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Child Welfare Birth Match: Timely Use of Child Welfare Administrative Data to Protect Newborns

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Procedures to identify and serve high-risk infants in three jurisdictions (New York City, Maryland, and Michigan) are explored. Utilizing existing technology, these procedures, referred to as birth match, offer a timely, low-cost, intervention squarely based on current legal premises to increase the protection of newborns and very young children who were born to a parent with a prior termination of parental rights or has a child currently in out of home care. This procedure demonstrates the real time use of administrative data to influence child welfare decisions.

KEYWORDS foster care, parental rights, safety, birth match, interagency collaboration, case-study, Child Welfare Services

As emphasized in its title, the Adoption and Safe Families Act (ASFA) was enacted to clarify that the safety of the child is the primary concern of child welfare. No longer would states seeking federal funding be able to remain unclear about whether their priority was child safety or parental rights. States

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seeking federal funding were required to adopt a key provision of the law that limits the right to reunification for parents who have previously had a termination of parental rights or committed other egregious acts. These provisions release child welfare agencies from the requirement that reasonable efforts be made to reunify each child and to ensure that no reasonable efforts toward reunification are required to free children for adoption. The ASFA reunification bypass provisions clearly demonstrate that actions taken by states to modify the usual pattern of service are justified when they involve parents who have previously experienced the termination of parental rights to a sibling (or who have been engaged in other behaviors indicative of ongoing risk). All 50 states have adopted these minimal provisions and some states have included many more provisions focused on protecting children. States have had as many as 22 provisions put into law, including provisions that are not related to the parent's conduct with the child who has recently come to the attention of the agency but of "another child of the parent" (Berrick, Choi, D'Andrade, & Frame, 2008, p. 164). Per the Child Welfare Information Gateway (2009), these additional provisions include (by states):

- The focal parent previously abandoned an infant (AL, AR, HI, IN, MN, NV, OK, TN, WA, WI);
- A newborn infant tests positive for the presence of alcohol or a controlled substance (FL);
- The parent is not receiving reunification services for a sibling of the child (CA);
- The parent has on one or more occasions abducted the child or a sibling from his or her placement (CA).

These ASFA and State statute provisions clarify the paramount importance of child safety but also establish, in law, the principle that specific information should, or even must, be considered in making decisions related to a child's safety, including information from the family history such as information about what has happened with any siblings of the child being investigated. This is a significant departure from pre-ASFA provisions, under which the investigation of a case and the disposition decision about what services should be ordered were based solely on the parental treatment of the child in the court's current jurisdiction. Now information about children who have been assaulted, experienced bodily harm, been abandoned, died, or simply had a termination of parental rights (TPR) can, under federal law, and must, under some state statutes, be used to make a determination about how to proceed. Although this may be considered a bit ironic, this change in the law is consistent with current child welfare practice, which has emphasized a family focus for many decades (Hartman & Laird, 1983). In those teachings, the entire family dynamic was considered to be important in appropriately

serving the family and preserving families, while protecting children. In the reunification bypass process, a broader family history and context is taken into account in order to protect children.

This article focuses on the implementation of additional procedures related to a unique provision to increase safety instituted in at least three jurisdictions in the United States: New York City, Maryland, and Michigan. These jurisdictions are endeavoring to protect newborn children who have been born to a parent who has experienced the removal of a child from their home, the prior termination of parental rights coupled with a Child Protective Services (CPS) finding, or another form of identification of the parent as a significant safety risk for the newborn (e.g., if the child is living with a sex offender). These procedures are referred to as *birth match* and are designed to harness the power of existing data systems to identify at risk children and offer protective and preventative services to the family.

