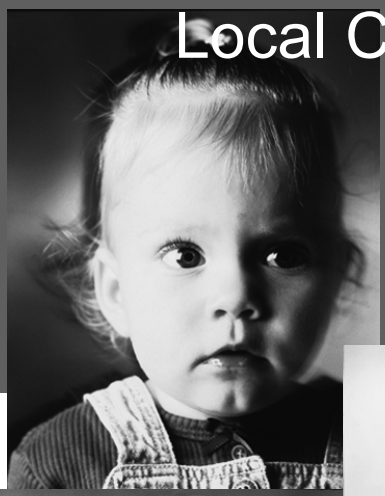
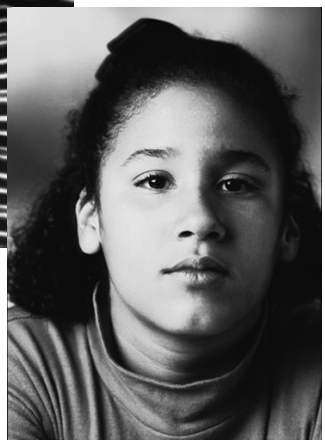
National Survey of Child and Adolescent Well-Being (NSCAW)

Local Child Welfare Agency Survey: Report





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EXECUTIVE SUMMARY

To learn what happens to the children and families who come in contact with the child welfare system, the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families. This study, authorized under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA),[1] also will provide information about crucial program, policy, and practice issues of concern to the Federal government, state and local governments, and child welfare agencies. This is the first such study to relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors.

NSCAW is gathering information associated with 6,100 children from public child welfare agencies in a stratified random sample of 92 localities across the United States.[2] This report provides the first national look at the characteristics of child welfare services (CWS) as described by child welfare services managers. The Local Agency Survey was conducted during the opening wave of data collection for NSCAW and offers the field a picture of the way child welfare services operated during 1999-2000.

The information was collected from local child welfare administrators in two stages. Field staff assigned to each primary sampling unit (PSU) interviewed child welfare agency directors (Local Agency Directors Interview, see Appendix A). At the end of that interview, directors were asked to complete the Self-Administered Questionnaire (see Appendix B), which included questions focusing on staff resources, foster care resources, and service activities for the most recent fiscal year.[3]

Child Welfare Services Agency Structure

The majority of child welfare agencies (about two-thirds) are units within larger agencies rather than freestanding units. Child welfare agencies are highly collaborative, having

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[1] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

[2] For a detailed description of NSCAW, see the NSCAW Research Group, Methodological Lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*, in press.

[3] The fiscal year was generally 1999, although some were completed in 1998.

organizational linkages to Temporary Assistance to Needy Families (TANF) services in almost all counties and to substance abuse treatment, mental health, and juvenile justice services in about 40% of the counties. Local agency directors reported, about two-thirds of the time, that they had substantial control over how child welfare dollars were spent in their agency.

Service Delivery Mechanisms

Child welfare services are undergoing substantial change—about 40% of agencies had developed new initiatives in the past 12 months, including specialized units of service, multidisciplinary teams, additional community-based branch offices, and concurrent planning mechanisms.

Implementing recent federal child welfare reforms under the Adoption and Safe Families Act (ASFA) of 1997 resulted in central changes. For about 60% of agencies, ASFA led to a greater emphasis on safety and, for almost all, shortened time frames for decision making. For between 53% and 88% of agencies, ASFA increased the emphasis on adoption for children living in kinship foster care. An estimated 28% of agencies (with an upper bound of 53%) indicated that they would increase the number of families who would not get reunification services. There was uniform agreement that agency regulations and paperwork had increased and general agreement that the number of hours spent per case had increased with no corresponding decrease in the number of cases.

Effects of the Multiethnic Placement Act (MEPA) of 1996 were much less evident in these data. Although an estimated 29% had increased training, 77% identified no increase in the proportion of transracial foster care or adoption placements. Only 8% of agencies, generally those in large urban areas, saw the creation of new recruitment resources.

Staffing and Training

Agencies most often require a college education for their child welfare services investigators, although about 10% of the agencies had no degree requirement for workers who were not CWS investigators. The vast majority of agencies required new workers to have four or more days of pre-service training, but at least one-quarter (and possibly as high as three-quarters) of the agencies required more than two working weeks of pre-service training. Annual in-service training requirements were typically less than one day (51%) or none at all (20%).

