

Initial Survey of State Child Welfare Directors

Draft – Do Not Share

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INTRODUCTION

This survey is part of a study commissioned by the U.S. Department of Health and Human Services, Office of Planning, Research and Evaluation in partnership with the Children's Bureau. The goal of this survey is to learn how and to what extent child welfare agencies link, integrate, and share child maltreatment data with data from other systems. [IF Username is for Puerto Rico or Washington, DC: For the purpose of this survey, when we refer to "state," we are including Puerto Rico and DC.] For the purpose of this survey, we define linked data as a set of records containing information combined from your state system of record for child maltreatment reporting and another data source(s) based on a common identifier or other matching criteria. For the purpose of this survey, we refer to integrated data as data that has been systematically incorporated into your state system of record for child maltreatment reporting, through direct entry by staff or a data exchange.

In this survey, we will ask you for high-level information about linked and/or integrated data in your state. You may forward this to a designee(s) familiar with your state system of record for child maltreatment reporting, such as your SACWIS/CCWIS manager and his/her team. The survey is expected to take you and your designee(s) 40 minutes to complete. At the end of the survey, you will be asked for contact information of (an) individual(s) who could answer specific questions about linked and integrated data. Please respond to the survey by no later than [DATE].

Participating in this survey will help us better understand states' experiences sharing and linking child welfare administrative data. Your participation is voluntary, and you may choose not to answer any questions you don't want to answer. Your state may be identified in public reports of study findings based on this survey data. However, public reports will not identify you by name. The data may also be archived for restricted use by other researchers. Archived survey data may identify states but will not include the names or contact information of individuals.

If you have any questions or problems accessing the survey, please contact [NAME]. For any other questions or concerns, please contact [NAME] at [PHONE] or [EMAIL]. We thank you in advance for your participation.

A. CONTACT INFORMATION AND BACKGROUND ON YOUR STATE'S PROGRAMS

1. Who is completing most or all of this survey? (This information will only be used if we need to ask you follow-up questions to understand your answers.)

Contact name: _____

State: _____

Child welfare agency/organization name: _____

Position: _____

Email: _____

Phone number: _____

2. How is your child welfare agency situated in your state?

- 1 A stand-alone child welfare agency
- 2 A child welfare division of a larger agency

[ASK IF Q2 = 2]

3. What is the name of the larger agency?

Agency name: _____

4. What entity provides each of the following services and collects related data?

SELECT ALL THAT APPLY

	[CW AGENCY]	[IF Q2 = 2, AGENCY]	OTHER STATE AGENCY	[IF USERNAME IS FOR CALIFORNIA, COLORADO, MINNESOTA, NEVADA, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, PENNSYLVANIA, VIRGINIA, OR WISCONSIN, "YOUR LOCAL/COUNTY CHILD WELFARE AGENCIES"]	CONTRACTED SERVICE PROVIDER
a. Child abuse and neglect investigations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Foster care placements	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Child welfare case management after investigations	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

	SELECT ALL THAT APPLY				
	[CW AGENCY]	[IF Q2 = 2, [AGENCY]]	OTHER STATE AGENCY	[IF USERNAME IS FOR CALIFORNIA, COLORADO, MINNESOTA, NEVADA, NEW YORK, NORTH CAROLINA, NORTH DAKOTA, OHIO, PENNSYLVANIA, VIRGINIA, OR WISCONSIN, "YOUR LOCAL/COUNTY CHILD WELFARE AGENCIES"]	CONTRACTED SERVICE PROVIDER
d. Social Service assistance (Temporary Assistance for Needy Families [TANF], cash assistance, etc.)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Social Security benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Issuance of vital records (birth and death)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Child support services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Intellectual or developmental disability services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Prevention services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. Mental health services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
k. Substance misuse or substance use services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
l. Housing assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
m. Juvenile justice services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
n. Child care services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
o. Domestic violence/intimate partner violence services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
p. Refugee assistance services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
q. Employment/labor services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
r. Services defined in the state's Prevention Plan for the Family First Prevention Services Act	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
s. Other (<i>specify</i>) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for an initial survey or drawing.