Ideally, Child Welfare Services (CWS) should base decisions on the risk of future harm to a child. This is difficult to achieve because we often lack good predictors of outcomes. With many risk factors to consider and different levels of vulnerability for children of differing ages, the prediction of future harm is quite inexact. Although the development of the policies discussed here are also handicapped by the lack of evidence about what severity of parenting problems or type of risks are most likely to result in serious harm, they do have the advantage of being focused on infants and parents with well-documented prior risk of parenting failure (as determined by a prior termination of parental rights). Some data do support the efforts to protect infants born to mothers who have previously had children removed from them and undergone the relatively infrequent experience of parental right termination. Evidence exists that newborns brought into foster care are likely to have come from families with some prior child welfare experience. In California, data showed that among a cohort of 1,576 newborns brought into foster care in 1995 in California for reasons of neglect and abandonment (signals that these were cases involving substance abuse), approximately 60% of these children (nearly 1,000) already had had at least one sibling in foster care. Indeed, they had a total of 2,634 siblings who were in foster care at some time from 1988 to their date of entry in 1995; approximately 25% of these newborns had three or more siblings in foster care.

These findings suggest that newborns with previously served siblings have a significant likelihood of also ending up in foster care (Barth, 1997). This may be preventable but is only preventable if the agency is aware of these births and additional services are provided. Additionally, prior research that relied on the matching of birth records and subsequent placements into foster care indicates that the risk for youth of older mothers who are medically indigent and of mothers with four or more births (sometimes the same mothers) are significantly higher than the risk of youth from other mothers, when other factors are held constant (Needell & Barth, 1998).

Although this is not a precise counterpart to the situation discussed in this article, this research suggests that many mothers do not "grow up and out of" their high-risk status.

The risk of morbidity and mortality for newborns is greater than for children of any other age and lowers the threshold for error in decision making about whether a child will be safe at home. A study in California linking birth data, death data, and child welfare data found a strong association between prior reports to CPS and both intentional and unintentional deaths for youth younger than age 5, stating that youth with a prior CPS report were approximately six times (5.86) more likely to die from intentional injuries than youth without such a report (Putnam-Hornstein, 2010). Furthermore, some types of prior CWS involvement (e.g., an allegation of physical abuse) add dramatically to the risk of an intentional injury death (Putnam-Hornstein, 2010).

Although no data exist about the proportion of infants who were seriously abused or died at the hands of a parent who had previously experienced a termination of parental rights, there is no doubt that filicide is a significant American problem. National data show that approximately 1,760 children died from abuse or neglect in 2007 with 42.2% of those deaths being infants younger than age 1 (U. S. Department of Health and Human Services [US DHHS], 2009). Parents were the perpetrators in approximately 75% (69.9%) of all child deaths caused by abuse or neglect (US DHHS, 2009). These infant deaths from child abuse add to an already significant American problem that despite advances in medicine and surveillance has remained flat over the past decade (MacDorman & Mathews, 2009).

JURISDICTIONS CURRENTLY USING BIRTH MATCH

Three jurisdictions were identified who, through either legislation or administrative procedure, are using administrative data matching between child welfare and vital records to identify at risk infants. Each of the three jurisdictions discussed here have approached the issue of *birth match* slightly differently. In all cases, the reason to begin exploring this approach to preventing child maltreatment, and child deaths in particular, was generated by the murder of a child or children who had been left in the care of a parent who had, at some point previously, been judged unsafe. In Maryland, this happened two times and three children died before legislation was enacted. In New York, this strategy was launched through an administrative procedure, not through legislation. Although child welfare policy makers often shy away from making policy based on a single low probability incident such as a child death, the difference in these jurisdictions may be that these deaths were not as unpredictable or "random" as is sometimes the case. Given the magnitude of the previous safety concerns with these families and the

fact that the courts had taken significant actions to remove children or to involuntarily terminate parental rights these deaths were, unfortunately, not unpredictable. These cases are unfortunately not unique and continue today despite an ability to identify this subset of at risk children. Recently, a 2012 Florida parent who had four children removed from her custody prior to the birth of her twin sons was able to leave the hospital with her newborns without additional supports or any notification provided to child welfare. Unfortunately, 8 months later one of the sons died and the mother was arrested and charged in his death. A spokesperson from Florida's Department of Children and Families said:

> I believe that when these children were born, that the courts should have been made aware of the birth of the children, that we should have—at minimum—added these children to the dependency case. By adding these kids to the dependency case, it guarantees a higher level of supervision for these kids and it really enhances the planning and the services that we can provide. (Eichman, 2012)

