



National Survey of Child
and Adolescent Well-Being

NSCAW II BASELINE REPORT
Local Agency

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NSCAW II BASELINE REPORT: LOCAL AGENCY

FINAL REPORT

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Introduction to NSCAW II

The second National Survey of Child and Adolescent Well-Being (NSCAW II) is a longitudinal study intended to answer a range of fundamental questions about the functioning, service needs, and service use of children who come in contact with the child welfare system. The study is sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS). It examines the well-being of children involved with child welfare agencies; captures information about the investigation of abuse or neglect that brought the child into the study; collects information about the child's family; provides information about child welfare interventions and other services; and describes key characteristics of child development. Of particular interest to the study are children's health, mental health, and developmental risks, especially for those children who experienced the most severe abuse and exposure to violence.

The study includes 5,873 children ranging from birth to 17.5 years old at the time of sampling. Children were sampled from child welfare investigations closed between February 2008 and April 2009 in 83 counties nationwide. The cohort includes substantiated and unsubstantiated investigations of abuse or neglect, as well as children and families who were and were not receiving services. Infants and children in out-of-home placement were oversampled to ensure adequate representation of high-risk groups.

This report focuses on data collected from local agencies participating in NSCAW II. Beginning in May 2009, field representatives contacted agency directors to request an in-person interview. The Local Agency Director Interview (LADI) is designed to gather detailed information on the agency's characteristics, staffing, policies, caseload and populations served, and services provided to families. The LADI is a paper-and-pencil interview with an administration time of approximately 60 minutes. The interview focused on many aspects of the agency, including:

- General agency characteristics (e.g., structure, staffing)
- Service availability and delivery to clients
- Current agency caseload and composition (e.g., types of out-of-home placements)
- Resources for investigations and risk assessments
- Staff training and education
- Collaboration with other agencies or service providers
- Agency policies guiding child welfare practice

Primary sampling units (PSUs) for the sample were defined, in general, as geographic areas that encompass the population served by a single child protective services (CPS) agency. In most cases, these areas corresponded to counties or contiguous areas of two or more counties. Some agencies serving a small number of children were combined to form PSUs. However, in

larger metropolitan areas, smaller geographic areas were defined so that sampling of the areas could be accomplished within a small number of CPS agencies/offices within the metropolitan area. For most of the PSUs selected for NSCAW, the PSU represents one county, and only one agency respondent received the questionnaire for the county. In this case, the agency weight is the same as the PSU weight. In PSUs that were made up of multiple single-agency counties, the PSU weight was divided proportionately among the agencies. A total of 83 counties agreed to participate in NSCAW II. The majority of counties (n=81) were each represented by a single CPS agency. Two of the counties were represented by multiple agencies, bringing the total number of agencies to 88. One county did not complete the agency interview. Hence, 87 total LADI records are available for analysis.

The agencies making up the NSCAW II local agency sample are representative of the agencies encompassed in the NSCAW II target population: ~~all~~ children in the United States who are subjects of child abuse or neglect investigations (or assessments) conducted by CPS and who live in states not requiring an agency first contact of the sample members.” The sum of the agency weights is an estimate of the total number of agencies representing the counties in the NSCAW II target population

Guide to the NSCAW II Baseline Report Series

This report is the seventh in a series of reports describing findings from the NSCAW II baseline data. It provides an overview of local agencies that participated in the study, instruments used during investigations of alleged child maltreatment, services for children and their families, and the policy environment of the agencies.

The topics covered in other NSCAW II baseline reports in this series include:

- Overview of the history and progression of the NSCAW study (detailed discussion of the sample design, methods, and instrumentation implemented for NSCAW II, and a summary of the characteristics of children and caregivers who participated in the baseline data collection effort)
- Child Well-Being (physical health and special health care needs, cognitive functioning and academic achievement, social, emotional, and behavioral health, developmental assessments of young children, and risky behavior in adolescents)
- Maltreatment (nature of alleged abuse, risk assessment, substantiation status, exposure to violence, aggression, and conflict)
- Children’s Services (insurance status, health and mental health services, and special education)
- Caregiver Characteristics and Services (caregiver physical and mental health, substance use, intimate partner violence, involvement with the law, and services received by in-home parents)

- Caseworker Characteristics, Child Welfare Services, and Disruptions in Child’s Living Environment (investigative caseworker characteristics, child and family service needs, satisfaction with caseworkers and the child welfare system, children in out-of-home placement)

The data analyzed in this report have been released through the National Data Archive on Child Abuse and Neglect (NDACAN) in NSCAW II data version 1-1.

Summary of Report Findings

This NSCAW II baseline report describes the work and policy context of child welfare agencies located in both urban (50.3%) and rural (49.7%) areas, with almost half of agencies (47.2%) located in poor counties.¹ Most agencies were facing economic difficulties: almost three quarters of agency directors reported decreases in funding within the past 12 months due to reductions in county or state-level spending, and almost half of agencies had lost staff due to county or state budget reductions. While 43.3% of agency directors reported that their agency had a less than 10% staff turnover rate, a quarter reported that their staff turnover rate was more than 20%.