5. **What is the name of the system(s) your staff use today as your state's system of record for the child maltreatment data that is reported to the National Child Abuse and Neglect Data System (NCANDS)? We will refer to this system(s) in the rest of the survey using the name you provide.**

Name of system(s): _____

6. **What type of system is [SYSTEM]?**

SELECT ALL THAT APPLY

- 1 Legacy system (e.g. Statewide Automated Child Welfare Information System [SACWIS])
- 2 Comprehensive Child Welfare Information Systems (CCWIS)
- 3 Currently migrating a legacy system to a CCWIS system
- 4 Other non-CCWIS statewide system
- 5 We do not have a statewide system; only county-based systems
- 6 Other (*specify*): _____

[ASK IF Q6 IS NOT 3]

7. **Are you working on developing or replacing [SYSTEM]?**

SELECT ONE ONLY

- 1 Yes, we are actively working on developing or replacing our system
- 2 Yes, we are in the planning stages of developing or replacing our system
- 3 No, we are not currently planning or working on developing or replacing our system

8. **Who currently enters data directly into [SYSTEM]?**

SELECT ALL THAT APPLY

- 1 Frontline child protection staff who provide direct services
- 2 State child welfare staff who are not frontline child protection staff
- 3 Staff of child welfare contributing agencies (staff contracted to provide child welfare services including investigations, foster care, and/or case management)
- 4 Staff of other state or county agencies (e.g. judicial staff, other social service agency staff, education staff)
- 5 Staff of contracted service providers other than child welfare contributing agencies
- 6 Other (*specify*): _____

9. **Does the state use the NCANDS child file or other analytic data set(s) to create dashboards, conduct analyses, or produce analytic files, or other reports related to child maltreatment incidence?**

SELECT ALL THAT APPLY

- 1 Yes, the state uses the NCANDS child file for this purpose
- 2 Yes, the state creates another analytic dataset for this purpose
- 3 No, the state does not use the NCANDS child file for this purpose and no other analytic dataset is created by the state for this purpose

10. Is the administrative data for each state service or system listed below systematically connected with your [SYSTEM]?

("Entered directly" means that staff who provide a service enter the information about that service into the case management system. Do not mark "Entered directly" if staff do not provide the service, but they do record service information into your system after individually verifying other data sources. If child welfare staff are checking a box, it means data are not entered directly.)

("Through a data exchange" means that a separate agency systematically shares administrative records that are linked to records in your case management system, perhaps by matching a common ID across agencies or names, addresses, and dates of birth.)

	SELECT ALL THAT APPLY			
	YES, [SYSTEM] IS THE SYSTEM OF RECORD FOR THIS SERVICE	YES, DATA IS INTEGRATED INTO [SYSTEM] THROUGH A DATA EXCHANGE	YES, DATA IS INTEGRATED WITH DATA FROM [SYSTEM] THROUGH A DATA WAREHOUSE	NO, DATA FOR THIS SERVICE IS CONTAINED IN A DIFFERENT SYSTEM OF RECORD AND IS NOT SYSTEMATICALLY INTEGRATED IN THE [SYSTEM]
a. Child abuse and neglect investigation data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Foster care placement data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Child welfare case management data	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. TANF records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. SNAP records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Other social assistance records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Social Security benefits	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Child support systems	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Birth records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. Death records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. Medicaid eligibility records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l. Medicaid claims records	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m. Intellectual or developmental disability services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n. Mental health services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o. Substance misuse or substance use services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

