	No direct reference to research or evaluation.