Table 1 discusses the formative processes, mechanics, benefits, and barriers to each of the birth match methodologies described below. New York City has the narrowest view of what constitutes sufficient and necessary information to begin a visit or an investigation of a newborn. Only in instances where there is a currently open case will visits or an investigation occur for any births. Maryland has an expanded trigger for visitation and or investigation, wherein any newborn child of an adult who has had a prior termination of parental rights and a prior CPS finding will be visited if they are not currently receiving CWS. Finally, Michigan has the broadest view of when visitation or investigation should occur: Any newborn child of an adult who has had a prior termination of parental rights or who has been identified as a "perpetrator" through other electronic and caseworker sources will be investigated.

New York City

In April 2008, the New York City Administration of Children's Services experienced another in what had become a string of deaths of children who were known to the foster care system. Infant Pablo Paez, age 11 weeks, was killed by his mother, who at the time had an open case in the New York child welfare system because one of her other children was in foster care. Pablo's mother was satisfactorily progressing toward reunification with her older child in out of home care at the time of Pablo's death. Although child welfare staff were active in the case of the older sibling and had knowledge that a newborn was in Ms. Paez's home, no efforts were made to examine the safety of the newborn. Following the death of Pablo, the Commissioner of

TABLE 1 Birth Match Process by Jurisdiction

Process	Maryland (MD)	Michigan (MI)	New York City (NYC)
Which children are identified?	Newborns whose parents have had a prior termination of parental rights within the past 4 years and have been identified as "perpetrators."	Newborns with mothers and/or fathers with prior termination of parental rights (TPR) and "perpetrators."	Newborns with siblings *currently* in foster care.
How are children identified?	Parents who have had prior TPR are identified using existing child welfare service (CWS) administrative data system matches of parent information. This information is matched against Vital Records (VR) birth data to identify any new births. Data are transferred between the Department of Human Resources (DHR) and the Department of Health and Mental Hygiene (DHMH) weekly.	Birth records are transmitted daily and used to identify new births from individuals identified on the birth match list.	Children are identified through current child welfare worker reports. Current CWS report new births from mothers with open foster care cases.
To what dated/time range do risk criteria apply?	Unspecified in legislation; time includes past 4 to 5 years for occurrence of a TPR.	Unspecified in legislation; birth match list parallels date of existing computer records.	Unspecified in legislation; only currently open cases are used to identify additional births.
How quickly are new births identified after birth?	Administrative data on parents are sent every Monday; matches are provided as soon as possible, usually within 1 day.	MI VR vital records electronically transmit new birth records to child welfare daily.	Matches may take up to 1 month to complete in instances where a mother delivers soon after a child welfare visit and a new visit is not scheduled within the month.
If matching to birth records occurs, how is that match achieved?	An updated list of parental TPR is sent to VR every Monday. VR matches the information using individual identifiers and returns matches to child welfare within 1 day.	Child welfare cross-references hospital birth records with the DHS listing of parents with prior TPR or abuse/neglect history; Local offices receive an automatic e-mail if a birth match occurs for their office in the weekly report.	—

(*Continued*)

TABLE 1 Birth Match Process by Jurisdiction (*Continued*)

Process	Maryland (MD)	Michigan (MI)	New York City (NYC)
What are the presumptions of the policy regarding CWS response?	A visit is completed to assess the newborn's current circumstances and may or may not result in a formal investigation.	When a match is made, Child Protective Services (CPS) is notified via an automatic email alert (in each county) and a complaint is automatically filed. If an investigation is not pending or a case is not open, an immediate CPS intake worker investigation is required.	Newborn should be removed from home unless a compelling reason exists. To delay a removal, a child welfare worker needs approval from the Director.
What is the legal basis for the policy?	State of MD Law (SB421 and HB144).	Initially an initiative between child welfare and VR in 2001. Now, HB 5814–Birth Match (October 2008) codifies the process.	No legislative mandate, this policy is a New York City Administration for Children's Services regulation.
What are the specific advantages of this approach?	On identification of new births, the workers decide what type of visit is required—an investigation or a wellness visit.	Documents people who have committed severe abuse to a child (regardless of any legal relationship to the child or TPR). The process is automated and connected to current investigative processes.	Only parents who are currently involved with child welfare are included in the process. Current involvement signifies that child welfare issues are ongoing.
What special concerns does this approach raise?	Only children born in MD hospitals (e.g., reported to MD VR) are included and the match relies on information included on the birth record data. Therefore, parents may decide to try and circumvent the Birth Match process by having their children outside of MD, or at home. Additionally, an investigation must be completed for a parent who had a prior TPR to begin the process.	The system only works when TPRs lead to foster care. (In 2008, two mothers killed their infants in separate cases; their previous children were placed in the custody of guardians so to the Birth Match process did not include a referral.)	Only individuals with currently open cases are included in the process. Past experience that resulted in the removal of a child is not considered.