	SELECT ALL THAT APPLY			
	YES, [SYSTEM] IS THE SYSTEM OF RECORD FOR THIS SERVICE	YES, DATA IS INTEGRATED INTO [SYSTEM] THROUGH A DATA EXCHANGE	YES, DATA IS INTEGRATED WITH DATA FROM [SYSTEM] THROUGH A DATA WAREHOUSE	NO, DATA FOR THIS SERVICE IS CONTAINED IN A DIFFERENT SYSTEM OF RECORD AND IS NOT SYSTEMATICALLY INTEGRATED IN THE [SYSTEM]
p. Other child protective services (CPS)-contracted services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q. Education services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
r. Judicial/court services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
s. Housing assistance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
t. Juvenile justice services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
u. Child care services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
v. Domestic violence/intimate partner violence services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
w. Refugee assistance services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
x. Employment/labor services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
y. Services defined in the state's Prevention Plan for the Family First Prevention Services Act	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
z. Other (<i>specify</i>) _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

B. DATA SHARING AGREEMENTS AND DATA LINKAGES

A **linked dataset** is a set of records containing information combined from multiple data sources based on a common identifier or other matching criteria. A data sharing agreement may be required for linked datasets that are derived or constructed from data sources that are not part of [SYSTEM].

A **data sharing agreement** is a legal contract that clearly states which data are shared and how the data can be used. Data sharing agreements often detail conditions for access to data, storage and destruction. A data sharing agreement can be used to support different activities, such as for research, analysis, and linking data with other data. A data sharing agreement might also be referred to as a **memorandum of understanding (MOU)** or **memorandum of agreement (MOA)** or **Letter of Agreement (LOA)**.

For this section, we are interested in data sharing agreements in which your agency shares child maltreatment data with other entities, and/or in which other entities share data with your agency. We are also interested in knowing which of your data sharing agreements, if any, include a linked analytic dataset, which is a linked dataset that is used for analysis and not solely for use in providing services. Please do not include data sharing agreements that are strictly for the purposes of supporting a data exchange with another state agency, i.e. to integrate other state data into your state's case management system.

11a. How many data sharing agreements, MOUs, MOAs, or LOAs does [CW AGENCY] have in place to support caseworker practice by allowing them to access information stored outside of [SYSTEM]?

- 1 None
- 2 One or two
- 3 Three to five
- 4 Six to ten
- 4 More than ten

11b. How many data sharing agreements, MOUs, MOAs, or LOAs does [CW AGENCY] have in place to support external research studies that are not currently expected to be repeated or ongoing?

- 1 None
- 2 One or two
- 3 Three to five
- 4 Six to ten
- 4 More than ten

11c. We are interested in all state data sharing agreements or partnerships that support a linked analytic data set(s) about children or families who were reported for child maltreatment or were receiving diversionary, prevention, or intervention services related to concerns of child abuse and neglect. Intervention services includes programs as well as other child welfare services such as placement and adoption services. By entity, we mean another state agency(ies) or divisions, colleges or universities, research centers within the state or other institutions, tribes, and other organizations.

How many data sharing agreements, MOUs, MOAs, or LOAs does [CW AGENCY] have in place that support such a linked analytic data set(s)? Please do not include a data warehouse(s) in your response.

- 1 None
- 2 One or two
- 3 Three to five
- 4 Six to ten
- 5 More than ten

[ASK IF Q11c IS NOT 1]

Please provide the following information for each of these data sharing agreements that supports a linked analytic data set(s). [IF Q11c = 5, "Please describe the ten agreements supporting linked data sets that are most widely used or are most relevant to child maltreatment incidence."]

11c.a. Name(s) of other state agency(ies) or divisions, colleges or universities*, research centers within the state or other institutions, tribes, and/or other organizations, separated by semicolons	11c.b. Short name (abbreviated) for data sharing agreement	11c.d. Does the data sharing agreement include children or families statewide?		11c.e. End year of the data sharing agreement		
		Yes	No	Specify year	Ongoing	Unknown
Specify name(s)	Specify name	Yes	No	Specify year	Ongoing	Unknown
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>
		1 <input type="checkbox"/>	0 <input type="checkbox"/>		1 <input type="checkbox"/>	0 <input type="checkbox"/>

* If the agreement is with a research center that is affiliated with the university/college, please provide the complete name of the research center.