State and local funding for child welfare services have grown considerably in recent decades, but the agencies do not report large growth during the year prior to the interviews. An element of child welfare services staffing has to do with the use of staff

from other agencies to provide child welfare services. Family preservation/in-home services were the most commonly referred subcontracted service: between one-third and three-quarters of agencies subcontracted them. Residential treatment was also commonly provided by subcontractors. Family reunification services and conventional foster care were far less likely, and investigations services were almost never contracted out.

Service Dynamics and Special Initiatives

Agencies indicated about five times as many reports of abuse and neglect for children in poverty as for those not in poverty. About two-thirds of reports were referred for investigation. About 1 child per every 100 received family support or preservation services, although this rate was considerably higher among poor families.

Foster care expenditures accounted for almost half (45%) of all child welfare expenditures, with an average out-of-home placement cost of $7,283 (not including the child welfare worker or administration time). Voluntary placement of children is a rarely used service strategy—less than 1% of children who were investigated for child abuse and neglect later received a voluntary placement.

Configuration of Child Welfare Services According to Service Context

The study contrasts characteristics of child welfare agencies in large vs. other counties, poorer vs. nonpoor counties, urban vs. nonurban counties, and state- vs. county-administered child welfare programs.

Large vs. Other Counties

Large counties appeared to differ substantially from small counties regarding the delivery of child welfare services, employing a significantly higher proportion of direct service workers, compared to CPS workers, than did other counties. Subcontracting for some of those direct services—especially family reunification services—was also more common in large counties.

Poor vs. Nonpoor Counties

Nonpoor counties had a significantly greater—about four times higher—average per-child child welfare expenditure ($10,739) than did poor counties ($2,689). They also had higher expenditures of CPS dollars relative to the total number of children investigated. In poor counties, a higher rate of reports were investigated, but a lower proportion of families received family preservation services. Poorer counties also had lower adoption rates. A key finding of this study was the disparity between service delivery associated with the wealth of counties.

Yet poor counties provided more training for their new child welfare workers: the great

majority of agencies serving poorer counties required two weeks or more of pre-service training, whereas less than half of agencies serving nonpoor counties required that much training. (This could be partially attributable to the greater Federal participation in training, which makes it more affordable than service provision for poor counties.)

Urban vs. Nonurban Counties

Urban counties, in general, are reorganizing their services more rapidly than nonurban counties. Concerns about over- or under-representation of minority children were associated with county size and urbanicity: large counties and urban counties were significantly more likely than others to have such concerns. Yet, urban counties did have higher adoption rates than other counties, partially because they were much more likely to have developed specialized recruitment resources. Further, rural counties were more likely than urban ones to have *no* changes in agency services as a result of MEPA and Interethnic Placement Provisions (IEP). ASFA may help to even out these differences, as there is strong evidence that rural counties were more likely than urban ones to have increased their emphasis on adoption—especially of children in kinship foster care.

Subcontracting for services is much more common in urban areas. This includes a greater likelihood of contracting services for family reunification, private foster care, residential treatment, and adoptive recruitment and placement. Urban counties also had a lower proportion of authorized CPS positions (which includes filled and open positions) than did nonurban counties.

State- vs. County-Administered Agencies

State-administered child welfare systems appear to have a more structured approach to risk assessment, licensing of kinship homes, and training of child welfare workers and caregivers. State-administered, rather than county-administered, agencies appeared more likely to require the use of a structured risk assessment approach when deciding whether a case was substantiated and whether to reunify a child once placed. State-administered agencies were far more likely than county-administered agencies to require licensing for all foster care placements and to provide a foster care payment to relatives. On the other hand, proportionately more foster care homes from county-administered agencies received specialized (higher) payments than did foster care homes from state-administered agencies. There is also evidence that county-administered agencies provided more training and supervision for their child welfare workers.