Note. Michigan DHS defines a *perpetrator* as a person responsible for a child's health and welfare that has abused and or neglected that child.

the New York City child welfare agency issued a *Child Safety Alert* drawing attention to a series of recent infant deaths (Mattingly, 2006). The *Alert* was followed by a formal policy change requiring that any child born to a family in which a sibling was currently in foster care would be the subject of a child protective investigation that in most cases would be expected to lead to the infant's placement in out-of-home care (Kaufman, 2008). This policy is based on the logic that, if the agency did not believe the older siblings were safe in the home, then there must be a clear and sufficient reason why an infant would be safe with the family.

From that point forward, when a caseworker learns of a pregnancy to a parent with a child currently in state supervised out-of-home care, a full, ongoing safety and risk assessment will be conducted to determine the safety of the household for the newborn. This assessment should occur prior to the birth if possible. In any case, the worker is to call the State Central Registry to report the additional information on an already-open case. Immediately following the child's birth (or discovery of a newborn in the home), a *Child Safety Conference* will convene, including parents, CPS and foster care workers, and other relevant service providers. Unless the Child Safety Conference finds that the newborn is safe in the home, the infant can be removed from the home with a court order, unless danger is imminent, in which case action is immediate. If the Child Safety Conference concludes that the child can stay in the home safely, however, review and approval from the Assistant Commissioner for the borough is required. If approval is granted, the caseworker will provide continual and heightened monitoring of the child in home. The requirement that the caseworkers receive approval from the Assistant Commissioner of ACS highlights the importance New York City places on the accurate assessment of newborns who might be at risk due to the prior history of abuse or neglect within the family.

Table 2 describes overall entries into out-of-home placement by calendar year and entries into out-of-home placement for youth with siblings already in care for New York City. The overall proportion of youth younger than age 1 month entering care has increased since the birth match administrative ruling in New York. When the administrative ruling took effect in 2008, the total number of infants with placements more than doubled while the overall number of placements somewhat declined. Not surprisingly, the percentage of infants entering care who already have a sibling in care has steadily increased over the past 2 years (from 44.8% of the infants entering care with a sibling already in care in 2007 to 61.4% of the infants entering care with a sibling already in care in 2009). This pattern is not surprising as the trigger for a newborn child being identified in New York City is a currently open out-of-home placement for a family. This data must be interpreted carefully, because during the same period of time, the rate of removal for all investigations was increasing as well.

TABLE 2 Overall Entries Into Out-of-Home Placement and Entries Into Out-of-Home Placement With Siblings Already in Care, New York City

	Overall count		With siblings already in care	
Age group	*n*	%	*n*	%
Calendar Year (CY) 2007				
<1 month	250	3.46	112	44.80
1 month–<1 year	671	9.30	110	16.39
1 year or older	6,295	87.24	648	10.29
All placements	7,216	100.00	870	11.69
CY 2008				
<1 month	568	7.63	306	53.87
1 month–<1 year	671	9.01	150	22.35
1 year or older	6,208	83.36	686	11.05
All placements	7,447	100.00	1,142	15.34
CY 2009				
<1 month	557	7.79	342	61.40
1 month–<1 year	644	9.00	141	21.89
1 year or older	5,953	83.21	603	10.13
All placements	7,154	100.00	1,086	15.18

Note. Placements refers to an out-of-home placement episode.