Directors described the investigation instruments or tools available within agencies to respond to maltreatment reports to CPS. While most agencies used some type of guideline for establishing safety and risk factors, less than half used standardized tools to assess child development, parenting skills, domestic violence, and substance abuse and mental health problems.

Agency directors described the availability of services to families, their post-investigation services offered to families, and those services subcontracted to outside agencies. More than 90% of directors described adequate service availability for children’s physical health care and 71.4% reported adequate children’s mental health service availability. Approximately two thirds (62.9%) of directors reported that the availability of mental health services for adults was adequate in their area. And, mental health service availability for adults varied by agency urbanicity; agencies in urban areas were more likely than agencies in rural areas to have mental health services available for adults. Agency directors reported that the most common post-investigation services provided by their agency included child care, parenting classes, child therapy, substance abuse, marital or grief counseling, and domestic violence services. Three quarters of agency directors reported that 60% or more of the reunified children receive aftercare services in their agency. Most agencies (89.4%) provide services to reunified families such as day care, respite care, peer support groups, linkages with the health and education systems, and other community-based services.

Several of the services offered at different stages of contact with children and families were subcontracted by agencies. The most commonly subcontracted service was residential treatment (80.2%), followed by foster care placements (76.6%), and family preservation/in-home services (74.3%).

¹ Counties were classified as poor if more than 15% of county families with children were living at or below 100% of the federal poverty line.

For children placed in out-of-home care, almost all directors reported that their agencies have mechanisms to ensure that children receive needed health care immediately on system entry and had periodic developmental screening. Two thirds of agencies also require an initial mental health assessment.

Agencies play a critical role providing training for their caregivers. Agency directors reported that about two thirds of licensed or approved kinship caregivers, foster parents, and adoptive parents receive 4 or more days of preservice training. More than two thirds of licensed or approved kinship caregivers and almost all foster parents also receive 1 or more days of annual training. Nevertheless, more than 95% of agencies require none or less than a day of preservice training and annual training for unlicensed or unapproved kinship caregivers.

Local Agencies Participating at NSCAW II Baseline

Agency Characteristics

Child welfare agencies have the mission of ensuring safety and promoting permanency and well-being for abused and neglected children. To reach these goals, different types of child welfare organizations have been developed that require partnerships with multiple systems, as well as public and private collaborations. General information about the child welfare agencies participating in NSCAW II is presented in Exhibit 1.

Agency directors were asked to describe the selection of administrators in their agency as well as the degree of government control and community input provided to the agency. About three quarters (73.3%) of the directors of local child welfare administrative units were appointed by a state administrator, whereas about one fifth (22.3%) were appointed by county commissioners such as an elected county board. Only a small percentage (4.4%) were appointed by a county children's services board. For more than two thirds (68.0%) of the agencies, the county government had very little or no control to make decisions about how money for child welfare services was spent, while only a third (32.0%) had substantial control. About two thirds of agencies (69.9%) had a community board to provide input to the agency, and more than half (53.6%) had a citizen review board to review agency practice. A fifth of child welfare agencies (20.5%) were freestanding entities, while 79.5% were a unit within a larger agency. Almost a fifth (19.0%) of agencies were currently operating under one or more active consent decrees.²

The number of reports to CPS has remained relatively stable across the last 10 years ([Administration for Children and Families, 2002](#); [U.S. Department of Health and Human Services, 2010](#)); meanwhile, funding for the work of the child welfare system has varied. Almost three quarters (72.9%) of directors reported decreases in funding within the previous 12 months (roughly mid-year 2008 to mid-year 2009) due to reductions in county or state-level spending, and almost half of agencies (47.6%) lost staff due to reductions in county or state-level spending. Funding decreases may affect both the number of staff positions within child welfare agencies as well as staff turnover. Based on the most recent fiscal year information managed by agency directors, about a third of agencies (35.7%) had fewer than 25 full-time equivalent (FTE) positions, 20.9% had 25–49 FTE, 22.0% had 50–249 FTE, and 14.9% had 250–999 FTE

² A consent decree refers to a class action suit or court order related to child welfare.

positions. Only a few agencies (6.5%) had 1,000 or more FTE positions. The annual turnover rate (including voluntary and involuntary departures from the agency) was less than 10% for almost half of agencies (43.3%); about a third (31.3%) of agencies had a 10%–19% turnover rate, and 13.1% of agencies had an annual turnover rate of 20%–49%. About one in ten (12.3%) had an annual turnover rate of 50% or more of their staff.

This report examines information provided by child welfare agency directors participating in NSCAW by some agency characteristics that might impact outcomes. These included urbanicity and county poverty level. Weighted results indicate that roughly half of the agencies (50.3%) were in urban areas, and slightly less than half were located in poor counties (47.2%). Sections that describe the regular work of agencies (beginning at “Investigation Resources”) include analysis to determine if there were any significant differences among agencies related to their urban or rural location, and the poverty level of families in the county.