State-administered agencies were more likely than county-administered ones to have concerns about representation of minority children. Accordingly, participation in special training initiatives to address over- or under-representation of minority children was more likely in state-administered agencies. These agencies also had a higher rate of adoption than did county-administered systems. This finding is consonant with the evidence that state-administered agencies were more likely than county-administered ones to have an

increased number of families who would not get reunification services after ASFA. Another contributing factor could be the significantly greater likelihood of increased adoption resources in state-administered agencies. Lastly, there is also evidence that state-administered agencies were more likely to have changed their adoption activities following the passage of the MEPA and IEP.

State-administered agencies were more likely than county-administered agencies to subcontract recruitment services for foster homes and adoptive homes but were otherwise no more or less likely to subcontract with private agencies for services. County-administered agencies had a significantly higher ratio of CPS dollars spent relative to the total number of children investigated than did state-administered agencies.

Taken together, the PSUs that are in state-administered systems are less poor and more urban, are providing more services (rather than just investigations of child abuse and neglect), and are generating additional service innovations in response to changing child welfare policy and performance demands.

1. INTRODUCTION

1.1 Background

To learn what happens to the children and families who come in contact with the child welfare system, the Children's Bureau of the Administration on Children, Youth and Families, U.S. Department of Health and Human Services, has undertaken the National Survey of Child and Adolescent Well-Being (NSCAW). The first national longitudinal study of its kind, NSCAW is examining the characteristics, needs, experiences, and outcomes for these children and families. This study, authorized under the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA),[1] also will provide information about crucial program, policy, and practice issues of concern to the Federal government, state and local governments, and child welfare agencies. This is the first such study to relate child and family well-being to family characteristics, experience with the child welfare system, community environment, and other factors.

NSCAW is gathering information associated with 6,100 children from public child welfare agencies in a stratified random sample of 92 localities across the United States. [2]

1.2 Purpose

Although NSCAW's primary focus is the collection of child-level information directly from children, families, caregivers, caseworkers, and teachers on children's functioning, well-being, services, and outcomes, this study has also collected data from administrators in local and state child welfare agencies. These data from agencies provide a current snapshot, from the administrators' point of view, of how child welfare services are organized and delivered and give context to and inform the child- and family-level data being collected.

1.3 Overview

This report presents information obtained from *local-level* child welfare administrators, who were asked about a number of factors—such as staffing and training, caseload, budget, changes in policy and legislation, client characteristics, and so on—affecting the

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[1] Personal Responsibility and Work Opportunity Reconciliation Act of 1996, Sec. 429A, National Random Sample Study of Child Welfare (PL No. 104-193).

[2] For a detailed description of NSCAW, see the NSCAW Research Group, Methodological Lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*, in press.

delivery of child welfare services. Although the main case-level study will have substantial information on child welfare worker and caregiver characteristics related to individual children in the study, the interviews described in this report provide an opportunity to learn about issues at the local agency level that influence child welfare services and outcomes.

The Local Agency Survey (LAS) was conducted during the first wave of data collection for NSCAW and offers the field a picture of the way child welfare services operated during 1999-2000.

1.4 Organization of the Report

Along with the general overview of survey design and data sources, with a particular emphasis on the selection of child welfare agencies, the Data Collection Methods subsection also outlines the methods used to analyze the data from the LAS.

The results of this study—presented in Section 2—are organized into six general subsections:

- Child welfare system and child welfare agencies
- Staffing and training
- Services and service dynamics
- Client characteristics and caseload dynamics
- Budget and expenditures of child welfare agencies
- Changes in child welfare services

The report also includes a discussion of the implications of the local agency findings for child-level NSCAW analysis and for the field.

1.5 Data Collection Methods

1.5.1 Sample Design

The NSCAW was a two-stage stratified sample design. At the first stage, the United States was divided into nine sampling strata, consisting of the eight states with the largest child welfare caseloads and the remainder of the United States. Primary sampling units (PSUs) were selected within each of the nine strata. These PSUs were defined as geographic areas that encompass the population served by a child protective services (CPS) agency. In most cases, these areas comprise a county or a group of counties. However, in larger metropolitan areas, smaller geographic areas were defined to facilitate sampling and data collection. These PSUs were chosen using a probability-proportionate-to-size procedure so that any child who was investigated for child abuse

and neglect would be included in the sample with equal probabilities (within strata and second-stage strata). Details of the sample design and construction of PSUs are documented in previous reports (Biemer, Liu, Iannacchione, Byron, & Cano, 1998) and papers (The NSCAW Research Group, in press). The NSCAW sample was designed to maximize precision of estimates related to children. However, data were also collected from local agencies, and for the LAS analysis, the selection of PSUs is the most relevant.

