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Prevalence and Characteristics of Children Entering Foster Care to Receive Behavioral Health or Disability Services

An Analysis of Custody Relinquishment Using Administrative Data

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KEY POINTS

- Custody relinquishment occurs when children enter foster care primarily to receive behavioral health or disability services, not because of maltreatment. While there is no way to know for certain which foster care entries in the study data involve custody relinquishment, the study developed approaches to identify situations that resembled custody relinquishment within two administrative data sources. The prevalence and characteristics of foster care entries resembling custody relinquishment were reasonably similar across different data sources and approaches.
- Nationwide, between February 2017 and February 2019, as many as 25,000 foster care entries (or 5 percent of all foster care entries) might have been instances of custody relinquishment.
- Across states, the share of foster care entries that might have been instances of custody relinquishment ranged widely from less than 1 percent to 18 percent. In eight states, 10 percent or more of foster care entries looked like instances of custody relinquishment.
- Among foster care entries that resembled custody relinquishment nationwide, the large majority of children were ages 13 to 17, and majorities were also White and male.
- Based on linked child welfare and Medicaid data available in only Florida and Kentucky, nearly all (98 percent) children in situations that resembled custody relinquishment were diagnosed with a behavioral health condition in the year after entering foster care. The most common diagnoses varied between the two states.
- In Florida and Kentucky, about one in five children in situations that resembled custody relinquishment were diagnosed with both a behavioral health condition and a disability according to the linked child welfare and Medicaid data.

INTRODUCTION

Custody relinquishment occurs when children enter foster care primarily to receive behavioral health or disability services rather than because of maltreatment. Children typically enter foster care because a child welfare agency and court have determined that their parents or caregivers cannot care for them safely following an investigation into possible abuse or neglect. In contrast, an external finding of possible harm is not the primary reason for foster care entry in instances of custody relinquishment. Parents may relinquish custody

for a variety of reasons.¹ Entering foster care could provide children with access to services that are otherwise unavailable due to limited capacity. Custody relinquishment could also occur to receive services not otherwise covered by the child's health insurance, because children in foster care are automatically eligible for Medicaid. Alternatively, parents may relinquish custody because they fear their child is a danger to themselves or others in the home, or because they feel they have reached a breaking point and exhausted all other options.ⁱ Custody relinquishment is believed to be most common among families with children who need behavioral health services, though need for developmental or intellectual disability–related services may also play a role.ⁱⁱ Custody relinquishment can be traumatizing for children as they are separated from their parents and may feel displaced and abandoned.ⁱⁱⁱ The instability can also be traumatizing for siblings, and parents may have feelings of guilt or shame after relinquishing custody. Providing services and care for these children also can be costly for state and local service systems, in part because the child welfare system is not designed to serve children solely because they have behavioral health or disability service needs.^{iv}

Interest in this issue has been growing, with some states and localities establishing practices and procedures to minimize the frequency of custody relinquishment.^v Such prevention efforts strive to provide services to children so that they can safely remain with their families rather than enter foster care. These efforts can be beneficial to children and families as well as the child welfare, behavioral health, and disability service systems.^{vi} Custody relinquishment is also relevant as states continue to implement the Family First Prevention Services Act (FFPSA), which restricts the use of federal Title IV-E funding for congregate care to 14 days except for clinically appropriate care in specific types of settings, such as facilities designated as Qualified Residential Treatment Programs. However, as described in more detail in the next section, the data used in this brief predates the deadline for states to implement the FFPSA congregate care reforms. Finally, a 2024 HHS rule has clarified that requiring a parent to give up custody, based on the child's disability, to receive health services is likely discriminatory, which may lead many states to reexamine how they use custody relinquishment.^{vii}

Despite the growing interest, information about custody relinquishment—including basic information on its prevalence and the reasons parents relinquish custody—is limited. The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica to conduct a study on custody relinquishment by using a combination of quantitative analysis of administrative data and qualitative data collection. This brief is the first of a series and focuses on the two research questions shown below. Future briefs in the series will address other topics related to custody relinquishment (for example, the factors that drive parents to relinquish custody of their children).

1. What is the prevalence of children entering the foster care system primarily to receive behavioral health or disability services?
2. What are the demographic characteristics, family circumstances, and behavioral health conditions and disabilities of children entering the foster care system primarily to receive behavioral health or disability services?

To answer these research questions, we used data from two sources (Box 1) and focused on entries of children into foster care between February 2017 and February 2019. There were no data elements in these data sources that consistently identified custody relinquishment, so we developed approaches to identify foster care entries that resemble custody relinquishment. The actual number and characteristics of entries where parents have relinquished custody so that their child can receive behavioral health or disability services may be different.

¹ This brief does not focus on situations of parents relinquishing custody of their infants for the purposes of adoption.

Box 1. Data sources

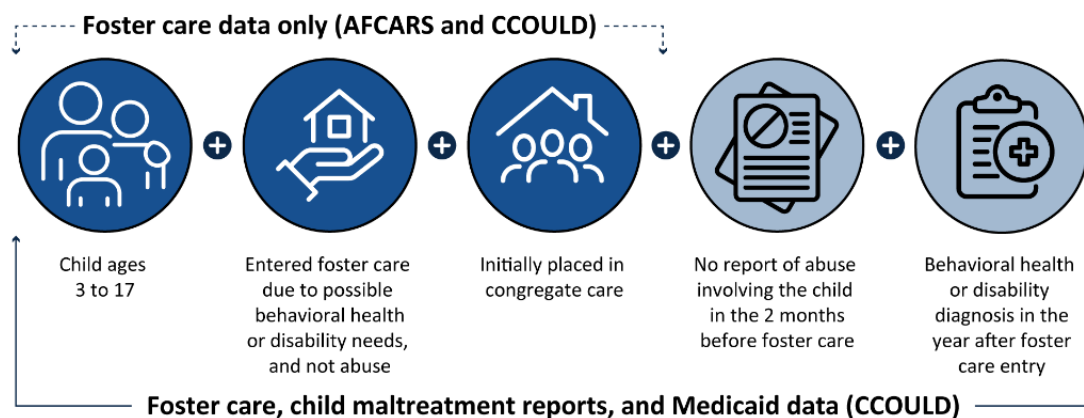
This brief drew on administrative data from two sources:

1. **Adoption and Foster Care Analysis and Reporting System (AFCARS), 6-month periods**. The AFCARS data used in this study contained foster care records reported to HHS every six months between 2016 and 2022 for children from all 50 states plus the District of Columbia and Puerto Rico. These data allowed for nationwide analyses of situations that resemble custody relinquishment.
2. **Child and Caregiver Outcomes Using Linked Data (CCOULD)**. The CCOULD data contained linked child welfare and Medicaid administrative records between 2017 and 2020, depending upon the data element, for children and caregivers in two states: Florida and Kentucky. These data allowed for detailed examinations of the behavioral health and disability needs of children entering foster care in the two states as well as the interventions they received to address those needs.

HOW DID WE IDENTIFY INSTANCES OF CHILDREN ENTERING THE FOSTER CARE SYSTEM PRIMARILY TO RECEIVE BEHAVIORAL HEALTH OR DISABILITY SERVICES?

We compared the prevalence of custody relinquishment from different approaches and data sources because there is no established approach for identifying instances of custody relinquishment and the data sources included different information that might be useful for identifying these situations.^{viii,2} We used two approaches for combining fields in the study data to identify foster care entries that may resemble custody relinquishment: one that only used foster care data and a second that incorporated data from foster care, child maltreatment reports, and Medicaid. Both approaches attempt to distinguish children entering foster care primarily to receive behavioral health or disability services from other children who entered foster care due to maltreatment but also had a behavioral health condition or disability. The first approach (with foster care data only) can be implemented using either study data source (AFCARS or CCOULD). Because AFCARS does not contain child maltreatment reports or Medicaid data, the second approach can only be implemented by using the CCOULD data. To compare the number of foster care entries resembling custody relinquishment with different data sources and approaches, we examined data from Florida and Kentucky, the only states in the CCOULD data and thus the only states in both AFCARS and CCOULD. Appendix Table A.1 provides more information on the rationale, strengths, and limitations of both approaches.

Figure 1. Approaches for identifying foster care entries that resembled custody relinquishment



² Both data sources include a relinquishment field that we incorporated in our approaches but did not solely rely on. The field is intended for use when custody is relinquished so children will be adopted, primarily for very young children, though its use may vary across states.