Agency Director Characteristics

Information about the agency directors’ gender, race, education, and experience in the position is presented in Exhibit 2. Almost three quarters of agency directors (72.4%) were females. More than two thirds of agency directors self-identified their race/ethnicity as White (71.6%), 17.5% were Black, 10.6% Hispanic, and less than one percent (0.3%) identified themselves as American Indian or Alaska Native, Asian, or native Hawaiian or other Pacific islander.

Almost half of directors (47.5%) had been in their position for more than 5 years, about a third (33.4%) had been in their position 4–5 years, and less than a fifth (19.5%) had been in their position 1–3 years.

Almost two thirds of directors (63.5%) had a master’s degree, while about a third (36.2%) had a bachelor’s degree. Only a few (0.3%) had a graduate or professional degree (e.g., PhD, EdD). Two thirds of directors (63.9%) had a degree in a subject area other than social work.

Investigation Resources

To help provide a framework for child welfare practice and promote practice consistency, agencies use tools for decision making so that children in similar situations receive similar services intended to best protect their interests. The LADI gathered information about the specific types of decision-making tools and instruments agencies used during the investigation process. Agency directors were asked about tools designed to determine the risk of harm to and safety of the child, as well as standardized instruments designed to characterize service needs in the child and/or family (e.g., parenting skills or mental health assessments). Directors were presented with a list of decision-making tools and asked to endorse any that their agency used during the investigation process. Directors reported that their agencies used several assessments, instruments, or tools simultaneously during the investigation of a report (Exhibit 3).

Almost three quarters (72.0%) of agencies reported using a structured decision-making model or other approach that resulted in a numerical point total related to safety or risk. More than half of agencies (54.1%) reported the use of a formal risk assessment and/or safety

assessment instrument (52.7%). Fewer than half of the agencies reported use of the following types of standardized assessments designed to characterize child and family service needs: child development inventory (45.1%), parenting skills assessment (44.4%), domestic violence assessment (40.1%), substance abuse assessment (39.1%), family support or connections assessment (38.0%), and mental health assessment for parents (33.7%).

Service Delivery to Children and Families

Availability of Services to Families

Services for children and families are important to meet the needs of families involved with the child welfare system. The amount and variety of services are a function of multiple factors, including the funding available to agencies and the availability of services in the community.

Directors were asked to report about the availability of services for families in their area (Exhibit 4). Directors' responses were recoded to represent *Very Adequate/Adequate/or Generally Adequate* (referred to as "adequate") service availability versus *Very Little/Not at all adequate* (referred to as "inadequate") service availability.

A majority of directors reported adequate service availability for children's physical health care (91.4%), academic assistance for children (79.3%), children's mental health services (71.4%), adult mental health services (62.9%), and adult substance abuse treatment (76.7%).

In terms of availability of services for children's substance abuse treatment, less than half of directors (44.6%) reported adequate availability of those services in their area.

Significant differences were reported in the availability of mental health services for adults by location of the agency in an urban or rural area. Directors of agencies in urban areas (80.1%) were significantly more likely to report adequate adult mental health service availability than directors of agencies in rural areas (45.5%; $\chi^2 = 4.0, p = .05$). No significant differences in the report of availability of services were found by county poverty level or urbanicity for children's physical health care, academic assistance for children, children's mental health services or adult substance abuse treatment.

Postinvestigation Services Provided by the Agency

Once the investigation of a maltreatment report is completed and a legal decision is reached regarding the investigation findings, some families are provided services by the child welfare agency. Agency directors reported the types of postinvestigation services that were available at their agency (Exhibit 5). More than three quarters of directors reported that their agency provided additional services to the family for child care (78.8%), parenting classes (77.7%), child therapy (77.6%), substance abuse (77.6%), marital counseling (77.5%), grief counseling (76.7%), and domestic violence services (75.7%).

Between half and more than two thirds of directors reported that their agency provided advocacy services (73.4%), housing assistance (69.1%), medical exams (68.9%), dental exams

(68.3%), employment (67.4%), transportation (63.6%), financial planning (62.4%), family systems therapy (56.2%), homemaker/chore services (51.1%), and tutoring (49.3%).

Significant differences in the availability of postinvestigation services were reported for families by location of the agency in an urban or rural area and the poverty level of the county. Directors of agencies in counties that have less than 15% of families with children living at or below 100% of the federal poverty line were significantly more likely to report transportation services and homemaker/chore services available for families than directors of agencies in poor counties (transportation services: 80.5% compared to 44.7%; $\chi^2 = 4.1, p = .05$. Homemaker/chore services: 70.0% compared to 30.5%; $\chi^2 = 5.3, p = .02$).

Directors of agencies in urban areas (74.5%) were significantly more likely to report family systems therapy services available for families than directors of agencies in rural counties (38.1%; $\chi^2 = 4.2, p = .04$).