The information was collected from local child welfare administrators in two stages. Field staff assigned to each PSU—who were concurrently interviewing children, their caregivers, and their caseworkers—interviewed child welfare agency managers using the Local Agency Directors Interview (LADI, see Appendix A). At the end of that interview, directors were asked to complete the Self-Administered Questionnaire (SAQ, see Appendix B), which included questions focusing on staff resources, foster care resources, and service activities for the most recent fiscal year.[3] The LAS and LADI were first pilot tested with administrators from a small convenience sample of PSUs, and revisions were made based on participant feedback. Revised instruments and procedures were developed.

The LADIs with child welfare managers, on average, took 44 minutes to complete. The child welfare directors were then asked to take the LASs with them to be completed and returned to the field representative (FR) within two weeks. During pilot testing, the researchers had learned that completion of many of the items about caseload and financing would require input from administrative databases and other agency staff (e.g., personnel managers or fiscal officers), which led to a decision to split the instrument. The completion of these SAQs took longer than the researchers had anticipated: an average of 6 hours, 43 minutes (even so, many items were not completed).

To improve data quality, the FR conducted a brief edit check of the completed SAQ administered questionnaire when it was picked up from the agency director to ensure that all required items had been completed. The FRs encouraged the agency directors to provide any missing data or to explain why information could not be provided. No effort was made to corroborate self-reports with publicly available administrative information.

Ultimately, LASs and LADIs were collected from administrators representing 92 PSUs involved in the overall NSCAW study. 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. So, although the study researchers interviewed child welfare agency directors from both very small and very large counties, they did not weight their answers equally in the final

[3] The fiscal year was generally 1999, although some were completed in 1998.

analysis, because their responses described child welfare agency characteristics representing very different numbers of children, foster parents, and child welfare workers. PSUs were weighted in proportion to their size to capture the characteristics of the nation's child welfare services agencies.

There were a few exceptions to the weighting process. In PSUs in which more than one agency was administered the questionnaire—for example, when the local agencies were so small that two of them were needed to make up a single PSU—the PSU weight was divided proportionately among the agencies. In one state, the state agency responded singly to describe more than one PSU, so the weight associated with that respondent is the aggregate of the two PSUs. In larger cities with multiple PSUs, the agency weight is the aggregate of the corresponding PSU weights.

All but one PSU were ultimately described by respondents. To adjust the agency-level weights to account for nonresponse, the researchers conducted a simple ratio adjustment in which the weights of the respondents were prorated such that the total for the adjusted responding agency weights equals the total of all the agency-level weights. This allows for unbiased estimates of the characteristics of the nation's child welfare agencies.

1.5.2 Approach to Data Analyses

NSCAW is primarily focused on children and families in the child welfare system; thus, the design was driven mainly by precision and accuracy objectives for estimates of child- and family-level characteristics. The sampling scheme used for selecting agencies for the study, therefore, is ill suited for making inferences about all child welfare agencies. For example, there are more than 3,000 U.S. counties with child welfare agencies, and the data in this report are based upon a random sample of only 92 agencies.

In addition, the agencies in this analysis were selected by a sampling process that gave greater probability to selecting agencies in larger counties than in smaller ones. To account for the unequal probability sampling of agencies, the data in the report must be weighted by the inverse of the sample inclusion probabilities. This weighting process, although necessary for valid inferences, can increase the standard errors of the estimates in some situations. To account for the stratified, clustered sample design used for the local agency sample, Research Triangle Institute's SUDAAN software (Shah, Barnwell, and Bieler, 1997) was used to produce the weighted estimates, standard errors, t-tests, and chi-square tests of significance. The endpoints of the 95% confidence intervals were computed using the logit transformation of the proportion, because the symmetric interval based on the normal distribution sometimes gave negative values for the lower limits of the confidence intervals.

With such a small effective sample size, the power of tests of hypotheses to detect differences by type of county is quite limited. To increase the power of the analysis while still maintaining an acceptable significance level for the tests, the study researchers devised an analytical approach that would allow the identification of differences that they believed would be significant had a larger sample size or effective sample size been achieved.