When using foster care data only, the number of foster care entries in Florida and Kentucky that resembled custody relinquishment varied between the study data sources. As shown in Figure 1, the first approach to identify possible custody relinquishment focused on children ages 3 to 17 who entered foster care due to possible behavioral health or disability needs (as opposed to abuse).³ It further focused on children who were initially placed in congregate care, including both group homes and institutional settings, because children who enter foster care primarily to receive behavioral health or disability services are typically placed in residential settings to receive treatment.^{ix} An initial congregate care placement also suggests that the child may not have entered foster care primarily due to maltreatment, but rather as a pathway to receive services. Figure 2 and Appendix Table A.2 show that there were more than 1,000 foster care entries that resembled custody relinquishment in Florida and Kentucky based on only foster care data from AFCARS (1,061) and CCOULD (1,507).⁴ The difference between the number of entries across the data sources was larger in Florida (512 in AFCARS and 950 in CCOULD) than in Kentucky (549 in AFCARS and 557 in CCOULD). Some differences in the number of foster care entries that resembled custody relinquishment were expected because the data sources were collected differently.⁵

Using foster care, child maltreatment reports, and Medicaid data identified a similar number of foster care entries in Florida and Kentucky that resembled custody relinquishment as using AFCARS foster care data only. Figure 1 shows that the second approach to identify possible custody relinquishment applied the same criteria as the first approach, with two additions. It further focused on entries involving children who (1) were not the subject of a physical or sexual abuse report in the two months before foster care entry and (2) had a behavioral health condition or disability diagnosed within their first year after entering foster care. Figure 2 shows that, as expected, fewer entries in the CCOULD data were identified as resembling custody relinquishment when incorporating additional child maltreatment reports and Medicaid information (1,507 with CCOULD foster care data only and 1,043 with the additional information in CCOULD). It also shows that the number of foster care entries resembling custody relinquishment was similar when using only AFCARS foster care data compared to the approach using CCOULD data from foster care, child maltreatment reports, and Medicaid (1,061 in AFCARS and 1,043 in CCOULD), though there were differences between the two states.

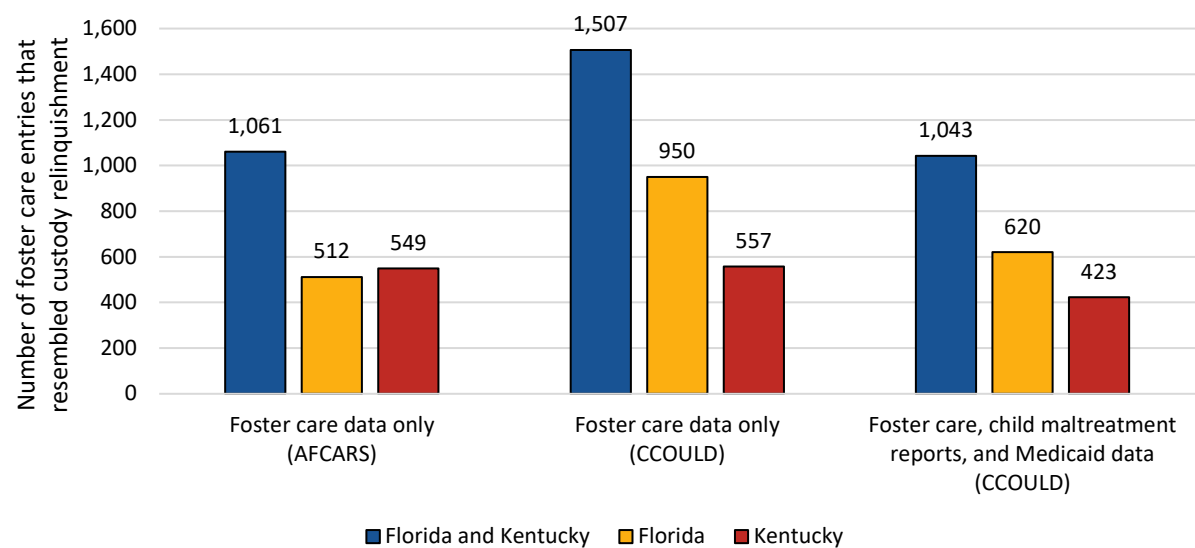
³ As described further in Appendix Table A.1, we counted children as entering foster care due to possible behavioral health or disability needs if they were removed due to relinquishment; entered foster care with a voluntary placement agreement; or entered foster care for reasons that may be related to behavioral health needs (child behavior problems, alcohol, or drug abuse); disability needs; or neglect. We excluded foster care entries with at least one of the following removal reasons that were likely unrelated to their behavioral health or disability needs: parental death, parental incarceration, physical abuse, or sexual abuse.

⁴ In rare instances, the same child entered foster care more than once during the study time frame. Appendix Table A.2 has more information on the number of unique children in situations resembling custody relinquishment.

⁵ Differences in how the data sources were collected appear to explain why the number of foster care entries that resembled custody relinquishment was similar in both data sources for Kentucky, but not for Florida. The AFCARS data used in this study contained a single snapshot of a child's foster care placement setting every six months. We could only observe whether children were initially placed in congregate care—part of our approach to identify possible custody relinquishment (Figure 1)—for children in the first placement setting at the time of data collection. We only counted children whom we observed in their first placement setting at the time of AFCARS data collection because we could not determine whether children in later placement settings were first placed in congregate care. This could lead to an underestimate of custody relinquishment in AFCARS, especially in states where children spent a short amount of time in an initial congregate care placement and would therefore be less likely to still be in that placement at the time of AFCARS data collection. In contrast, the CCOULD data included all placement settings, so we could observe whether the first placement setting was congregate care. Among all foster care entries in our sample based on the CCOULD data, we found that children in Kentucky spent more time in an initial congregate care placement than children in Florida (an average of seven months compared with one month). Therefore, we expect that the study AFCARS data includes most initial congregate care placements in Kentucky, but not in Florida. This is consistent with the finding that the number of foster care entries resembling custody relinquishment in Kentucky is similar in both data sources, but the number in Florida is higher in the CCOULD data than in the AFCARS data. At the same time, however, the reasons for foster care entry, particularly neglect in Florida, were also missing at higher rates in the CCOULD data than in the AFCARS data, which may have led us to underestimate custody relinquishment in CCOULD.

Using only AFCARS foster care data identified fewer entries that resembled custody relinquishment in Florida than the more detailed approach in CCOULD but more entries that resembled custody relinquishment in Kentucky.

Figure 2. The number of foster care entries that resembled custody relinquishment in Florida and Kentucky was reasonably similar across data sources and approaches



Source: AFCARS and CCOULD data, foster care entries between February 2017 and February 2019 that resembled custody relinquishment.

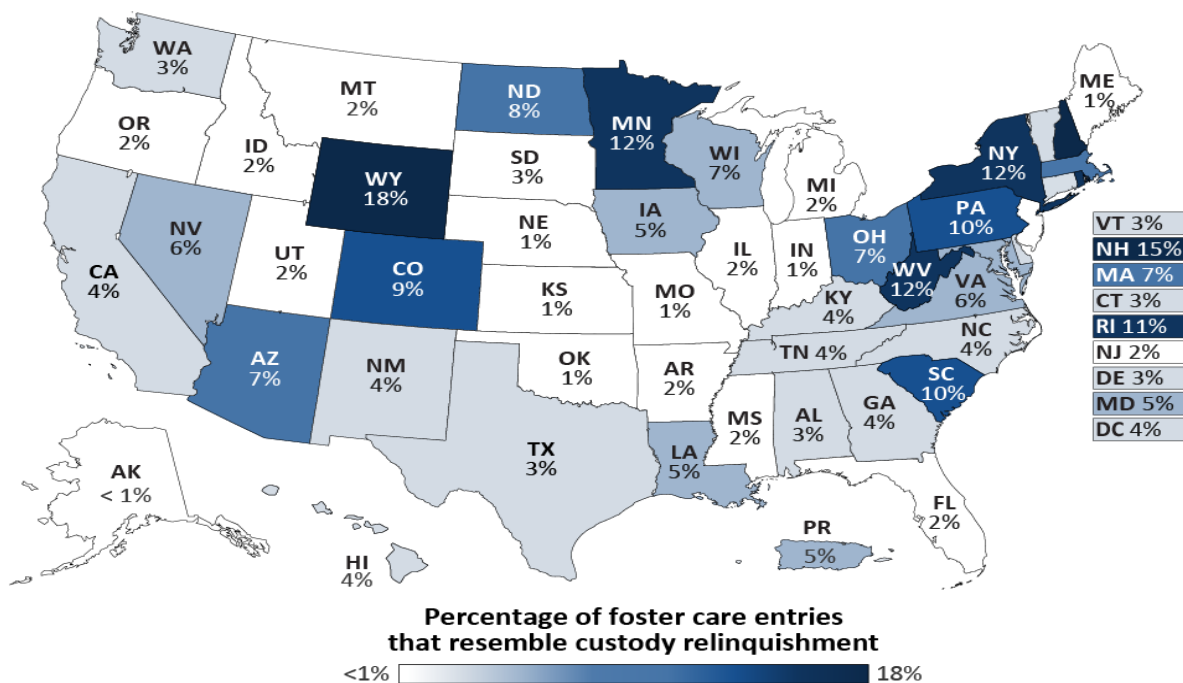
WHAT IS THE PREVALENCE OF CHILDREN ENTERING THE FOSTER CARE SYSTEM PRIMARILY TO RECEIVE BEHAVIORAL HEALTH OR DISABILITY SERVICES IN THE UNITED STATES?