Maryland

Maryland's birth match legislation is broader in scope than New York City and is statewide (even though the cases that triggered the law both occurred in Baltimore and this action could have been limited to an administrative action there). As proscribed in state law, the infant safety check in Maryland is not prompted by a foster care case that is currently open. The Maryland statute that has become known as *Birth Match* (SB 421) was enacted by law on October 1, 2009. This law was originally conceptualized in 2004 when the Health Commissioner in Baltimore City, Peter Bielenson, proposed the idea following the death of twins whose mother had previously been known to the Department of Social Services (DSS) and had her parental rights terminated because she was judged by the courts as having insufficient capacity to safely parent younger children. Commissioner Bielenson's birth match concept did not have enough political backing at the time but was eventually resurrected in 2007 after another unfortunate tragedy in Baltimore City. In 2007, a toddler died from ingesting methadone while her mother was under the influence of drugs. The toddler's mother had previously been known to DSS, had two older children removed, and her parental rights terminated.

In 2008, House Bill 1603 and Senate Bill 632 were proposed calling for the sharing of administrative data between the Maryland Department of Human Resources (Child Welfare) and the Department of Health and Mental Hygiene (Vital Statistics). This legislation was unanimously passed in the Senate, but failed in committee in the House due to concerns around the protection of sensitive data, uncertainty about whether birth records could be used confidentially for this purpose, and because of opposition from attorneys. Initially, there was a belief that the birth match legislation was an infringement on the rights of mothers who would have CPS interventions even though there was no evidence amounting to sufficient rationale for a child abuse report and concerns regarding whether parents who voluntarily relinquished children would be included in the birth match process. A series of meetings with stakeholders and decision makers was conducted after the legislative session as a venue to discuss concerns regarding the Birth Match legislation.

In 2009, the legislation was reintroduced with the main mechanism of matching remained the same. Specifically, the legislation called for an administrative data match between a parent known by CWS as having a CPS finding and for whom a previous child had terminated parental rights (TPR), and an infant recorded by Vital Statistics whose birth fell within 5 years of the parent's date of the most recent TPR. (This requirement of a prior CPS finding ensured that parents who voluntarily relinquished their children and had a TPR would not be subject to a CWS assessment if they gave birth to another child.) While the mechanism of the birth match was clear, the timing for conducting the match was not. The bill was very clear that there was not a mandated investigation but only a CPS *assessment*. Despite initial objections on the same grounds that this was unfair to mothers, the objections were not as strenuous after clarification that there would not be a mandated investigation.

The 2009 legislation was initially interpreted very narrowly in Maryland to only include newborns to families who were born to families where the TPR occurred after the bill was enacted (October 1, 2009). The early 2010 death of infant Rajahnthon Haynie, age 1 month, in Baltimore City and his burial in a shallow grave in a public park, however, brought new urgency to the need to ensure that this law would be as beneficial as possible. Although this child was apparently born at home, and at the time of death no birth certificate had been recorded by the Department of Health and Mental Hygiene (DHMH) Vital Statistics, had infant Rajahnthon been born in a hospital, he would not have been protected by this law because his mother's prior TPR was before October 1, 2009. At the urging of the Baltimore City Department of Social Services, Maryland Department of Human Resources (DHR) subsequently expanded the interpretation of the Birth Match legislation to include information on TPRs that occurred from 2006 forward.

The matching process in Maryland consists of a process where DHR provides DHMH with a list of individuals who have had a prior termination of parental rights in the past 5 years and who have been listed as a perpetrator on a CPS investigation. This list is updated and sent to DHMH once weekly. DHMH performs a match and sends any identified births to DHR by the following day. Once notified of the new births, DHR sends this information to the local offices where visits can be scheduled for any youth who is not already known to the system.

Evaluating this policy change is difficult and requires significant inference about what changes might have resulted. Table 3 describes overall entries into out-of-home placement by calendar year and entries into out-of-home placement for youth with siblings already in care for Maryland. The overall number of youth younger than age 1 month entering care has stayed fairly stable since the Birth Match legislation was implemented in Maryland.