A structured set of procedures was used to ensure that the data analyses addressed the most important questions with the greatest certainty about the answers. The design of this study, especially the modest-sized sample and weighted data, required careful data analysis and interpretation. During a detailed data analysis planning process prior to the completion of data collection, the researchers identified the following key issues and then limited the analyses to the comparisons they considered most important.

Overall descriptions of the self-reported characteristics of child welfare agencies are first described and then compared on state vs. county administration, county size, poverty level of the county, and urban or rural character of the county. "Administration" was defined as either a county- or state-administered child welfare agency. Agencies that identified themselves as having other types of administration (n=3) were not included in the analyses involving administration type. County size was defined as (a) *small*, under 5,000 children; (b) *medium*, 5,000 to 24,999 children; or (c) *large*, 25,000 children or more. Due to the small sample size, small- and medium-size counties were later combined into a group called *other* (32% of PSUs) for comparison with large counties (68% of PSUs). Poverty level was defined as either (a) *nonpoor*, 5% or less of county families with children living below the 50% poverty level (49% of PSUs); or (b) *poor*, more than 5% of county families with children living below the 50% poverty level (51% of PSUs). Consistent with U.S. Census Bureau definitions, *urban* was defined as greater than 50% of the population living in an urban area (73% of PSUs), whereas *rural* (27% of PSUs) was defined as all areas that did not meet this requirement (see Appendix C for a table describing these breakdowns and weighted percentages). The researchers tested for relationships between these PSU characteristics (e.g., are state-administered PSUs more likely to be classified as urban and poor?) and found only one significant association between these PSU characteristics (urban rural x county size are strongly associated, $p < .001$). All analyses were completed twice—first unweighted and then weighted. The unweighted data were used on rare occasions to confirm findings of marginal differences in weighted data—all analyses included in this report were done with weighted data.

Because the researchers sought to explore a variety of possible relationships that had never been studied, they did not want to unduly restrict their search for relationships and ran a substantial number of analyses. For that reason, they decided against using the more inclusive significance level of $p < .10$, commonly used in preliminary studies, because

this would result in too many false positive findings to allow for confident interpretation. Instead, they chose the following terminology in writing about the results:

- They describe *some indication* of difference between the populations when weighted analyses find the probability of difference to be $.05 < p <. 10$ *and* when the unweighted difference is significant in the same direction and the finding is theoretically plausible.

- They describe that there was *some evidence* of difference when the probability of difference is $.01 < p < .05$ in the weighted analysis (they do not call this a "significant" difference because of the inflation of the alpha levels due to the many tests that were run).

- They note a *significant* difference (or *stronger evidence* of difference) only when the p value is at .01 or less.[4]

Based only on the percentages, some of the differences between groups appear large, even though there is no indication of difference. The tables include confidence intervals or standard errors, which are often large. These indicate the reason that the researchers often lack confidence that the groups are really different. When the confidence intervals overlap, it means that the experiences of the groups being tested may also overlap and may not be as distinct as the percentages (or means) initially suggest. This occurs because this study includes a relatively small sample of counties. Although the NSCAW sample was not designed to maximize the power for agency comparison, *when the report does indicate significant differences or strong evidence of differences, there is good reason to have confidence in those assertions.*

[4] See Appendix D for a stand-alone description of considerations and terminology regarding the interpretation of statistical tests.

2. FINDINGS

2.1 The Child Welfare System and Child Welfare Agencies

In every community, child welfare agencies try to ensure safety and promote permanency and well-being for abused and neglected children. Such services, however, are not uniform, and different types of child welfare organizations exist. A more precise organization and program context is critical to understanding the achievement of child-level outcomes (Glisson & Hemmelgarn, 1998). For example, public and private agencies historically have worked together to provide child welfare services. Such factors may affect child outcomes and thus are important to study.