We explored the nationwide prevalence of foster care entries that resembled custody relinquishment based on AFCARS foster care data only. The analyses examined both the number and share of entries that resembled custody relinquishment.

As many as 25,000 foster care entries in the United States between February 2017 and February 2019 resembled custody relinquishment, based on foster care data only. A total of 25,079 foster care entries resembled custody relinquishment in the United States, including the District of Columbia and Puerto Rico, between February 2017 and February 2019, based on AFCARS foster care data. Of about 530,000 foster care entries during the two-year study time frame, about 5 percent of all entries resembled custody relinquishment (Appendix Table A.3).

States varied widely in the prevalence of foster care entries that resembled custody relinquishment. The number of foster care entries that resembled custody relinquishment ranged from 9 in Alaska to 2,119 in California. Eight states had more than 1,000 foster care entries that resembled custody relinquishment: Arizona, California, Minnesota, New York, Ohio, Pennsylvania, Texas, and West Virginia (Appendix Table A.3). Because states vary in their number of foster care entries overall, we also examined the share of foster care entries in each state that resembled custody relinquishment. Figure 3 shows that the share of foster care entries that resembled custody relinquishment ranged from less than 1 percent to 18 percent across states. Wyoming had the highest share (18 percent) followed by New Hampshire (15 percent) and New York and West Virginia (12 percent each). Eight states had at least 10 percent of foster care entries that resembled custody relinquishment. Of these eight states, four were also among those with more than 1,000 total entries that resembled custody relinquishment: Minnesota, New York, Pennsylvania, and West Virginia. The other four were smaller states that had fewer than 1,000 total entries that resembled custody relinquishment: New Hampshire, Rhode Island, South Carolina, and Wyoming.

Figure 3. States varied widely in the share of foster care entries that resembled custody relinquishment



Source: AFCARS data, percentage of foster care entries between February 2017 and February 2019 that resembled custody relinquishment based on foster care data only, out of all foster care entries during the same time period.

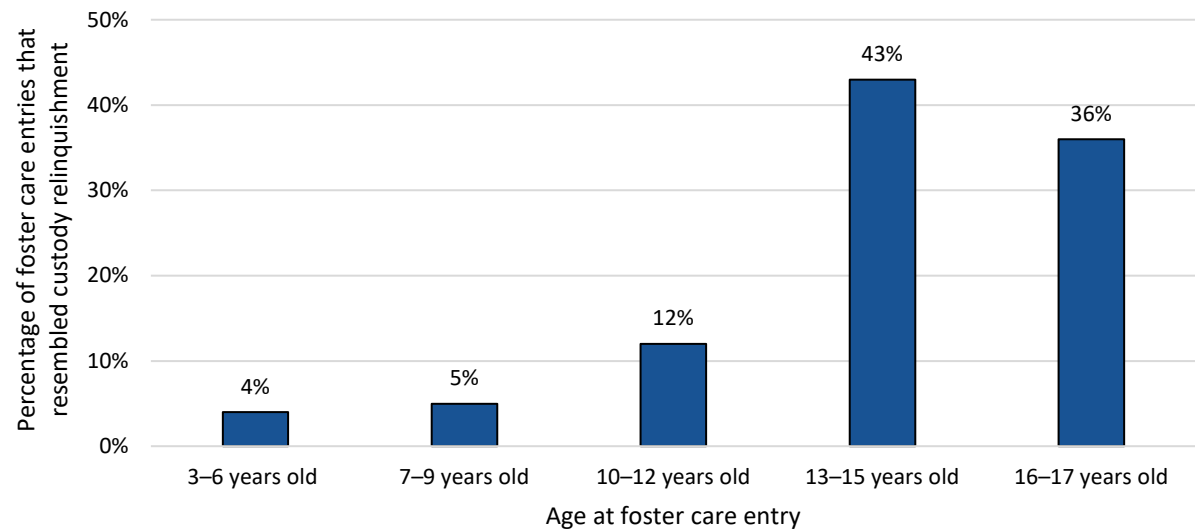
WHAT ARE THE DEMOGRAPHIC CHARACTERISTICS, FAMILY CIRCUMSTANCES, AND BEHAVIORAL HEALTH CONDITIONS AND DISABILITIES AMONG CHILDREN ENTERING THE FOSTER CARE SYSTEM PRIMARILY TO RECEIVE BEHAVIORAL HEALTH OR DISABILITY SERVICES?

We explored the demographic characteristics, family circumstances, and behavioral health conditions and disabilities of children in situations that resembled custody relinquishment. For child demographic characteristics and family circumstances, we used nationwide AFCARS data. The pattern of findings for these characteristics was similar using the CCOULD data from Florida and Kentucky (see Appendix Table A.4). For behavioral health conditions and disabilities, we used CCOULD data from Florida and Kentucky. Behavioral health and disability data, which come from Medicaid records, were not available in other states.

Children’s demographic characteristics and family circumstances, based on nationwide AFCARS data

The vast majority of children in situations that resembled custody relinquishment nationwide were ages 13 to 17. As shown in Figure 4 and Appendix Table A.4, most children in situations that resembled custody relinquishment nationwide were ages 13 and older (79 percent), comprised of 43 percent who were ages 13 to 15 and 36 percent who were ages 16 or 17. This was more than triple the percentage of children ages 13 and older in the overall population of children entering foster care during the study time period (22 percent). The average age of children in situations that resembled custody relinquishment was 14.0 years old (with a range from 3 years old to 17 years old). In comparison, the nationwide average age of children entering foster care was 6.6 years old.

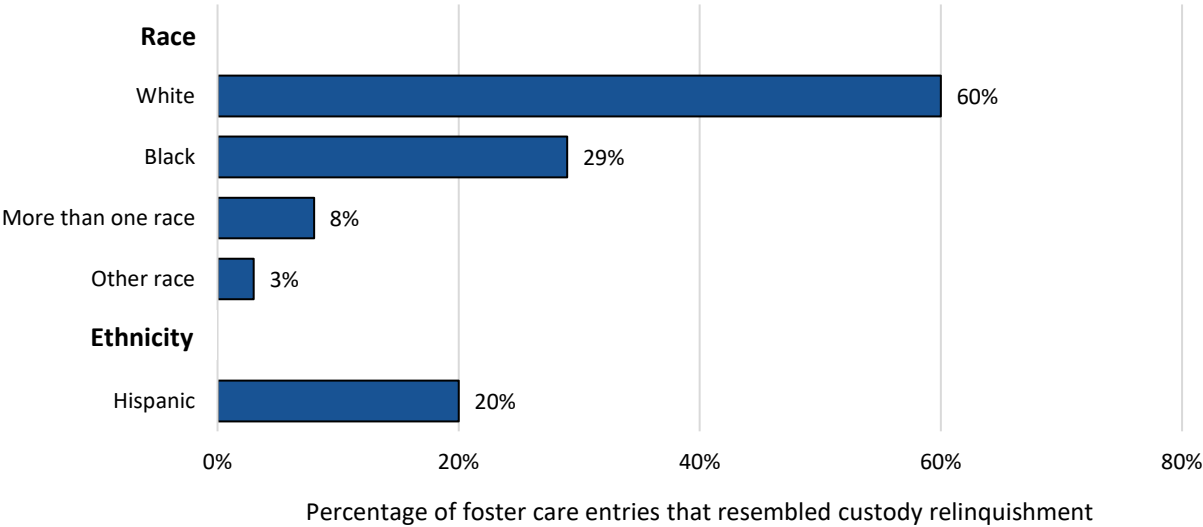
Figure 4. Most children in situations that resembled custody relinquishment nationwide were between 13 and 17 years old



Source: AFCARS, child age at foster care entry among entries between February 2017 and February 2019 that resembled custody relinquishment, based on foster care data only.

Among foster care entries that resembled custody relinquishment nationwide, most involved White children and male children. As shown in Figure 5 and Appendix Table A.4, about 60 percent of foster care entries that resembled custody relinquishment nationwide involved White children (of any ethnicity), while 29 percent involved Black children, 8 percent involved children of more than one race, and 3 percent involved children of other races. Black children were overrepresented in situations that resembled custody relinquishment, as 29 percent of entries that resembled custody relinquishment involved Black children compared with 23 percent of foster care entries nationwide during the study time period. Twenty percent of entries resembling custody relinquishment involved Hispanic children (of any race), similar to the percentage of foster care entries overall that involved Hispanic children (21 percent). Most of the entries that resembled custody relinquishment nationwide (62 percent) involved male children (Appendix Table A.4). Male children were overrepresented in situations resembling custody relinquishment, as just over half (51 percent) of foster care entries nationwide involved male children.

Figure 5. Most foster care entries resembling custody relinquishment nationwide involved White children



Source: AFCARS, child race and ethnicity among foster care entries between February 2017 and February 2019 that resembled custody relinquishment, based on foster care data only.