Postreunification Services Provided by the Agency

Agencies may also provide services for those children reunified with their biological families after out-of-home placement. This postreunification period is important for children and families as they reestablish relationships and attachments; postinvestigation services can play a critical role in facilitating a successful transition from out-of-home to in-home placement. Overall, 76.4% of agency directors reported that 60% or more of the reunified children receive aftercare services in their agency. Approximately one in 10 agency directors (9.2%) reported that between a third and a half of children receive aftercare services in their agency after reunification. A slightly higher percentage (14.4%) of agency directors reported that a quarter or less of children receive aftercare services after reunification. Most agencies (89.4%) provide services to reunified families such as day care, respite care, peer support groups, linkages with the health and education systems, and other community-based services. About two thirds of agencies (65.9%) provide material or financial services such as income support, job training, health care coverage, or housing assistance to families after reunification. More than half of agencies (54.0%) provide clinical services to families after reunification such as individual, couples, or family therapy, substance abuse treatment, domestic violence intervention, or crisis intervention.

Subcontracting of Services to Outside Agencies

For many years, privatization in the child welfare system has grown to include significant amounts of family preservation, treatment foster care, and adoption home-finding services. The full extent of privatization in child welfare services, however, varies among states and across agencies. Agency directors reported on several services subcontracted by their agency (Exhibit 6). The most commonly subcontracted services were residential treatment (80.2%), foster care placements (76.6%), family preservation/in-home services (74.3%), family reunification services (67.8%), and adoptive placements (54.3%). Fewer than half of agencies subcontracted services for recruitment for foster care and/or adoption (41.7%) and only a small percentage subcontracted CPS investigation or assessment (16.9%).

Significant differences were reported in services subcontracted by location of the agency in an urban or rural area. Directors of agencies in rural areas (96.1%) were significantly more

likely to report subcontracting residential treatment services than directors of agencies in urban counties (64.4%; $\chi^2 = 7.2, p = .01$). Agencies in urban areas (60.8%) were significantly more likely to report subcontracting recruitment for foster care and/or adoption services than directors of agencies in rural counties (22.4%; $\chi^2 = 5.6, p = .02$).

Policy Environment

Systems of Care, Interagency Collaborations, and Special Initiatives

Multiple agencies may be involved with providing services to families involved with the CWS. One possible key challenge for child welfare agency staff members is collaborating across agencies and coordinating interagency services to best meet the needs of children and families involved with the child welfare system.

The Systems of Care (SOC) approach recognizes that no one agency or system has the resources or expertise to develop a broad response to meet all the needs of families. The SOC concept was originally developed in the mental health field for children with serious emotional disturbances. However, the core SOC concepts are being integrated in the child welfare field (interagency collaboration, child and family partnership, individualized strengths-based care, community-based services and supports, cultural competence, and accountability for results). Agency directors were asked about the policies under which their agency operates and their impact on service delivery. Most directors (84.8%) reported that their county has an SOC currently operating (Exhibit 7).

Agency directors reported on several types of interagency collaborations with service providers and other systems including mental health, drug/alcohol, policy, family courts, juvenile justice, schools and Temporary Assistance for Needy Families (TANF) or other income security agencies (Exhibit 8). In general, most agencies have memorandums of understanding or other formal agreements with mental health services providers (72.1%), drug/alcohol services providers (61.5%), juvenile justice systems (58.2%), and the police (57.1%). Fewer than half of agencies have memorandums of understanding or other formal agreements with schools (42.8%), family courts (38.6%), and TANF or other income security agencies (37.4%).

Cross-training of staff most commonly occurs between child welfare agencies and the police (66.1%), schools (58.9%), juvenile justice systems (50.8%), and family courts (50.4%). However, fewer than half of agencies have cross-training of staff with mental health services providers (46.4%), TANF or other income security agencies (39.4%), and drug/alcohol services providers (35.2%).

Fewer than a third of agency directors reported joint budgeting or resource allocation or the co-location of agencies, except for this type of collaboration with TANF or other income security agencies. Almost two thirds (63.2%) of agency directors reported that TANF or some other income security agency is co-located with their agency, and 48.3% reported that they have joint budgeting or resource allocation with TANF or another income security agency.

A quarter of agencies (25.8%) have no collaboration with family courts, while almost one in five agencies have no collaboration with the school system (15.6%), or with drug/alcohol services providers (15.0%).

About two thirds of agencies (66.8%) were participating in demonstration projects funded by foundation, state, or federally supported grants or initiatives. Specifically, 63.3% of agencies were participating in federal IV-E waiver demonstration projects related to child welfare.

Involvement of Previously Served Families in Agency Operations

Some child welfare agencies involve families they have previously served as partners in agency management. Agency directors were asked about the ways in which their agency involves previously served families.

Almost half of agencies (47.6%) were reported to involve previously served families in their planning/policy-making group; 40.0% of agencies involve families as partners to provide direct informal services to families who currently have cases open (for instance, working as part of a service team), and 33.9% of agencies involve previously served families as partners helping to train child welfare agency staff.