Although the overall proportion of infants entering care in Maryland has not changed markedly since the passage of the Birth Match law, the percentage of infants entering care who already have a sibling in care has been increasing slightly over the past 2 years (from 44.8% of the infants entering care with a sibling already in care in 2007 to 47.9% of the infants entering care with a sibling already in care in 2009). The lack of any discernible pattern

TABLE 3 Overall Entries Into Out-of-Home Placement and Entries Into Out-of-Home Placement With Siblings Already in Care, Maryland

	Overall count		With siblings already in care	
Age group	*n*	%	*n*	%
Calendar Year (CY) 2007				
<1 month	250	9.34	112	44.80
1 month–<1 year	289	10.80	76	26.30
1 or year older	2,137	79.86	568	26.58
All placements	2,676	100.00	756	28.25
CY 2008				
<1 month	293	10.12	137	46.76
1 month–<1 year	288	9.95	61	21.18
1 or year older	2,313	79.92	553	23.91
All placements	2,894	100.00	751	25.95
CY 2009				
<1 month	248	8.84	119	47.98
1 month–<1 year	294	10.49	60	20.41
1 year or older	2,262	80.67	495	21.88
All placements	2,804	100.00	674	24.04

Note. Placements refers to an out-of-home placement episode.

may come from the small number of infants that have been identified from the Maryland birth match process. According to Maryland DHR, between October 1, 2010, and September 30, 2011 there were 99 matches of newborn infants to parents who had a prior CPS finding and TPR. Of these 99 matches, 52 were already known to DHR through an active case. The remaining 47 instances were assessed for service need with 62% ($n = 29$) of the matches closed after assessment because no further services were necessary; 30% ($n = 14$) had a case opened for further service delivery; 8% were incorrect administrative matches and were closed after contact with the family. The birth match process in Maryland has led to the provision of needed services for additional families (14/99) without causing undue burden through a large increase in assessments since more than 50% (52/99) of the possible cases were already known to the system.

Michigan

The birth match process in Michigan is both the oldest and most comprehensive process of the three jurisdictions. *Birth Match*, as it is known in Michigan, has been in operation for more than 9 years. Birth Match began as a 2001 initiative between the Michigan Family Independency Agency, Department of Human Services (DHS) and the Michigan Department of Community Health Vital Records (DCH) to identify newborns to parents who have had a prior TPR. Originally, DCH supplied a list of new births to DHS weekly including both the mother and the father's names. DHS performed an administrative data match against a list of prior TPRs (dating to 1978) and sent information to local departments when a match occurred. In October 2008, Birth Match was codified in state law (Michigan HB 5814). Michigan has automated the process of communication between DCH and DHS and has developed comprehensive policies and trainings for the child welfare workforce on how to investigate birth match referrals. Whenever a child is born to a family where one of the parents has had a prior TPR in Michigan, or a parent was added manually to the Birth Match list, a notice is automatically sent to DHS in the form of a referral or complaint. DHS processes the information and supplies the local department with the necessary information to verify the accuracy of the information in the complaint. If accurate and if an investigation is not already active, then the complaint is assigned to an investigation. If the information received is not accurate, because the parent listed has no history with DHS, then the complaint is expunged.

Whereas New York relies on case workers actively involved in the case to identify pregnancy or newly parenting families and Maryland uses a weekly match process, Michigan receives daily updates of births that are compared against a list of parents (both mothers and fathers) who have had a prior TPR, or have been identified as perpetrators. The list in Michigan is extensive and includes all TPRs that have occurred from the inception

of the administrative data system (1978) and they have developed a means to add individuals to the TPR list who are deemed to be a serious risk to children, including individuals who have been found to have been directly involved with a child's death, or have been found to have committed sexual abuse or serious physical abuse. Descriptive data about the outcomes of this procedure are not available.

DISCUSSION AND CONCLUSION

These methods of protecting vulnerable newborns should be seriously considered by policy makers and practitioners in every state. All three processes share common elements—the use of prior knowledge to inform current decision-making regarding newborns—but each has a unique way to capture, process, and act on this information. These policies are by no means perfect and have limitations that must be understood and discussed prior to their implementation in other jurisdictions. None of these approaches has the capacity to protect all children. Children born at home without birth certificates are not going to be protected by the birth match mechanism devised in Maryland or in Michigan due to the vital record match component of each method. Additionally, children born out of state will not be included in either process without data sharing agreements (none are now in place, but should be) across multiple states.