2.1.1 Organization of Child Welfare Agencies

A relevant organizational factor is the amount of local control exercised by the child welfare agency. The weighted results indicate that roughly one-quarter (27%) of the directors of local child welfare administrative units were appointed by a state administrator, whereas about one-third (33%) were decided upon by an elected county board (see Table 2-1). Roughly another one-third (34%) were appointed by some entity other than a state administrator, county executive, elected county board, or appointed county board. There is some evidence that appointment by county-elected officials was more likely for county-administered agencies (69%) than for state-administered agencies (2%) and that appointment by some entity other than those mentioned was more likely for state-administered agencies (57%) than for county-administered agencies

Table 2-1. Responsibility for local child welfare agency (%)

Who is responsible for appointing the director of the local child welfare administrative unit?	Percent (CI Limits)
State administrator	27 (-15, +22)
County executive	1 (-1, +5)
Elected county board	33 (-22, +33)
Appointed county board	5 (-4, +17)
Other	34 (-18, +24)

(4%) (x^2 = 10.3, p = .04). No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

The researchers estimate that in almost two-thirds (65%) of the nation's counties, the county government had "substantial control" over decisions about how child welfare services funding was spent, but in a substantial minority (32%), county government had "very little or no control" (see Table 2-2). Differences do not appear to be significantly related to county size, degree of urbanicity, relative proportion of poor families, or whether the agency was county or state administered.

Table 2-2. Local control over CWS spending (%)

Local control over how funding is spent	Percent (CI Limits)
Almost complete	3 (-2, +12)
Substantial	65 (-23, +17)
Very little or none	32 (-16, +22)

The majority (65%) of child welfare agencies were units within larger agencies rather than freestanding entities (see Table 2-3). There is some evidence that child welfare agencies within state-administered systems (97%) were more likely than agencies within county-administered systems (30%) to be part of a larger agency (x^2 = 4.79, p = .03). No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

Table 2-3. Organizational position of local CWS agency (%)

Description of agency	Percent (CI Limits)
Freestanding	35 (-22, +31)
Unit within larger agency	65 (-31, +22)

In terms of other services provided by the larger agency, income maintenance/Temporary Assistance for Needy Families (TANF) appears to be the most commonly provided service (92%), with substance abuse treatment (46%), mental health (42%), juvenile justice (41%), and public health (20%) endorsed less frequently (see Table 2-4). Almost two-thirds (65%) of child welfare systems have been integrated into omnibus human services agencies. This is a noteworthy finding, because many have argued that greater integration of services would result in better outcomes for children and families. The trend seems to have accelerated recently, at least for the agencies in this sample, with nearly as many agencies beginning this practice in the 1990s as had been integrated into

Table 2-4. Organizational integration of local CWS with other services (%)

Services contained within the larger agency	Percent yes (CI Limits)
Substance abuse treatment	46 (-26, +28)
Mental health	42 (-25, +31)
Public health	20 (-12, +22)
Income maintenance/TANF	92 (-14, +5)
Juvenile justice services	41 (-22, +27)
Integrated into omnibus human services agency	73 (-27, +17)

an omnibus agency in the previous four decades. No differences were noted for any of these variables with regard to county size, degree of urbanicity, relative proportion of poor families, or whether the agency was county or state administered.

There are other indications of changes in organizational structure designed to improve service integration. For example, 40% of respondents indicated that their agencies had developed one of the following in the past 12 months: specialized units, blended teams, or community-based offices. There is some evidence that state-administered agencies (63%) were more likely to have developed a specialized unit than were county-administered agencies (16%) ($x^2 = 4.05$, $p < .05$). There is some indication that such changes were also associated with county size, with large counties (67%) being more likely than others (35%) to have developed specialized units, blended teams, or community-based offices ($x^2 = 3.64$, $p = .06$). No differences were noted with regard to degree of urbanicity or relative proportion of poor families.

2.1.2 Provision and Delivery of Child Welfare Services

Service integration is but one of many contemporary child welfare innovations or efforts to restructure child welfare services (see Table 2-5). Such innovations as neighborhood-based services or specialized service units may have a substantial influence on the character and effects of child welfare services.