Note: Other race includes American Indian or Alaska Native (2.1 percent), Asian (0.7 percent), and Native Hawaiian or other Pacific Islander (0.4 percent).

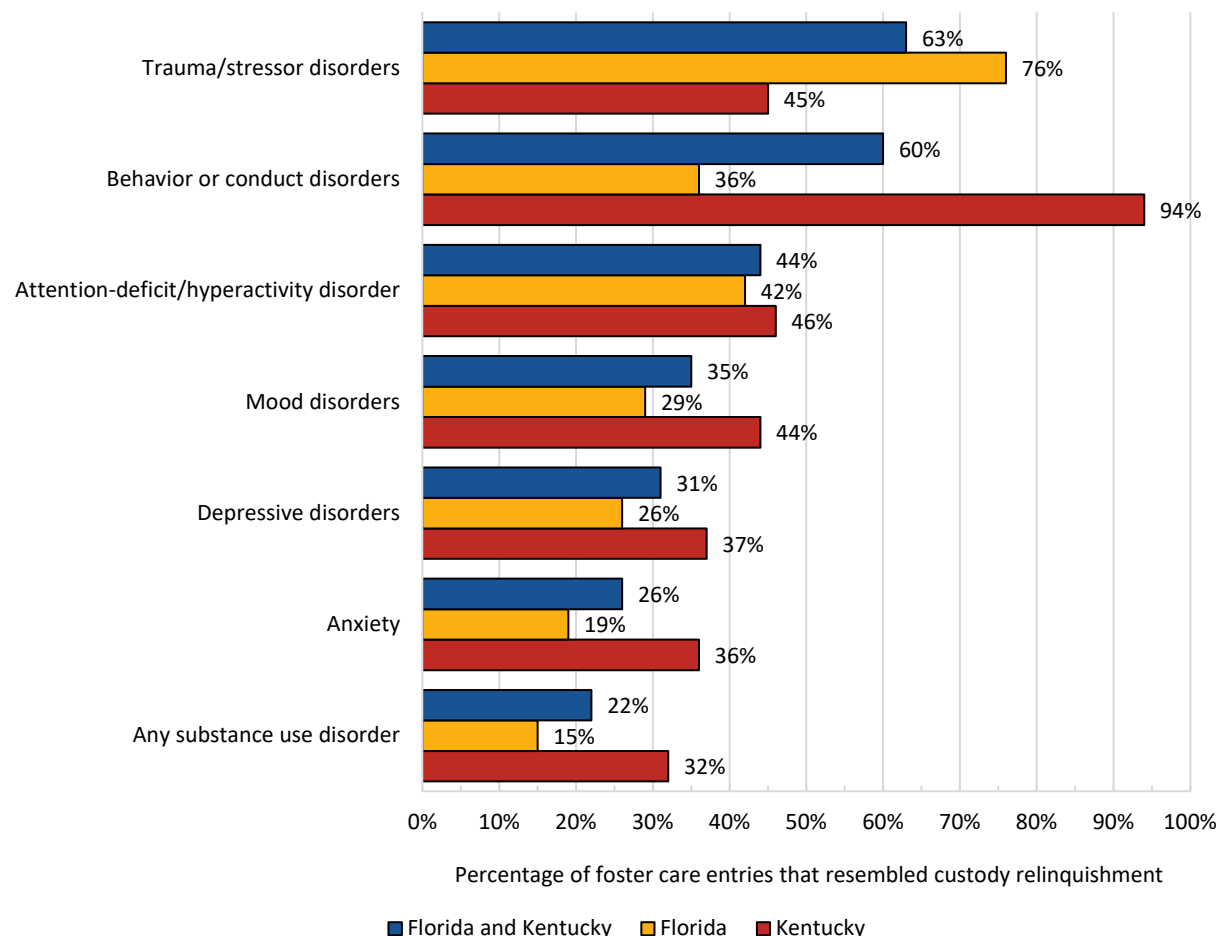
Among foster care entries that resembled custody relinquishment nationwide, caregivers were mostly single, in their early 40s, and did not have their child removed to foster care because of their substance use. Sixty-three percent of foster care entries that resembled custody relinquishment nationwide involved single caregivers, while a smaller portion involved married couples (26 percent) or unmarried couples (11 percent), as shown in Appendix Table A.4. Relative to all foster care entries nationwide, caregivers in situations resembling custody relinquishment were more likely to be single (63 percent compared with 56 percent) or unmarried couples (26 percent compared with 19 percent). The average age of primary caregivers in these situations was 43 years old, ranging from ages 19 to 68. The average age of primary caregivers in these situations was about nine years older than for caregivers among all foster care entries nationwide (34 years old). This finding was expected given that the situations resembling custody relinquishment also involved older children. In situations resembling custody relinquishment, most children entered foster care for reasons other than caregiver substance use (drug or alcohol). Only 9 percent of entries that resembled custody relinquishment were in part due to a caregiver's substance use. In comparison, a caregiver's drug or alcohol use was a considerably more common reason for all foster care entries (40 percent).

Children's behavioral health conditions and disabilities, based on CCOULD data from Florida and Kentucky

Among children in situations that resembled custody relinquishment in Florida and Kentucky, nearly all (98 percent) had at least one behavioral health condition, though the diagnosed conditions varied between the states. Because the nationwide AFCARS data do not include behavioral health conditions information, we focused on Florida and Kentucky, the two states included in the CCOULD data. The most common mental health condition was trauma or stressor disorders (63 percent), as shown in Figure 6 and Appendix Table A.5. The next most common mental health conditions, regardless of whether the child was also diagnosed with a trauma or stressor disorder, were behavior or conduct disorders (60 percent) and attention-deficit/hyperactivity disorder (ADHD; 44 percent). Previous research confirms that these were the same three most commonly diagnosed behavioral health conditions among children ages 3 to 17 in the child welfare system generally and that these conditions were more common among children with child welfare system involvement than other children eligible for Medicaid.* Yet, these conditions were even more common among children in situations resembling custody relinquishment than all children entering foster care during the study time period. Trauma or stressor disorders were about 50 percent more common among children in situations resembling custody relinquishment than all children entering foster care in Florida and Kentucky during the study time period (63 percent compared with 41 percent), and both behavior or conduct disorders and ADHD were close to three times more common (60 percent compared with 21 percent for behavior or conduct disorders and 44 percent compared with 16 percent for ADHD). The prevalence of these behavioral health conditions differed greatly between states. In Kentucky, 94 percent of foster care entries that resembled custody relinquishment involved children with behavior or conduct disorders, compared to only 36 percent in Florida. In contrast, children with trauma or stressor disorders accounted for about three out of four (76 percent) entries that resembled custody relinquishment in Florida, compared to 45 percent in Kentucky.

Of all the foster care entries resembling custody relinquishment in the two states, 22 percent involved children with a substance use disorder, including 15 percent in Florida and 32 percent in Kentucky. The most common substance use disorder diagnosis in the two states was drug use disorder (21 percent of children in situations resembling custody relinquishment), followed by alcohol use disorder (5 percent), and opioid use disorder (3 percent).⁶ Substance use disorders were more than five times more prevalent among children in situations resembling custody relinquishment than all children entering foster care in Florida and Kentucky (22 percent compared with 4 percent).

Figure 6. Trauma and stressor disorders were the most prevalent behavioral health condition among children in situations resembling custody relinquishment in Florida and Kentucky



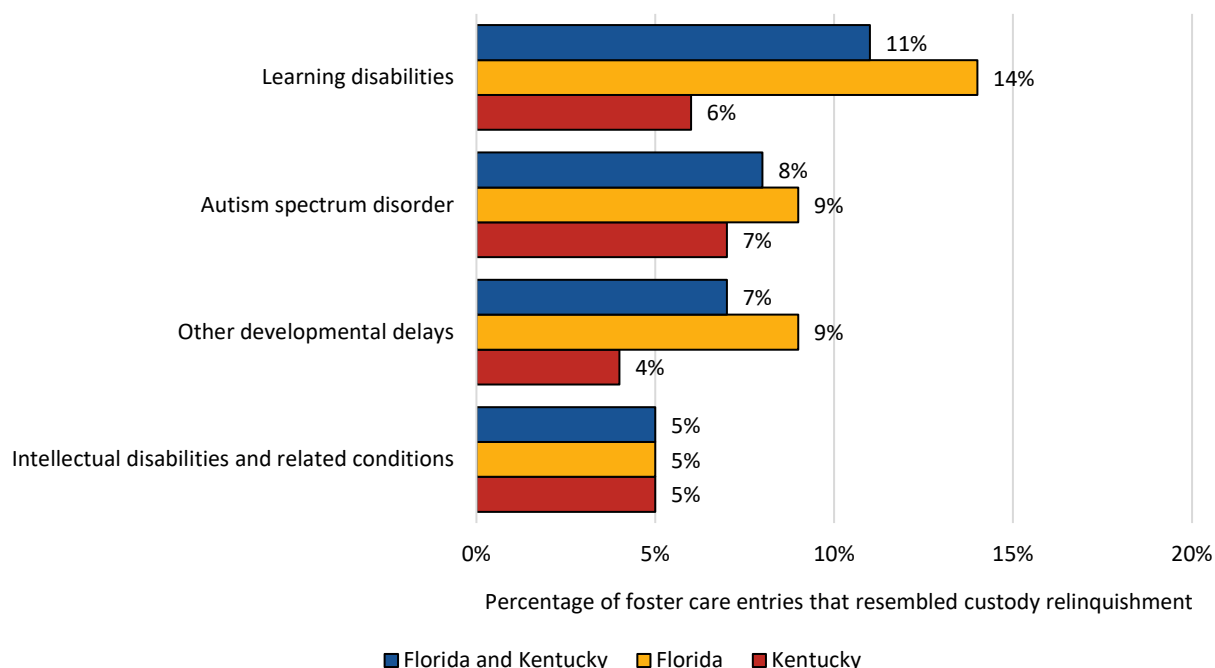
Source: CCOULD, children's behavioral health conditions among foster care entries between February 2017 and February 2019 that resembled custody relinquishment, based on foster care data, child maltreatment reports, and Medicaid data.