12. Does [CW AGENCY] have any immediate plans for new data sharing agreements or partnerships?

- 1 Yes
- 0 No

13. Does your state have any statutory requirements for data linkages that involve child welfare records?

SELECT ALL THAT APPLY

- 1 The state requires another agency to submit their data to the child welfare agency or division
- 2 The state requires that child welfare data be submitted to another agency or division
- 3 The state requires data linkages involving child welfare records to meet standards for privacy or data transparency that apply to multiple programs and services, including child welfare
- 4 The state requires data linkages involving child welfare records to meet standards for privacy or data transparency that are specific to child welfare
- 5 No
- 99 Other (specify): _____

14. Does your state require [CW AGENCY] to purge or expunge historical administrative data on child maltreatment?

- 1 Yes
- 0 No

15. How soon does [CW AGENCY] begin expunging data on child maltreatment reports that are screened out or not investigated?

SELECT ONE ONLY

- 1 Immediately
- 2 _____ years.
- 3 _____ months.
- 4 Indefinitely.
- 99 Other (specify): _____.

16. How soon does [CW AGENCY] begin expunging data on child maltreatment reports that are unsubstantiated?

SELECT ONE ONLY

- 1 Immediately
- 2 _____ years.
- 3 _____ months.
- 4 Indefinitely.
- 99 Other (specify): _____.

17. Does your state have any immediate plans to change its definition of child maltreatment in order to make it more similar to the definition of child maltreatment in another state(s)?

- 1 Yes
- 0 No

18. Does your state use existing state and federal funding to support data infrastructure needed for linking and using administrative data?

SELECT ONE ONLY

- 1 Yes, and funding is sufficient
- 2 Yes, and funding is not sufficient
- 3 No, and additional funding is not necessary
- 4 No, and additional funding is necessary
- 99 Other (specify): _____

C. FOLLOW-UP CONTACT INFORMATION

19. We would like to know the names of the best people to contact who could answer more technical questions about the data and linking of data identified in this survey. We want to learn about the extent to which states link or connect data by matching on a common identifier or other matching methodology. We may send a follow-up survey (30 minutes) and request follow-up conversations (at most one hour) with up to four people to learn more about how your child welfare agency shares data.

[ASK IF Q10.a–Q10.z ARE ALL 4 OR MISSING]

a. Who is the best person to contact to learn more about any non-child welfare data (such as education data) that are systematically integrated into [SYSTEM]?:

SELECT ONE ONLY

- 1 [FILL NAME ENTERED IN Q1] is the correct person to contact for any clarifying questions on this survey **and** a potential follow-up conversation about data integrated into [SYSTEM].

- 2 Please contact:

Name: _____

Professional title: _____

Organization: _____

Email: _____

Phone number: _____

[REPEAT Q19.b FOR EVERY DATA SHARING AGREEMENT WHERE Q11.c.a IS NOT MISSING]

b. Who is the best person to contact to learn more about linked dataset(s) from the following data sharing agreement:

Organization(s): [FILL FROM Q11.c.a.]

Data sharing agreement: [FILL FROM Q11.c.b.]

SELECT ONE ONLY

1 [FILL NAME ENTERED IN Q1] is the correct person to contact for any questions on this survey **and** a potential follow-up conversation about linked analytic dataset(s) from [Q11.c.b.]

2 Please contact:

Name: _____

Professional title: _____

Organization: _____

Email: _____

Phone number: _____

3 [FILL CONTACT INFORMATION OF ANY OTHER INDIVIDUALS IDENTIFIED IN Q19.a OR PREVIOUS ITERATIONS OF Q19.b]

Thank you for taking the time to complete this survey! Your answers will help federal and state policymakers learn how they can support states in using linked child welfare data to measure the incidence of child maltreatment and improve the lives of children. We are planning to release a report on the findings in fall 2023. **If you have any questions or problems accessing the survey, or any other concerns about the survey, please contact [NAME] at [PHONE] or [EMAIL].**