New York's approach does not suffer from the administrative data problems of Michigan and Maryland, but children born to families who do not have a currently active case will not be protected because they will not be known to the system. In Maryland, a newborn may not be protected if born into a family that is currently being served (potentially even with a TPR pending) because the mechanism to identify newborns requires a TPR to be present. The New York (through the open case mechanism) and Michigan (through the use of an expanded perpetrator's list) processes would both be more likely to capture these instances.

The technology for identifying infants who might be at risk of mortality is currently widely available, although not operating, in every jurisdiction in America (Zimmer & Panko, 2006). The use of information technology to protect newborns is in keeping with the priority in urban areas, and across the land, of reducing infant mortality. Thus, programs to identify high-risk infants have the possibility of inexpensively identifying a highly vulnerable population using existing technology with a timely, low cost, intervention that is squarely based on current legal premises and child welfare traditions.

Child welfare data systems have required a massive initial investment and continue to require substantial efforts from child welfare workers and clerks. Common wisdom about the development of Statewide Automated Child Welfare Information Systems (SACWIS) is that they may be good for

accountability reports but many are not able to help guide child welfare practice in real time. Yet, in this instance, information from child welfare alone (in NYC) and child welfare and vital statistics (in MI and MD) is helping to guide practice within days of the occurrence of events (births). Due to the phenomenal improvements in state data systems over the past several decades, both through technological improvements and federal funding of SACWIS, all states have the ability to implement the identification methods based on any of these three methods.

The New York model involves the ability of current workers to adequately document and share information through the case management system, but does not necessitate any data sharing across agencies. The processes in both Maryland and Michigan, however, require data sharing and coordination between multiple agencies (child welfare and vital statistics). Michigan has a sophisticated process involving updates occurring daily that automatically notifies workers of a match. This level of inter-agency cooperation and automation is ideal, but might not be feasible in the short term for most states. The Maryland process involves inter-agency collaboration, but relies on research and evaluation staff communicating with one another to identify matches and share the information accordingly.

The identification process is only the first step in ensuring the safety of these newborns. The next, and arguably, most important step is the mechanism by which agencies can visit families and determine the level of safety for the newborn. This can be achieved through standard CWS investigations or through some sort of alternative response that offers a form of engagement with the family that is voluntary and does not include forensic investigation. State legislation will dictate how much latitude child welfare agencies have in the contact mechanism (i.e., whether a standard investigation must occur). Michigan and New York both require standard investigations if the newborn is not already in an investigation. In Maryland the initial visit is conducted through Family Preservation Services and does not require a formal investigation unless concerns arise regarding the safety of the newborn. The use of standard investigations could be problematic as it is often characterized as fraught with tension, stress, and hostility (Chapman et al., 2003). An alternative response by which families can be approached, assessed, and possibly referred to services as needed might be a more palatable (for both the families and the workers) method of working with these families and protecting newborns.

Another possible resource—although one that should be considered with caution for use in this role (unless partnered with a child welfare worker)—is the expansion of such universal postpartum home visiting service like Nurse-Family Partnerships (NFP). Such a service pairing could, in theory, verify the safety of the newborn while also assessing the needs of the family without the stigma associated with a visit by CPS. One caution about this approach is that the NFP program is voluntary and the training is not

particularly attuned to child welfare safety assessments (as the NFP program is a true primary prevention program focused on first births). This caution stems from previous research indicating the limitations of such programs to identify infants in need of child protection.

California instituted a public health home visitation program—under state law SB 2669—in the mid-1990s as an alternative response for women who tested positive for drugs while in the perinatal period. The law intended to establish a less intrusive protective response than was available through CWS. Yet, this program was not found to be effective as the public health nurses rarely developed the kind of relationship needed to assess and engage these high-risk clients and in many settings the public health follow-up process was never implemented (Albert et al., 2000). This may be, in part, because such a program does not have the force of law of a required CWS follow-up. There was also a significant decrease in the number of child maltreatment reports following the implementation of the public health nursing program, which suggests, given other data on the high risks of maltreatment to substance exposed children (as reviewed by Barth, 2001), that children were underserved.