Note: See Appendix Table A.5 for information about other behavioral health conditions. See Appendix Table A.6 for the codes used to identify the behavioral health conditions within the CCOULD data.

⁶ Drug use disorder includes use, abuse, or dependence of the following non-opioid drug categories: cannabis; sedatives, hypnotics, or anxiolytics; cocaine; other stimulants; hallucinogens; inhalants; and other psychoactive substances.

About one in five children (21 percent) in situations that resembled custody relinquishment in Florida and Kentucky had a disability. This is a slightly higher share than the percentage of all children entering foster care in Florida and Kentucky who had a disability (18 percent). The most common disability-related diagnoses for children in situations that resembled custody relinquishment were learning disabilities (11 percent) and autism spectrum disorder (8 percent), as shown in Figure 7 and Appendix Table A.5. In Florida, 25 percent of children in situations that resembled custody relinquishment had a disability, compared to 15 percent in Kentucky. The prevalence of different types of disabilities were similar between states, except for learning disabilities: children had a learning disability in 14 percent of situations that resembled custody relinquishment in Florida, compared to 6 percent in Kentucky.

Figure 7. Learning disabilities were the most prevalent disability among children in situations resembling custody relinquishment in Florida and Kentucky



Source: CCOULD, children's disabilities among foster care entries between February 2017 and February 2019 that resembled custody relinquishment, based on foster care data, child maltreatment reports, and Medicaid data.

Note: See Appendix Table A.5 for information about other disability diagnoses. See Appendix Table A.6 for the codes used to identify the diagnoses within the CCOULD data.

Most foster care entries that resembled custody relinquishment in Florida and Kentucky involved children with more than one behavioral health condition. Children with more than one behavioral health condition accounted for nearly three out of four (74 percent) entries that resembled custody relinquishment, as shown in Appendix Table A.5. This finding differed slightly between states. In Kentucky, 88 percent of situations that resembled custody relinquishment involved children with more than one behavioral health condition, compared to 65 percent in Florida. Meanwhile, 9 percent of situations that resembled custody relinquishment involved children with more than one disability, and 19 percent involved children with both a behavioral health condition and a disability. Relative to all foster care entries in Florida and Kentucky, children in situations resembling custody relinquishment were more likely to have multiple behavioral health conditions (74 percent compared with 27 percent) or both a behavioral health condition and a disability (19 percent compared with 12 percent), but similarly likely to have more than one disability (9 percent).

METHODS

Data sources and samples. We used data from AFCARS and CCOULD to examine foster care entries that resembled custody relinquishment. For both data sources, we focused on the sample of foster care entries between February 2017 and February 2019. This time period was available in both study data sources. Ending with February 2019 also allowed us to examine behavioral health conditions and disabilities one year after foster care entry and before the COVID-19 pandemic in March 2020 for all children in the CCOULD data. Among foster care entries during that time frame, we also restricted the sample to records with available information in key data fields needed to identify possible custody relinquishment: child age, removal reason, removal manner, and first placement setting. We excluded 3 percent of all foster care entries from the sample due to missing data. For analyses involving CCOULD Medicaid data, we also applied three standard sample restrictions to ensure that most or all of children’s medical care was covered by Medicaid.^{xi} We restricted the sample to foster care entries involving children (1) with full or comprehensive Medicaid benefits, (2) who were not dually eligible for Medicaid and Medicare, and (3) who had at least six months of consecutive Medicaid enrollment with no gaps in the year after foster care entry. We did not apply these Medicaid-related sample restrictions to analyses of the CCOULD foster care data only so that analyses of the AFCARS and CCOULD foster care data would be as similar as possible. With these restrictions, the analyses of AFCARS data were based on a total of 530,621 foster care entries nationwide, including 33,319 in Florida and 14,543 in Kentucky. Analyses of the CCOULD foster care data included only 43,774 total entries (29,800 from Florida and 13,974 from Kentucky). Analyses using CCOULD foster care data, child maltreatment reports, and Medicaid data included 41,843 foster care entries (28,915 from Florida and 12,928 from Kentucky).

Research Question 1. We explored two different approaches to estimate the prevalence of custody relinquishment: one that only used foster care data and a second that used data from foster care, child maltreatment reports, and Medicaid data. We developed these approaches by determining data elements that would be a reasonable proxy for the expected characteristics of situations of custody relinquishment and that were available in administrative data. For example, the approaches focus on children ages 3 to 17 who were initially placed in congregate care, because research shows that children as young as age 3 use behavioral health services^{xii} and that children who experience custody relinquishment are typically placed in residential settings to receive treatment services.^{xiii} Appendix Table A.1 provides more information on the rationale for these approaches.

Research Question 2. Among foster care entries that resembled custody relinquishment, we calculated the mean or percentage of children’s demographic characteristics, family circumstances, and behavioral health conditions and disabilities among entries with available (non-missing) data for each characteristic. Most of the data elements that we examined either existed in the AFCARS or CCOULD data, such as child race and ethnicity, or were constructed as a straightforward combination of data elements, such as constructing child age at foster care entry based on the child’s date of birth and the date of foster care entry. Examining children’s health diagnoses involved a more complex process. We followed the standardized approach for examining children’s behavioral health conditions and disabilities described in the Centers for Medicare & Medicaid Services’ Chronic Conditions Data Warehouse (CCW).^{xiv} Appendix Table A.6 presents the specific diagnosis codes in the Medicaid data used to identify each condition.

LIMITATIONS

Data sources and samples. Given the dearth of existing information on custody relinquishment, this brief used available administrative data to study these situations, though both study data sources had limitations for examining custody relinquishment. The AFCARS data allowed for nationwide analyses, yet data quality varied across the states. Our analysis excluded foster care entries when data elements needed to identify possible custody relinquishment (child age, removal reason, removal manner, and first placement setting) were missing. For more than half of the states, we excluded fewer than 1 percent of foster care entries. However, we excluded higher shares of entries (15 percent) due to missing data in two states (Arkansas and New York). The AFCARS data also did not include child maltreatment reports or medical records that may have improved the identification of custody relinquishment. While the CCOULD data included foster care data, child maltreatment reports, and Medicaid claims records, they included just two states: Florida and Kentucky. Our analysis showed that Florida and Kentucky had the 16th- and 17th-highest number of foster care entries resembling custody relinquishment, respectively (Appendix Table A.3). Thus, data from these states might not be representative of custody relinquishment nationally.

Another consideration is that the study sample focused on foster care entries between February 2017 and February 2019, which predates states' implementation of FFPSA restrictions on congregate care placements. Therefore, this brief provides an overview of possible custody relinquishment before FFPSA implementation; states' use of congregate care, and in turn the prevalence of entries resembling custody relinquishment, may have changed after states implemented the statutory restrictions imposed by FFPSA.

Research Question 1. The study's approaches for identifying foster care entries that resembled custody relinquishment may lead to overestimates or underestimates of the actual number. Both approaches excluded children younger than age 3 who may also experience custody relinquishment, which would lead to an underestimate. They also excluded children whose initial foster care placement was a hospital or therapeutic foster care setting, which were not included in AFCARS or CCOULD and may be important first settings for children who need behavioral health or disability services. This would also lead to an underestimate of actual custody relinquishment. Conversely, both approaches restrict to children initially placed in congregate care regardless of the child's time spent in congregate care, which may include children initially placed in congregate care for a clinical assessment before placement in a family foster care setting. This could lead to an overestimate of actual custody relinquishment. The approach using only foster care data also likely overestimates actual instances of custody relinquishment because it lacks information on children's receipt of behavioral health or disability services. The approach that incorporated Medicaid data attempted to address this limitation by focusing on children with a behavioral health or disability diagnosis in the year after entering foster care. However, having a diagnosis in the year after foster care might not reflect why children entered foster care and would lead the study to overestimate custody relinquishment if children are more likely to receive a diagnosis while in foster care (for example, research has shown that health care services increase upon entering foster care).^{xv,7} Whether children have a behavioral health or disability diagnosis could also depend on the availability and access of treatment services, which could lead to over estimates or under estimates of custody relinquishment in a state. For example, children could be less likely to receive a behavioral health diagnosis in a state where there is less capacity to provide behavioral health treatment services, which could lead to an underestimate.

