

## Improving Services for Children and Families through Linked Child Welfare and Medicaid Data

Very little is known about the health needs of, and services used by families involved in, child welfare systems, particularly those services funded by Medicaid. Many families involved in child welfare throughout the process – including those whose only contact includes a child welfare referral– have low incomes and are eligible for Medicaid. Additionally, all children in foster care are eligible for Medicaid. The lack of research on this topic is, in large part, due to the limited availability of large-scale datasets on Medicaid use by families involved with child welfare systems. As child welfare programs focus more on preventing family removals, there is a need to coordinate information and operations across child welfare and Medicaid programs. Linking data among children and their caregivers who are served by both systems allows agencies, researchers, and other interested groups to identify opportunities to improve service provision, care coordination, and potentially improve child and family outcomes. HHS's Office of the Assistant Secretary for Planning and Evaluation (ASPE) has several efforts underway to support states in developing linked data to improve services to children and their families and provide policy-relevant research insights.

### CHILD AND CAREGIVER OUTCOMES USING LINKED DATA (CCOULD)

**Overview and Access.** The [CCOULD](#) project – funded by the [Patient-Centered Outcomes Research Trust Fund](#) - partnered with Florida and Kentucky to create a linked dataset of Medicaid and child welfare system data to facilitate research on the relationships between:

- child and caregiver Medicaid coverage and services, and
- child welfare services, health care outcomes, and child welfare outcomes.

CCOULD provided technical assistance to states in linking Medicaid administrative claims of children and their caregivers with case-level data from the child welfare system. It combined state-specific data into a deidentified dataset for secondary data analysis. The linked dataset contains information from both child welfare and Medicaid information systems on case demographics, medical diagnoses, services, outcomes, and other relevant information. These data can be obtained from the [National Data Archive on Child Abuse and Neglect](#).

Linked data on services from child welfare and Medicaid can be used to understand the effectiveness of interventions and improve coordination to address critical challenges faced by families at risk of child welfare system involvement.

**Child Welfare and Medicaid Data Linking Lessons:** This project identified lessons for federal and state agencies interested in similar linking projects. Key lessons learned (available on [ASPE's website](#)) include:

- States can benefit from support in navigating data governance.
  - Internal data sharing initiatives within state agencies are subject to many legal, procedural, and regulatory requirements, which can slow down intra-agency data sharing.
  - Real and perceived regulatory and privacy concerns are equally important to address.
- Recruiting states for linked data efforts requires time and resources, engaging multiple stakeholders, and adapting to changing circumstances.
  - Honorarium or site payments may not fully offset participation burden.

- Memoranda of Understanding (MOUs) and Data Use Agreements (DUAs) must be site-specific, and negotiations can be time-consuming.
- Data linking projects need to identify and plan for issues and gaps in data quality and documentation.
  - Documentation of state child welfare system variables could be more robust.
  - The lack of a family identifier in Medicaid claims and encounters data makes the identification of caregivers challenging.
  - Probabilistic matching can be more beneficial than deterministic matching to obtain as much linked data as possible.
- States need support in strengthening and harmonizing data infrastructure on child welfare services.

### Using the CCOULD dataset for research

ASPE is taking steps to facilitate researchers' use of the CCOULD data and has identified key research topics able to be addressed using the CCOULD dataset:

- Understanding the use of Medicaid services for behavioral health services, in particular substance use disorder (SUD) treatment.
- Learning how SUD services relate to services provided by child welfare systems.
- Gaining understanding on how they relate to parent and child health and stability outcomes.
- Allowing testing of the effectiveness of new interventions to provide treatment and recovery services.

**Additionally, ASPE has partnered with the Institute for Research on Poverty at the University of Wisconsin-Madison to establish a Research Consortium on Child Welfare Outcomes and Medicaid Utilization.** The consortium will host regular meetings of invited researchers using the CCOULD dataset to align research studies, share lessons about working with the data, improve technical documentation, increase exposure to the utility of the dataset, and generate findings to support patient-centered outcomes research.

### CHILD WELFARE AND HEALTH INFRASTRUCTURE FOR LINKING AND DATA ANALYSIS OF RESOURCES, EFFECTIVENESS AND NEEDS (CHILDREN)

The CHILDREN Initiative, in partnership with Mathematica, builds on the lessons of CCOULD to link child welfare and Medicaid data, and also support states in developing analytics to advance key policy priorities. CHILDREN's objectives include:

- Conduct feasibility studies to determine states' or municipalities' readiness and infrastructure to develop data systems with linked records from Medicaid and public child welfare agencies.
- Develop publicly available datasets and data systems with linked records from Medicaid and public child welfare agencies for children and parents or caregivers involved in both systems.
- Use linked records to (a) increase analytic opportunities to help better understand and improve child welfare operations, services, outcomes, and health services delivered to children and parents in the child welfare system; and (b) develop, pilot, and implement models to support oversight of prevention and congregate care services.
- Document lessons learned on linking data across the agencies.

Initial data linking work is expected to be complete by the end of 2025, with additional analytic tasks finishing in 2027. For more information, contact Emily Madden ([emily.madden@hhs.gov](mailto:emily.madden@hhs.gov)) or Brett Greenfield ([brett.greenfield@hhs.gov](mailto:brett.greenfield@hhs.gov)).