Table 2-5. Recent innovations and reorganization

Types of innovations/ restructuring efforts	Percent yes (CI Limits)
Regionalizing agency services	50 (-31, +32)
Changing casework practice	15 (-11, +26)
Offering neighborhood services/opening satellite offices	36 (-23, +31)
Creating specialized service units	59 (-39, +30)
Creating multidisciplinary or agency teams with TANF	35 (-21, +30)

The most commonly implemented innovation was the creation of specialized service units (59%). Other common efforts to restructure included regionalizing agency services (50%), offering neighborhood services or opening satellite offices (36%), and creating multidisciplinary or agency teams with TANF (35%). Only a small minority (15%) appears to have changed casework practice so that only one caseworker was assigned to a case from beginning to end. The mean number of innovations implemented was 2 (out of 5 listed in the questionnaire).

The creation of multidisciplinary or agency teams with TANF and the development of neighborhood services or opening satellite offices appear to be the most recent efforts to restructure services; regionalization of services and creation of specialized service units seem to be older strategies, with increasing numbers of agencies gradually implementing them over the past three to four decades.

There is some evidence that state-administered agencies (65%) were more likely to have begun offering neighborhood services or opened satellite offices than were county-administered agencies (6%) ($x^2 = 4.06$, $p < .05$). There is also some evidence that urban counties (73%) were more likely than rural ones (28%) to offer such services ($x^2 = 3.93$, $p = .05$). Finally, it appears that urban counties (73%) were more likely than rural counties (27%) to have created multidisciplinary teams with TANF ($x^2 = 4.23$, $p = .04$). No differences were noted with regard to county size or relative proportion of poor families.

The majority (87%) of agencies has already implemented concurrent planning (see Table 2-6)—which involves making plans for reunification and adoption at the same time and is expressly allowed by the Adoption and Safe Families Act (ASFA). There is some evidence that large counties (70%) were less likely to have completed implementation of

Table 2-6. Status of concurrent planning (%)

Concurrent planning in agency	Percent (CI Limits)
Already implemented	87 (-14, +8)
Begun but not completed	9 (-5, +11)
No	5 (-4, +13)

Note: Percentages do not total 100 due to rounding.

concurrent planning than were other counties (90%) ($x^2 = 6.49$, $p = .04$) and that urban counties (65%) were less likely to have completed implementation of concurrent planning than were rural counties (92%) ($x^2 = 6.67$, $p = .04$). No differences were noted with regard to relative proportion of poor families or whether the agency was county or state administered.

2.2 Staffing and Training

2.2.1 Required Training and Academic Background

The LAS collected detailed data on agency staffing and training resources, including information on types of workers employed in the agency and their educational levels. No significant differences were found among agencies on requirements for workers in relation to college degrees. Agencies almost universally required a college education for investigators, those workers who make the sensitive decisions about whether a case will be opened and which services will be provided. The majority of agencies required workers of other types to have a college degree as well (Table 2-7). Though information on years of experience was not collected, it is likely that years of experience substituted for degree requirements for some portion of the sample (e.g., an MSW *or* a bachelor's degree *and* a set number of years of experience).

Agencies were asked what degrees were required for various types of workers. Because the question posed was "What degrees are required?", respondents could indicate more than one type of degree. Consequently, only the degrees that are possible were known, not the distribution of degrees held by the workers in the agency sample.

Table 2-7. Lowest degree accepted for workers (%)

	Investigators	In-home service workers	Foster care workers	Adoption workers
	% (CI)	% (CI)	% (CI)	% (CI)
No degree requirement	3 (-2, +8)	13 (-8, +16)	11 (-7, +16)	14 (-8, +16)
Other bachelor's degree	80 (-22, +12)	81 (-19, +11)	83 (-18, +10)	74 (-22, +14)
Bachelor's in social work (BSW)	16 (-10, +23)	6 (-5, +16)	6 (-5, +15)	12 (-9, +23)
Other master's degree	0	0	0	0.17 (-0, +1)
Master's in social work (MSW)	1 (-1, +5)	0.2 (-0, +1)	0.09 (-0, +1)	0

A social work degree was generally not required. A master's in social work was rarely needed to begin work as a child welfare worker. The lowest degree required for all types of workers was most frequently a bachelor's unrelated to social work (Table 2-7). This lower degree requirement may be due to the previously mentioned practice of accepting years of relevant experience in lieu of a higher degree.