Screenings for Children in Out-of-Home Care

Publications in the field of child maltreatment have detailed the harmful effects of maltreatment on children's physical, neurological, emotional, and social development ([Cicchetti & Toth, 2000](#)). Almost two thirds of children in foster care have been estimated to ever have a special health care need ([Ringeisen, Casanueva, Urato, & Cross, 2008](#)). When the focus is behavioral or emotional concerns, the estimated proportion of foster children with serious mental health care needs is over 40% ([Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004](#); [Ringeisen, Casanueva, Smith, & Dolan, 2011](#)). Screening for physical, mental, and developmental needs of children placed in out-of-home care is an important step in identifying children's service needs to facilitate the provision of services to ameliorate the harmful effects of maltreatment.

Almost all agency directors (98.7%) reported that their agency has mechanisms to ensure that children receive needed health care immediately on entry to the foster care system and that they require a comprehensive physical health examination that addresses both acute and chronic medical conditions for any children entering out-of-home care (99.6%) (Exhibit 9). More than 90% of agencies require a health screening evaluation for any children entering out-of-home care (94.5%) and periodic developmental screening for any children while they are in out-of-home care (91.9%). Most agencies also require an initial developmental assessment for any children under the age of 6 years old (82.1%) and more than half (62.3%) require an initial mental health assessment.

Foster Care Policies

During the last decade several child welfare policy initiatives have focused on foster care practice. Among the major pieces of legislation are the Adoption and Safe Families Act of 1997 (ASFA; P.L. 105-89) and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110-351). ASFA stressed the need to reduce children's time in foster care by requiring states to initiate court proceedings to free a child for adoption once that child had been waiting in foster care for at least 15 of the most recent 22 months; requiring shorter time limits for making decisions about permanent placements; and by opening the field to

promote concurrent planning.³ The Fostering Connections to Success legislation continues this work by aiming to promote permanency and improved outcomes for children in foster care through policy changes that provide support for kinship care and family connections; support for older youth; coordinated health services; improved educational stability and opportunities; incentives and assistance for adoption; and direct access to federal resources for Indian Tribes. Exhibit 10 describes agency foster care practices that are consistent with those practices described in recent federal policies.

More than half (55.0%) of agency directors reported that their agencies always use concurrent planning as part of their foster care policies (Exhibit 10). Most other agency directors (40.1%) reported that their agencies sometimes use concurrent planning. Only a small percentage of agency directors (4.9%) reported that their agency never uses concurrent planning.

Most agencies have a written protocol on the placement of a foster child's siblings into foster care (97.8%). Other policies reported by agency directors intended to promote connections with families included recruiting relatives as foster or adoptive parents (93.9% of agencies), encouraging relatives of caregivers to adopt children (97.9%), and expecting that caregivers who are relatives and who plan to care for a child for a long time will become the child's legal guardian or adoptive parent (97.4%).

For any foster care placement, 93.2% of agencies allow conversions of foster homes into adoptive homes, 88.3% of agencies recruit foster-adopt parents and identify placements as foster-adopt, and 90.4% of agencies recruit adoptive homes for special needs children from among foster parents.

Training Caregivers and Families

Children placed in out-of-home care have often experienced some form of child abuse or neglect and/or other traumatic events and they may display a wide range of behavioral, developmental, social, and educational problems. Caregivers providing care in new placements often receive training to help them successfully prepare for this new role and to help address the needs of those children placed in their care. The following sections present information on the preservice and annual training received by licensed or approved kinship caregivers, unlicensed or unapproved kinship caregivers, foster caregivers, and adoptive parents.

Preservice and Annual Training for Licensed or Approved Kinship Caregivers

Over one third of agency directors (37.6%) reported that their agency provided 4–10 days of preservice training to licensed or approved kinship caregivers. An additional quarter (24.6%) reported that their agency provided 11 or more days of preservice training. About one fifth of agencies (22.5%) provided 1–3 days; 15.4% provided no training or less than 1 day of preservice training.

³ Concurrent planning involves making plans for reunification and adoption at the same time and is expressly allowed by the Adoption and Safe Families Act (ASFA).

Overall, more than two thirds of licensed or approved kinship caregivers were not required to participate in any annual training or less than 3 days of training annually (Exhibit 11).

Preservice and Annual Training for Unlicensed or Unapproved Kinship Caregivers

Only a few agencies required 1 or more days of preservice and annual training for unlicensed or unapproved kinship caregivers.⁴ Thus, 96.3% of agencies required no training or less than a day of preservice training, while 96.8% of agencies required no training or less than a day of annual training (Exhibit 12).

Preservice and Annual Training for Foster Parents

For foster parents, 44.0% of agencies required 11 or more days of preservice training, and 26.3% of agencies required 4–10 days of preservice training. About a fifth (22.1%) required 1–3 days and 7.7% of agencies required no training or less than a day of preservice training for foster parents.

County resources and location impacted agency requirements for foster parent training. Agencies serving poorer counties were significantly more likely to require 11 or more days of preservice training for foster parents than non-poor counties (53.6% versus 35.1%; $\chi^2 = 4.6, p = .04$). Similarly, agencies serving a rural population were significantly more likely to require 11 or more days of preservice training for foster parents than agencies located in urban areas (50.7% versus 37.0%; $\chi^2 = 7.3, p = .008$).