⁷ We focused on health conditions in the year after foster care entry because we would not be able to examine health conditions before foster care in the CCOULD data for children who did not have Medicaid before foster care.

Despite these limitations, the findings presented in this brief indicate that these approaches can identify situations that resemble custody relinquishment, such as foster care entries involving relatively older children and children with complex health conditions. However, we cannot assess how well these approaches identify actual custody relinquishment.

Research Question 2. Some of the demographic characteristics and family circumstances information were missing in the AFCARS and CCOULD data, which could influence the representativeness of the findings. For AFCARS, about 8 percent of foster care entries resembling custody relinquishment were missing information on the caregiver’s relationship status and 4 percent were missing child race data. For CCOULD, 21 percent and 12 percent of entries resembling custody relinquishment were missing ethnicity and race data, respectively. Appendix Table A.4 shows the number of foster care entries with available data for each characteristic by data source.

For the behavioral health conditions and disabilities, the CCW algorithm requires that a child had at least one inpatient claim or two other non-drug claims of any service type on different dates of service during a selected reference period to be diagnosed with most conditions. The algorithm often recommends using a two-year reference period; however, we used a one-year period for our study given the limited number of years available in the CCOULD data. Previous research has also used a one-year reference period.^{xvi} Although this is a well-documented, standard approach for constructing behavioral health and disability diagnoses, it might underestimate diagnoses in our study by excluding children with a behavioral health condition or disability who did not receive a service or who received services but did not have the relevant diagnosis code on the Medicaid claim. Although the CCW algorithms’ requirements intend to identify patterns of Medicaid claims that collectively indicate the presence of a behavioral health condition or disability, it is also theoretically possible, for example, that a child had Medicaid claims that met the CCW criteria for a behavioral health condition, but the child did not truly have the condition. For example, a provider might order multiple tests to rule out a behavioral health condition and the claims for those tests might list diagnosis codes for the behavioral health condition. This could overestimate the prevalence of behavioral health conditions and disabilities in our study.

KEY TAKEAWAYS

Although exact data on custody relinquishment across the country are not available, this analysis demonstrates that it is feasible to use administrative data to examine the prevalence and characteristics of situations *resembling* custody relinquishment. The AFCARS data suggest that about 25,000 foster care entries in the United States might have been instances of custody relinquishment between February 2017 and February 2019. However, the prevalence of foster care entries that resembled custody relinquishment varied considerably by state, ranging from less than 1 percent of entries in Alaska to 18 percent in Wyoming. This variability suggests that policy and practice differences among states drive this phenomenon, though differences in data collection and quality may also be a factor. The variability may depend on state policies on neglect, acceptance of voluntary relinquishments, diversion practices, and the array and accessibility of health and mental health services in a community, which are not captured currently in national child welfare data sets.

Across all states, children in situations that resembled custody relinquishment tended to be 13 to 17 years old, male, and White. Children in these situations were older and more likely to be male and Black relative to all children entering foster care nationwide during the study time period. When connecting Medicaid and child welfare data in Florida and Kentucky, we found that nearly all children in situations that resembled custody relinquishment were diagnosed with at least one behavioral health condition in the year after entering foster

care (98 percent), and about 20 percent of children were diagnosed with both a behavioral health condition and a disability. Behavioral health conditions were far more common and disabilities were slightly more common among children in situations that resembled custody relinquishment than for all children entering foster care.

Given the potential prevalence of custody relinquishment, states and localities can continue to explore prevention practices to better serve children in their communities without relying on foster care placement. States and localities could focus on preventing custody relinquishment alongside ongoing implementation of FFPSA, particularly as states reduce the use of congregate care placements that can be more common for children with complex clinical needs. To understand how well prevention efforts are working and for whom, states or localities could draw on existing administrative data sources as one component of an exploration of how policies, practices, and service array may impact parental decisions and foster care entries. In particular, the CCOULD data highlight the potential for analyses of integrated child welfare and Medicaid enrollment and claims information in Florida and Kentucky. Many other states have integrated child welfare and Medicaid eligibility or claims records.^{xvii} These integrated data sets could allow for nuanced analyses of the prevalence and characteristics of custody relinquishment over time.

ENDNOTES

ⁱ GAO (2003); Stroul (2020).

ⁱⁱ Stroul (2020).

ⁱⁱⁱ Herman (2019, 2023); Stroul (2020).

^{iv} Barrett (2024); GAO (2003).

^v Stroul (2020); White House (2024).

^{vi} Stroul (2020).

^{vii} Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance 2024.

^{viii} National Data Archive on Child Abuse and Neglect (2023).

^{ix} Stroul (2020).

^x Radel et al. (2023).

^{xi} Radel et al. (2023).

^{xii} Radel et al. (2023).

^{xiii} Stroul (2020).

^{xiv} Centers for Medicare & Medicaid Services (2024).

^{xv} Meinhofer et al. (2024).

^{xvi} Radel et al. (2023).

^{xvii} Varley et al. (2024).

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APPENDIX A

Table A.1. Approaches to identify foster care entries that resembled custody relinquishment

Description	Rationale	Strengths	Limitations	Data sources
Approach using only foster care data				
All foster care entries that meet the following criteria: 1. Child was between ages 3 and 17 at foster care entry. 2. Child was removed due to relinquishment, entered foster care with a voluntary placement agreement or entered foster care for reasons that may be related to behavioral health needs (child behavior problems, alcohol, or drug abuse); disability needs; or neglect. Child did not enter foster care due to factors likely unrelated to behavioral health or disability needs: parental death, parental incarceration, physical abuse, or sexual abuse. 3. Child's first foster care placement setting was congregate care (group home or institution).	Children as young as age 3 use behavioral health services.^a The reasons for foster care entry focus on situations where the child might have been removed primarily to receive behavioral health or disability services, rather than because of maltreatment. We included neglect as a reason for entry because custody relinquishment might be coded as forms of neglect in the study data, such as medical neglect or a caregiver's inability to cope with children's health needs. We assumed that foster care entries due to parental death, parental incarceration, physical abuse, or sexual abuse were not related to the child's need for behavioral health or disability services. If relinquishment and sexual abuse were both listed as reasons for foster care entry, we did not define the situation as custody relinquishment. Children who enter foster care primarily to receive behavioral health or disability services are typically placed in residential settings to receive treatment.^b The CCOULD data included all of a child's foster care placements, but the AFCARS data only included a child's placement setting at the time of data collection in each AFCARS reporting period. For AFCARS, we focused on children who were in their first placement at the time of data collection in the earliest reporting period of their foster care record and that placement was a congregate care setting.	• Uses all foster care data expected to be related to whether children primarily entered foster care to receive behavioral health or disability services.	• Excludes children younger than age 3 who could also experience custody relinquishment, particularly to receive disability services. This might lead to an underestimate of custody relinquishment. • Includes instances of neglect, which might lead to an overestimate of custody relinquishment. • Includes children who were initially placed in congregate care regardless of the time spent in congregate care, which may include children initially placed in congregate care for an assessment before placement in a family foster care setting. This might lead to an overestimate of custody relinquishment. • Excludes children who were initially placed in therapeutic foster care (TFC) or hospitalized. These might be relevant initial placement settings in situations of custody relinquishment, but they are not available in AFCARS or CCOULD. This might lead to an underestimate of custody relinquishment. However, TFC is not a common initial placement; congregate care is more often used as an initial placement than TFC.^c • Lacks information on whether children have behavioral health or disability needs. This might lead to an overestimate of custody relinquishment.	CCOULD and AFCARS

Description	Rationale	Strengths	Limitations	Data sources
Approach using data from foster care, child maltreatment reports, and Medicaid				
All foster care entries that meet Criteria 1–3, plus the following: - Child was not the subject of a child maltreatment report for physical or sexual abuse in the two months before foster care entry. - Child was diagnosed with a behavioral health condition or disability in the year after entering foster care.	Child maltreatment report data can rule out situations where abuse may also have been a factor that led to foster care. Reports within two months capture those closest to a child’s foster care entry. Incorporating data on behavioral health conditions and disabilities focuses on children who received behavioral health or disability services.	- Incorporates additional information from children’s history of child welfare involvement to refine focus on children who did not enter foster care primarily because of maltreatment. - Focuses directly on children who received behavioral health or disability services.	- Includes the same first four limitations listed above for the approach using only foster care data. - Assumes having a physical or sexual abuse report around the time of foster care entry indicates that the child did not enter foster care primarily to receive behavioral health or disability services. This might lead to an overestimate of custody relinquishment. - Includes children with a behavioral health condition or disability after foster care rather than before foster care. Some children do not have Medicaid coverage before foster care, so we cannot measure health conditions for these children in the study data. This might lead to an overestimate of custody relinquishment.	CCOULD

^a Radel et al. (2023).