These findings recognize that some over-service may also occur when CWS investigators use the evidence that a child was born drug-exposed to override other information that might not indicate serious child maltreatment risks (Berger et al., 2010; Smith & Testa, 2002). In the cases under consideration in the birth match process, the risk levels can be stipulated as *significant*—there are unlikely to be many where the parents had improved their situation so significantly that there was no significant risk. An experienced child welfare investigator seems important to gain access to the family and family history and to properly evaluate these cases.

CWS is at a point both technologically and legislatively where States have the capacity to identify, intervene, and serve the most vulnerable populations—newborns—from experiencing abuse or neglect. The examples provided here from three states at the forefront of this endeavor can be used as a guide to developing similar efforts across the country. These cases should be studied, in the short term, to be sure that no exceptions to the rules that have been established need to be addressed in legislation or regulation. For example, attorneys initially opposed to Birth Match in Maryland were troubled that some parents who voluntarily relinquished children for adoption and went on to have other children would have a stressful and intrusive visit from CWS. These concerns proved unfounded because these voluntary relinquishment cases were only included when the parent also had a CPS finding.

Also, concerns arose related to the assumption that a parent who has had a prior TPR should immediately be considered a risk to a newborn, or that the parent has not self-rehabilitated. In Maryland, this concern led to the decision to limit the Birth Match process to the past 4 to 5 years rather

than the past 20 years, as suggested by the Baltimore City Department of Social Services Commission in a May 4, 2010, letter to the Secretaries of Child Welfare and Mental Health (BCDSS Commission, May 4, 2010), or to use an age-based analysis to look at any subsequent births to adults with a prior TPR up to age 45 years, which would more effectively cover the child-bearing years. These concerns certainly need to be considered and parents need to be afforded the benefit of the doubt, but this benefit should not come at the risk of the newborn child. An alternative response track would be ideal for newborns identified in a Birth Match process with an option to move toward an investigation as necessary. However, in the absence of an alternative response, an investigation should be performed and the risk and safety of the newborn assessed based on the parental capacity to parent.

A related issue arose through discussions with parent advocates—who have long fought against the overuse of drug testing to make CWS determinations because of the belief that the drug testing process is riddled with bias and results in overinclusion of innocent women, often women of color. These advocates have the conviction that any Birth Match program will also be biased because they are inherently connected to the overuse of drug testing. Indeed, according to the national Adoption and Foster Care Analysis and Reporting System, of the 123,000 children awaiting adoption (meaning that their parents' parental rights have been terminated), 31,199 are younger than age 1 year (US DHHS, 2010). Unfortunately, there are no national statistics that describe how many of these are sibling groups being terminated at the same time or are children born to parents who have had a prior termination of parental rights. Future studies might examine instances of repeat termination of parental rights for families involved in child welfare.

Although no national data at this time indicate that the Birth Match policy results in substantial protection of newborns, the results in Maryland where 30% (14/47) of the matches who were previously unknown to the system have led to open cases suggest that a birth match process can identify infants at risk. The empirical support for the birth match approach rests, primarily, in the findings that newborns are extremely vulnerable and families that are involved with CWS once are often involved again. That is not a strong basis to justify Birth Match as a promising practice, but is strong enough to justify expansion of this approach and, then, a naturalistic study of the implementation and its plausible impact. It is imperative that CWS do whatever possible to protect newborns from abuse and neglect, and the technological and institutional capacity exists across the country to develop a variation of the birth match process to identify families that might be in need of support and protect the newborns in their care.

Congress held a hearing on Child Deaths Due to Maltreatment on July 12, 2011 (112th Congress, 2011a). During this hearing the Director of the National Center for the Review and Prevention of Child Deaths called for a process where we can ". . . identify mechanisms to share and use our data from child

death review to improve our data, our understanding of these deaths and to prevent other deaths" (112th Congress, 2011b). One mechanism readily available, operational, and implementable in every state that can prevent some child deaths is using existing administrative data systems to identify high risk infants through a birth match process.

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