More than half of foster parents (56.8%) were required to take 1–3 days of annual training and about a third were required to take more than 3 days of annual training (16.4% were required to take 4–10 days of annual training and 19.8% were required to take 11 or more days of annual training). Only 7.1% of foster parents were required to participate in no training or training for less than 1 day annually (Exhibit 13).

Preservice Training for Adoptive Parents

For adoptive parents 46.4% of agencies required 11 or more days of preservice training, and 20.8% of agencies required 4–10 days of preservice training. About a fifth (22.9%) of agencies required 1–3 days. Only 9.9% of agencies required no training or less than a day of preservice training for adoptive parents (Exhibit 14).

Parenting Skills Training

After CPS investigations, more than 800,000 families annually receive child welfare services, with half of these families receiving voluntary or mandatory parent training ([NSCAW Research Group, 2003](#)). Thus, parenting skills training is the most common service provided to parents

⁴ A kin caregiver may be a grandparent, aunt or uncle, sibling, or other relative. In order to be licensed, the caregiver needs to be approved by the local child welfare system. Requirements for licensing vary by states, but in general include interviews, participation in preservice training, physical examination of caregivers, criminal background checks, not more than five children in the home, all children must have their own bed, and provision of supervision at all times when the child is at home. Relatives who do not meet foster care licensing standards are identified as *Unlicensed Kinship Caregivers*.

involved with the child welfare system ([Hurlburt, Barth, Leslie, Landsverk, & McCrae, 2007](#)). Research has shown that an evidence-based parenting program would include teaching parents: emotional communication skills, positive parent-child interaction skills, how to respond consistently to their child, the correct use of time-out. Importantly, an evidence-based parenting program requires parents to practice with their child during program sessions ([Kaminski, Valle, Filene, & Boyle, 2008](#)).

Agency directors were asked to report on elements typically included in the parenting training programs their agency provided. Most agency directors (88.7%) reported that their agency's parenting training program included positive discipline techniques, approaches for addressing difficult child behaviors, discussions or feedback on real-life parenting situations, and information about growth and development of children (Exhibit 15).

More than two thirds of agency directors also reported that their agency's parenting program included how to handle stress and anger (86.4%), basic skills for infant care such as feeding, changing, and monitoring (84.4%), improving communication skills (83.7%), help with school-related issues (79.2%), parenting role plays or practice sessions (78.8%), building the parent's self-esteem (77.0%) and improving social skills (70.2%).

For More Information

This report has described NSCAW II agency directors' perspective on the agency's characteristics, staffing, policies, caseload and populations served, and services provided to families. Complementary information on the NSCAW II caseworkers may be found in the *NSCAW II Baseline Report: Caseworker Characteristics, Child Welfare Services, and Experiences of Children Placed in Out-of-Home Care*. In addition, other reports from NSCAW II can be found at: http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw/index.html .

EXHIBITS

Exhibit 1. Organization of Child Welfare Agencies

Agency characteristics	Total N	%	SE
Who is responsible for appointing the director of the local child welfare administrative unit?	79		
State administrator	49	73.3	7.7
County commissioners such as an elected board	25	22.3	7.6
County children's services board (appointed)	5	4.4	2.4
County government control over how funding is spent	86		
Substantial control	33	32.0	8.1
Very little or no control	53	68.0	8.1
Community board to provide input to the agency	86		
Yes	58	69.9	7.5
No	28	30.1	7.5
Citizen review board to review agency practice	86		
Yes	52	53.6	8.8
No	34	46.4	8.8
Organizational position of local child welfare system agency	87		
Freestanding	26	20.5	7.4
Unit within a larger agency	61	79.5	7.4
Number of filled full-time equivalent positions	84		
Under 25	11	35.7	9.2
25–49	11	20.9	6.7
50–249	16	22.0	7.4
250–999	28	14.9	4.7
1,000 or more	18	6.5	3.8
Annual turnover rate	79		
Less than 10%	32	43.3	9.2
10%–19%	29	31.3	8.4
20%–49%	14	13.1	5.4
50% or more	4	12.3	6.5
Decreased funding due to reductions in county or state-level spending	87		
Yes	66	72.9	7.4
No	21	27.1	7.4
Loss of staff due to reductions in county or state-level spending	85		
Yes	49	47.6	8.8
No	36	52.5	8.8
Urbanicity	87		
Urban	69	50.3	8.8
Rural	18	49.7	8.8
Poor county	87		
Yes	41	47.2	8.9
No	46	52.8	8.9

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 2. Agency's Director Characteristics

Director characteristics	Total <i>N</i>	%	<i>SE</i>
Gender	87		
Male	23	27.6	8.2
Female	64	72.4	8.2
Race/ethnicity	87		
Black	16	17.5	6.0
White	59	71.6	7.4
Hispanic	8	10.6	5.2
Other	4	0.3	0.2
Years in position	73		
1–3	29	19.5	8.2
4–5	22	33.4	8.3
More than 5	22	47.2	9.8
Highest degree earned	87		
Bachelor's	20	36.2	8.3
Master's	65	63.5	8.3
Graduate or professional	2	0.3	0.2
Degree in social work	84		
Yes	46	36.1	7.9
No	38	63.9	7.9

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories.