^b Stroul (2020).

^c Seibert et al. (2019). For example, therapeutic foster care made up just 3 percent of all placements in Kentucky, one of the states in the CCOULD data, according to the 2024 Kentucky Cabinet for Health and Family Services *Statewide Foster Care Facts* webpage. Florida, the other state in the CCOULD data, did not report on the prevalence of therapeutic foster care, according to the Florida Department of Children and Families *Placement in Out-of-Home Care* webpage.

AFCARS = Adoption and Foster Care Analysis and Reporting System; CCOULD = Child and Caregiver Outcomes Using Linked Data.

Table A.2. Estimated prevalence of foster care entries resembling custody relinquishment, by approach and data source

Approach	Number of foster care entries (and unique children) resembling custody relinquishment					
	CCOULD			AFCARS		
Description	Florida and Kentucky	Florida	Kentucky	Nationwide	Florida	Kentucky
Approach using only foster care data	1,507 (1,498)	950 (943)	557 (555)	25,079 (24,554)	512 (511)	549 (545)
Approach using foster care data, child maltreatment reports, and Medicaid data	1,043 (1,038)	620 (616)	423 (422)	n.a.	n.a.	n.a.

Source: CCOULD and AFCARS data.

Note: See Appendix Table A.1 for detailed information on the approaches to identify foster care entries that resembled custody relinquishment. The approach using foster care data, child maltreatment reports, and Medicaid data is not feasible using AFCARS because AFCARS does not include child maltreatment reports or Medicaid data. In some situations, the same child entered foster care more than once during the study time frame so this table shows the number of unique children in situations that resembled custody relinquishment in parentheses.

AFCARS = Adoption and Foster Care Analysis and Reporting System; CCOULD = Child and Caregiver Outcomes Using Linked Data; n.a. = not applicable.

Table A.3. Estimated prevalence of foster care entries resembling custody relinquishment, by state

State	Number of foster care entries resembling custody relinquishment	Total number of foster care entries	Percentage of foster care entries resembling custody relinquishment
Alabama	239	8,337	3%
Alaska	9	2,450	< 1%
Arizona	1,382	18,654	7%
Arkansas	120	5,565	2%
California	2,119	53,678	4%
Colorado	845	9,227	9%
Connecticut	141	4,233	3%
Delaware	24	819	3%
District of Columbia	28	682	4%
Florida	512	33,319	2%
Georgia	610	15,887	4%
Hawaii	100	2,370	4%
Idaho	68	2,868	2%
Illinois	207	11,412	2%
Indiana	317	21,459	1%
Iowa	426	8,516	5%
Kansas	73	8,368	1%
Kentucky	549	14,563	4%
Louisiana	346	7,210	5%
Maine	16	2,094	1%
Maryland	265	4,906	5%
Massachusetts	834	11,850	7%
Michigan	309	12,947	2%
Minnesota	1,601	13,079	12%
Mississippi	109	5,545	2%
Missouri	205	14,251	1%
Montana	86	4,455	2%
Nebraska	62	4,495	1%
Nevada	410	6,546	6%
New Hampshire	271	1,762	15%
New Jersey	155	7,127	2%
New Mexico	133	3,577	4%
New York	1,825	14,803	12%
North Carolina	447	11,345	4%
North Dakota	178	2,224	8%
Ohio	1,701	25,060	7%
Oklahoma	59	9,930	1%
Oregon	155	7,571	2%
Pennsylvania	2,014	21,116	10%
Puerto Rico	86	1,866	5%
Rhode Island	274	2,526	11%
South Carolina	800	8,127	10%
South Dakota	64	2,384	3%
Tennessee	550	13,474	4%
Texas	1,116	41,323	3%
Utah	89	4,267	2%
Vermont	44	1,665	3%
Virginia	359	5,856	6%
Washington	307	11,765	3%
West Virginia	1,328	10,695	12%
Wisconsin	725	10,257	7%
Wyoming	387	2,116	18%
Nationwide total	25,079	530,621	5%

Source: AFCARS data.

Note: This table uses AFCARS foster care data only to identify foster care entries between February 2017 and February 2019 that resembled custody relinquishment. See Appendix Table A.1 for detailed information about the approach to identify entries that resembled custody relinquishment. The sample excludes foster care entries missing data needed to identify possible custody relinquishment: child age, removal reason and manner, and first placement setting. This table includes the District of Columbia and Puerto Rico.

AFCARS = Adoption and Foster Care Analysis and Reporting System.

Table A.4. Demographic characteristics and family circumstances of children in situations resembling custody relinquishment, by data source and state

Characteristic	CCOULD				AFCARS			
	Number of foster care entries that resembled custody relinquishment	Percentage (or average) of foster care entries			Number of foster care entries that resembled custody relinquishment	Percentage (or average) of foster care entries		
		Florida and Kentucky	Florida	Kentucky		Nationwide	Florida	Kentucky
Child demographic characteristics								
Female	1,043	43%	44%	43%	25,076	38%	48%	44%
Age at time of removal (years) ^a	1,043	12.5 (3–17)	11.8 (3–17)	13.5 (3–17)	25,079	14.0 (3–17)	11.9 (3–17)	14.4 (3–17)
Race								
Black	917	35%	45%	14%	24,013	29%	32%	17%
White	917	65%	54%	86%	24,013	60%	60%	75%
Other ^a	917	1%	1%	<1%	24,013	3%	1%	0%
More than one race	n.a.	n.a.	n.a.	n.a.	24,013	8%	7%	8%
Hispanic ethnicity	829	16%	23%	2%	24,352	20%	25%	6%
Family circumstances before foster care								
Age of primary caregiver (years) ^b	1,030	41.7 (17–85)	40.7 (17–85)	43.2 (18–83)	24,224	42.6 (19–68)	40.2 (22–68)	44.4 (19–68)
Relationship status of primary caregiver								
Married	947	27%	27%	28%	23,186	26%	8%	35%
Unmarried couple	947	7%	8%	7%	23,186	11%	14%	7%
Single	947	65%	66%	65%	23,186	63%	79%	58%
Caregiver substance abuse	1,043	19%	22%	14%	25,079	9%	28%	7%

Source: CCOULD and AFCARS data.

Note: We used AFCARS foster care data to identify foster care entries between February 2017 and February 2019 that resembled custody relinquishment. We used CCOULD foster care data, child maltreatment reports, and Medicaid data to identify entries during the same time period that resembled custody relinquishment. See Appendix Table A.1 for detailed information about each approach for identifying entries that resembled custody relinquishment. For each characteristic and data source, the exhibit reports the number of entries with available (non-missing) data for the characteristic. Percentages may not add to 100 percent due to rounding.

^a Other race includes American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander. The CCOULD data do not include a category for more than one race.

^b For child and primary caregiver age, the exhibit shows the average and the range (in parentheses). To address outliers, the age of the primary caregiver was top-coded to the 99th percentile separately in the CCOULD and AFCARS data.

AFCARS = Adoption and Foster Care Analysis and Reporting System; CCOULD = Child and Caregiver Outcomes Using Linked Data; n.a. = not applicable.

Table A.5. Behavioral health conditions and disabilities of children in situations resembling custody relinquishment in Florida and Kentucky, overall and by state

Condition	Percentage of foster care entries resembling custody relinquishment		
	Florida and Kentucky	Florida	Kentucky
Behavioral health			
Any behavioral health condition (mental health condition or substance use disorder)	98%	97%	100%
Any mental health condition	98%	96%	100%
Attention-deficit/hyperactivity disorder	44%	42%	46%
Anxiety	26%	19%	36%
Behavior or conduct disorders	60%	36%	94%
Depressive disorders	31%	26%	37%
Mood disorders	35%	29%	44%
Psychotic disorders	8%	9%	7%
Trauma/stressor disorders	63%	76%	45%
Tourette's syndrome and tic disorders	0%	0%	0%
Other mental health conditions ^a	12%	10%	14%
Any substance use disorder ^b	22%	15%	32%
Disability			
Any disability	21%	25%	15%
Autism spectrum disorder	8%	9%	7%
Cerebral palsy	2%	4%	< 1%
Cystic fibrosis and other metabolic developmental disorders	1%	1%	< 1%
Intellectual disabilities and related conditions	5%	5%	5%
Learning disabilities	11%	14%	6%
Other developmental delays	7%	9%	4%
Spina bifida and other congenital anomalies of the nervous system	1%	2%	< 1%
Spinal cord injury	< 1%	< 1%	< 1%
Traumatic brain injury and nonpsychotic mental disorders due to brain damage	1%	1%	< 1%
Combination of behavioral health and disability			
Any behavioral health condition or disability	100%	100%	100%
More than one behavioral health condition	74%	65%	88%
More than one disability	9%	11%	6%
Any behavioral health condition and disability	19%	22%	15%
More than one behavioral health condition and more than one disability	5%	5%	5%
Number of foster care entries that resembled custody relinquishment	1,043	620	423

Source: CCOULD data.