Exhibit 3. Risk Assessment Approaches and Standardized Tools Used During Investigation

Instrument or tool	Total N	% Yes	SE
Guidelines for establishing safety or risk (no assignment of numerical value)	87	79.7	6.9
Structured decision-making model (point total related to safety or risk)	86	72.0	7.9
Risk assessment (assigns numerical value to each factor without calculating a point total)	87	54.1	8.9
Safety assessment (assigns numerical value to each factor without calculating a point total)	87	52.7	8.8
Standardized child development inventory	87	45.1	8.7
Standardized parenting skills assessment	87	44.4	9.1
Standardized domestic violence assessment	87	40.1	8.8
Standardized substance abuse assessment	86	39.1	8.5
Standardized family support or connections assessment	85	38.0	8.6
Standardized mental health assessment for parents	87	33.7	8.8

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 4. Availability of Services to Families

Type of service	<i>N</i>	How available are services to families? Generally adequate/ adequate/very adequate	
		%	<i>SE</i>
Physical health care for children	84	91.4	5.9
Mental health services for children	87	71.4	7.6
Mental health services for adults	87	62.9	8.7
Substance abuse treatment for children	87	44.5	8.8
Substance abuse treatment for adults	87	76.7	7.3
Academic assistance for children	87	79.3	6.8

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 5. Postinvestigation Services Provided by Agency

Service available after investigation	Total N	%	SE
Child care	86	78.8	7.9
Parenting classes	87	77.7	7.9
Child therapy	86	77.6	7.9
Substance abuse services	86	77.6	7.9
Marital counseling	86	77.5	7.9
Grief counseling	86	76.8	7.9
Domestic violence services	87	75.7	8.3
Advocacy services	86	73.4	8.2
Housing assistance	86	69.1	8.3
Medical exam	85	68.9	8.4
Dental exam	85	68.3	8.4
Employment services	86	67.4	8.5
Transportation	86	63.6	9.0
Financial planning	85	62.4	8.7
Family systems therapy	85	56.2	9.1
Homemaker/chore services	84	51.1	9.0
Tutoring	85	49.3	8.7

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 6. Subcontracting Services to Outside Agencies

Type of service subcontracted	Total <i>N</i>	%	<i>SE</i>
Residential treatment	86	80.2	6.5
Foster care placements	86	76.6	8.0
Family preservation/in-home	86	74.3	7.5
Family reunification	86	67.8	7.9
Adoptive placements	85	54.3	9.1
Recruitment for foster care and/or adoption	86	41.7	8.4
CPS investigation or assessment	86	16.9	6.2

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text). CPS = child protective services.

Exhibit 7. Policy Environment

Policy characteristic	Total N	%	SE
System of care currently operating in county	84	84.8	6.6
Agency participates in any other demonstration projects funded by foundation, state, or federally supported grants or initiatives	86	66.8	8.7
Agency participates in any federal IV-E (waiver demonstration projects)	83	63.3	8.4
Agency currently operates under one or more active consent decrees (class action suit or court order related to child welfare)	85	19.0	6.1

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 8. Interagency Collaborations

Type of provider	Type of interagency collaboration														
	Memorandum of understanding or other formal agreement			Cross-training of staff			Join budgeting or resource allocation			Agency is colocated			No collaboration		
	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>	<i>N</i>	%	<i>SE</i>
Mental health	86	72.1	7.4	87	46.4	8.6	87	30.6	7.7	87	19.1	6.9	87	4.3	2.3
Drug/alcohol services	86	61.5	8.3	87	35.2	7.9	87	26.6	7.2	87	26.6	8.0	87	15.0	5.9
Police	86	57.1	8.7	87	66.1	8.2	87	4.5	3.3	87	17.8	6.9	87	7.6	3.7
Family courts	86	38.6	8.5	86	50.4	8.7	86	7.9	4.4	86	4.6	2.8	86	25.8	7.3
Juvenile justice system	86	58.2	8.6	87	50.8	8.6	87	29.7	7.8	87	13.8	5.1	87	10.3	4.9
Schools	86	42.8	8.8	87	58.9	8.5	87	10.8	6.0	87	6.3	3.4	87	15.6	5.9
TANF or other income security agency	85	37.4	8.4	85	39.4	8.8	85	48.3	9.1	85	63.2	7.7	85	4.9	2.5

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* *vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text). TANF = Temporary Assistance for Needy Families.

Exhibit 9. Screenings for Children in Out-of-Home Care

Screening and health care written policy	<i>N</i>	%	<i>SE</i>
Agency has mechanisms to ensure that children receive needed health care immediately on entry to the child welfare system	87	98.7	1.1
Agency requires periodic developmental screening for any children while in out-of-home care	86	91.9	4.2
Agency requires a health screening evaluation for any children entering out-of-home care	87	94.5	4.7
Agency requires comprehensive physical health examination for any children entering out-of-home care that addresses both acute and chronic medical conditions	87	99.6	0.4
Agency requires an initial mental health assessment	86	62.3	8.5
Agency requires an initial developmental assessment for any children under the age of 6 years old	76	82.1	6.3

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 10. Foster Care Policies

Foster care policy	Total N	%	SE
Use of concurrent planning	87		
Always	55	55.0	8.9
Sometimes	31	40.1	8.7
Never	1	4.9	4.8
Agency has a written protocol on the placement of a foster child's siblings into foster care	87	97.8	1.4
Agency recruits adoptive homes for special needs children from among foster parents	85	90.4	4.9
Agency recruits foster-adopt parents and identify placements as foster-adopt	87	88.3	5.4
Agency allows conversions of foster homes into adoptive homes	87	93.2	4.0
Agency recruits relatives as foster or adoptive parents	86	93.9	2.9
Agency encourages relatives of caregivers to adopt children	87	97.9	1.4
Agency expects that caregivers who are relatives and who plan to care for a child for a long time will become child's legal guardian or adoptive parent	87	97.4	1.9

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 11. Required Preservice and Annual Training Days for Licensed or Approved Kinship Caregivers

Type of training	None or less than 1 day		1–3 days		4–10 days		11 or more days	
	%	SE	%	SE	%	SE	%	SE
Days of preservice training required	15.4	4.8	22.5	8.3	37.6	8.5	24.6	7.4
Days of annual training required	27.6	8.1	41.1	8.7	17.0	6.7	14.3	7.1

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 12. Required Preservice and Annual Training Days for Unlicensed or Unapproved Kinship Caregivers

Type of training	None or less than 1 day		1–3 days		4–10 days		11 or more days	
	%	SE	%	SE	%	SE	%	SE
Days of preservice training required	96.3	3.0	0.5	0.4	3.1	2.9	0.1	0.0
Days of annual training required	96.8	3.0	3.2	3.0	0.1	0.0	—	—

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 13. Required Preservice and Annual Training Days for Foster Parents

Type of training	None or less than 1 day		1–3 days		4–10 days		11 or more days	
	%	SE	%	SE	%	SE	%	SE
Days of preservice training required	7.7	5.9	22.1	7.5	26.3	7.2	44.0	8.8
Days of annual training required	7.1	4.5	56.8	8.8	16.4	6.6	19.8	7.4

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 14. Required Preservice Training Days for Adoptive Parents

Type of training	None or less than 1 day		1–3 days		4–10 days		11 or more days	
	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>	%	<i>SE</i>
Days of preservice training required	9.9	6.3	22.9	7.7	20.8	7.3	46.4	9.0

Note: All analyses were on weighted NSCAW II baseline data; *N*s are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *N*s vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

Exhibit 15. Parenting Skills Training

Elements included in parenting skills program	Total N	%	SE
Positive discipline techniques	79	88.7	5.7
Approaches for addressing difficult child behaviors	79	88.7	5.7
Discussion or feedback on real-life parenting situations	79	88.7	5.7
Growth and development of children	79	88.7	5.7
How to handle stress and anger	79	86.4	6.0
Basic skills for infant care such as feeding, changing, and monitoring	79	84.4	6.6
Improving communication skills	79	83.7	7.0
Help with school-related issues	79	79.2	7.2
Parenting role plays or practice sessions	77	78.8	7.6
Building the parent's self-esteem	78	77.0	7.9
Improving social skills	79	70.2	9.2

Note: All analyses were on weighted NSCAW II baseline data; *Ns* are unweighted and, therefore, direct percentages cannot be calculated by hand. Reported *Ns* vary slightly across analyses because of missing data in some variable categories. Pearson χ^2 tests for cluster samples were used for significance tests with two covariates: urbanicity and county poverty level (any significant finding is reported in the text).

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APPENDIX

Derived Variables. Following is a descriptive list of the variables derived for the NSCAW II Baseline Local Agency Report.

- **County Poverty Level.** Counties were classified as poor if more than 15% of families with children in the county were living at or below 100% of the federal poverty line. Information on the percentage of families at or below 100% of the federal poverty line for each county was based on Census data.
- **Race/ethnicity.** Directors were first asked about their ethnicity (“Are you Spanish, Hispanic or Latino?”). Then directors were asked: “What is your race? You may pick one or more groups from the card.” Responses were: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, and White. If directors answered “Yes” to the Spanish/Hispanic/Latino question, the race/ethnicity was classified as Hispanic. Otherwise, the race/ethnicity was coded depending on the answer to the second question. Categories American Indian, Asian, and Native Hawaiian/Pacific Islander were re-coded as “Other.” When more than one race was reported by a respondent, the rarest race (of five categories) was assigned, based on 1990 U.S. Census data. The race order (from least to most common) was: American Indian/Alaskan Native < Asian/Native Hawaiian/other Pacific Islander < Black/African American < White < Other.
- **Urbanicity.** Counties were classified as rural or urban based on 2000 Census data. If more than half the total population in the county was urban in 2000, then the county was classified as such; otherwise it was classified as rural.