Note: This table uses CCOULD foster care data, child maltreatment reports, and Medicaid data to identify foster care entries in Florida and Kentucky between February 2017 and February 2019 that resembled custody relinquishment. See Appendix Table A.1 for detailed information about the approach to identify entries that resembled custody relinquishment.

^a Other mental health conditions include diagnosis codes for rare conditions, such as dissociative disorders, eating and feeding disorders, obsessive-compulsive disorders, personality disorders, sleeping disorders, somatic disorders, and some neurodevelopmental disorders.

^b The most common substance use disorder diagnoses in the two states was drug use disorder (21 percent of all children in situations resembling custody relinquishment), followed by alcohol use disorder (5 percent), and opioid use disorder (3 percent).

CCOULD = Child and Caregiver Outcomes Using Linked Data.

Table A.6. Codes used to identify behavioral health conditions and disabilities within the CCOULD data

Condition	Codes
Behavioral health	
Alcohol use disorder	Diagnosis codes: F10* ICD-10 procedure codes^: HZ93ZZZ NDCs^: 130 codes capturing alcohol MAT and 74 codes capturing alcohol MAT/opioid MAT
Anxiety	Diagnosis codes: F4000, F400, F4002, F4010, F4011, F40210, F40218, F40220, F40228, F40230, F40231, F40232, F40233, F40240, F40241, F40242, F40243, F40248, F40290, F40291, F40298, F408, F409, F410, F411, F413, F418, F419, F42, F422, F423, F424, F428, F429, F4529, F4541, F4542, F458, F459, F488, F489, F930, F938, F939
Attention-deficit/hyperactivity disorder	Diagnosis codes: F90, F900, F901, F902, F908, F909
Behavior or conduct disorders	Diagnosis codes: F630, F631, F632, F633, F6381, F6389, F910, F911, F912, F913, F918, F919
Depressive disorders	Diagnosis codes: F320, F321, F322, F323, F324, F325, F328, F329, F32A, F330, F331, F332, F333, F3340, F3341, F3342, F338, F339, F53, F530, F531
Mood disorders	Diagnosis codes: F3010, F3011, F3012, F3013, F302, F303, F304, F308, F309, F310, F3110, F3111, F3112, F3113, F312, F3130, F3131, F3132, F314, F315, F3160, F3161, F3162, F3163, F3164, F3170, F3171, F3172, F3173, F3174, F3175, F3176, F3177, F3178, F3181, F3189, F319, F3481, F3489, F349, F39
Opioid use disorder	Diagnosis codes: F11* HCPCS codes^: G1028, G2067, G2068, G2069, G2070, G2071, G2072, G2073, G2074, G2075, G2076, G2077, G2078, G2079, G2080, G2086, G2087, G2088, G2213, G2215, G2216, H0020, J0570, J0571, J0572, J0573, J0574, J0575, J0592, J2315, M1032, M1033, M1034, Q9991, Q9992 ICD-10 procedure codes^: HZ84ZZZ, HZ91ZZZ, HZ92ZZZ, HZ94ZZZ NDCs^: 559 codes capturing opioid MAT and 74 codes capturing alcohol MAT/opioid MAT from Alcohol Use Disorder row
Other drug use disorders	Diagnosis codes: F12,* F13,* F14,* F15,* F16,* F18,* F19,* F55*
Other mental health conditions	Diagnosis codes: 300 codes for rare conditions, such as dissociative disorders, eating and feeding disorders, obsessive-compulsive disorders, personality disorders, sleeping disorders, somatic disorders, and some neurodevelopmental disorders ^a
Psychotic disorders	Diagnosis codes: F060, F200, F201, F202, F203, F205, F2081, F2089, F209, F21, F22, F24, F250, F251, F258, F259, F28, F29
Tourette's syndrome and tic disorders	Diagnosis codes: F95
Trauma disorders	Diagnosis codes: F430, F4310, F4311, F4312, F4320, F4321, F4322, F4323, F4324, F4325, F4329, F438, F439, F941, F942
Disability	
Autism spectrum disorder	Diagnosis codes: F84.0, F84.3, F84.5, F84.8, F84.9
Cerebral palsy	Diagnosis codes: G80.0, G80.1, G80.2, G80.3, G80.4, G80.8, G80.9
Cystic fibrosis and other metabolic developmental disorders	Diagnosis codes: D81.810, D84.1, E00.0, E00.1, E00.2, E00.9, E03.0, E03.1, E25.0, E25.8, E25.9, E56.9, E70.0, E70.1, E70.20, E70.21, E70.29, E70.30, E70.310, E70.311, E70.318, E70.319, E70.320, E70.321, E70.328, E70.329, E70.330, E70.331, E70.338, E70.339, E70.39, E70.5, E70.8, E70.81, E70.89, E70.9, E71.0, E71.110, E71.111, E71.118, E71.19, E71.2, E71.310, E71.311, E71.312, E71.313, E71.314, E71.318, E71.32, E71.41, E72.10, E72.11, E72.12, E72.19, E72.20, E72.21, E72.22, E72.23, E72.29, E72.3, E72.4, E72.50, E72.51, E72.59, E72.8, E74.20, E74.21, E74.29, E74.810, E74.818, E74.819, E74.89, E84.0, E84.11, E84.19, E84.8, E84.9
Intellectual disabilities and related conditions	Diagnosis codes: E78.71, E78.72, F70, F71, F72, F73, F78, F78.A1, F78.A9, F79, P04.3, Q86.0, Q87.1, Q87.11, Q87.19, Q87.2, Q87.3, Q87.5, Q87.81, Q87.89, Q89.7, Q89.8, Q90.0, Q90.1, Q90.2, Q90.9, Q91.0, Q91.1, Q91.2, Q91.3, Q91.4, Q91.5, Q91.6, Q91.7, Q92.0, Q92.1, Q92.2, Q92.5, Q92.61, Q92.62, Q92.7, Q92.8, Q92.9, Q93.0, Q93.1, Q93.2, Q93.3, Q93.4, Q93.5, Q93.51, Q93.59, Q93.7, Q93.81, Q93.88, Q93.89, Q93.9, Q95.2, Q95.3, Q99.2
Learning disabilities	Diagnosis codes: F80.0, F80.1, F80.2, F80.4, F80.81, F80.82, F80.89, F80.9, F81.0, F81.2, F81.81, F81.89, F81.9, F82, H93.25, R48.0
Other developmental delays	Diagnosis codes: F81.9, F82, F88, F89

Condition	Codes
Spina bifida and other congenital anomalies of the nervous system	Diagnosis codes: G90.1, Q00.0, Q00.1, Q00.2, Q01.0, Q01.1, Q01.2, Q01.8, Q01.9, Q02, Q03.0, Q03.1, Q03.8, Q03.9, Q04.0, Q04.1, Q04.2, Q04.3, Q04.4, Q04.5, Q04.6, Q04.8, Q04.9, Q05.0, Q05.1, Q05.2, Q05.3, Q05.4, Q05.5, Q05.6, Q05.7, Q05.8, Q05.9, Q06.0, Q06.1, Q06.2, Q06.3, Q06.4, Q06.8, Q06.9, Q07.00, Q07.01, Q07.02, Q07.03, Q07.8, Q07.9
Spinal cord injury	Diagnosis codes: Over 200 codes, as shown in the CCW conditions code list

Note: The codes used to identify behavioral health conditions and disabilities are generally based on the CCW conditions code list. Codes for the following behavioral health conditions may have been revised based on research into child-specific behavioral health conditions and needs: attention-deficit/hyperactivity disorder, anxiety disorders, alcohol use disorder, bipolar disorder, depression and depressive disorders, other drug use disorders, other mental health conditions, opioid use disorder, personality disorders, psychotic disorders, post-traumatic stress disorder, and schizophrenia. Codes for the following behavioral health conditions are based on other research and not the CCW code lists: behavior and conduct disorders, dissociative disorders, eating and feeding disorders, mood disorders, other neurodevelopmental disorders, obsessive-compulsive disorders, sleeping disorders, Tourette's and tic disorders, and trauma disorders. All disability codes are based only on the CCW conditions code list.

[^] = Most conditions require the CCW's standard algorithm of at least one inpatient claim or two other non-drug claims of any service type on different dates of service during the year; however, these codes require only a single claim.

^a The included neurodevelopmental disorders are not exhaustive and exclude many neurodevelopmental disorders including autism (which is included in the disabilities in this table) and dementia.

CCW = Chronic Conditions Data Warehouse; HCPCS = Healthcare Common Procedure Coding System; ICD = International Classification of Diseases; MAT = medication-assisted treatment; NDC = National Drug Code.

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