On-the-Job Training Requirements

Training of child welfare personnel also occurs on the job. The majority of agencies (91%) required new workers to have four or more days of pre-service training. There was some evidence of a difference between agencies serving nonpoor counties and poorer counties ($x2 = 6.44$, $p < .05$). Agencies serving poorer counties (i.e., those with greater than 5% of the county's children living below the 50% poverty level) tended to require more pre-service training, with 81% requiring more than two weeks pre-service training for new workers, whereas only 32% of agencies serving nonpoor counties required that much training. No differences were noted with regard to agency administration, county size, or degree of urbanicity. For required in-service training, no differences were found between agencies that were associated with county characteristics. Less in-service than pre-service training was required (Table 2-8).

Table 2-8. Amount of required training for new workers

	Pre-service	In-service
	% (CI)	% (CI)
None	2 (-2, +8)	20 (-12, +21)
Less than 1 day	0.0007 (-0, +0)	51 (-24, +23)
1-3 days	7 (-5, +12)	24 (-13, +20)
4-10 days	38 (-23, 30)	3 (-3, +13)
11-14 days	53 (-25, +23)	2 (-1, +4)
15 days or more	0	0
TOTAL	100	100

Caregiver Training Requirements

Counties of different characteristics also showed differences in caregiver pre-service training requirements. Caregivers for children under the agency's supervision, even if not employees of the agency, may have also been required to obtain training. There was some indication of a difference between state- and county-administered agencies on required pre-service training for licensed or approved kinship caregivers ($x^2 = 4.7$, $p = .10$). Most noticeably, 98% of county-administered agencies required little (less than one day) or no training for licensed or approved kinship caregivers, whereas state-administered agencies tended to require more training. Only 58% of state-administered agencies required less than one day of pre-service training for licensed or approved kinship caregivers. No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

For required pre-service training for caregivers, no differences were found between agencies on any of the four comparison variables. Caregivers include licensed and nonlicensed kinship caregivers, foster care, and adoptive families. A total of 61% of all agencies tended to require less than one day of pre-service training for caregivers (Table 2-9).

Table 2-9. Average amount of required pre-service training days for caregivers (%)

Training amount	Percent (CI Limits)
Less than 1 day	61 (-23, +9)
1-3 days	22 (-13, +22)
4 or more days	17 (-10, +20)
TOTAL	100

Tables 2-10 through 2-12 provide information from all agencies about pre-service training requirements broken out by the various types of caregivers. Agencies required the majority of caregivers to receive at least a minimum level of pre-service training. The major exception was for nonlicensed caregivers, for whom only about 1% of agencies reported a pre-service training requirement (Table 2-10).

The majority of agencies (78%) required kinship caregivers to receive less than one day of pre-service training. (All of the agencies reported less than one day of pre-service training for nonlicensed kinship caregivers; consequently, this group was not included in Table 2-11.) Agencies were more likely to require additional pre-service training for foster and adoptive parents.

Adoptive and licensed foster parents had greater training requirements prior to having a child placed in their care, whereas in-service training requirements for caregivers tended to be for less than one day. A total of 100% of agencies reported less than one day of in-service training for nonlicensed kinship caregivers. This group was not included in Table 2-12 (p. 22).

2.2.2 Use of Structured Decision Making or Risk Assessment

One way to complement training and bring consistency to child welfare agencies is to provide tools for decision making so that similarly situated children receive similar services that best protect their interests. Agencies often call these “risk assessment instruments” or “structured decision making” procedures because they help provide a framework for child welfare practice (Shlonsky & Gambrill, 2001). Agencies did not differ significantly in terms of implementation of risk protocols and approaches. Although almost every agency indicated that it used “structured decision making,” as Table 2-13 (p. 22) indicates, only 7% of agencies used an approach that resulted in point totals to help determine decision making. Another 36% used some sort of guidelines that

Table 2-10. Pre-service training requirement for caregivers (%)

	Approved kinship caregivers			
	Licensed	Nonlicensed	Foster parents	Adoptive parents
	% (CI)	% (CI)	% (CI)	% (CI)
Yes	76 (-19, +12)	1 (-1, +4)	98 (-6, +1)	87 (-14, +7)
4 or more days	24 (-12, +19)	99 (-4, +1)	2 (-1, +6)	13 (-7, +140)
TOTAL	100	100	100	100

Table 2-11. Amount of pre-service training required for caregivers (%)

	Licensed/Approved		
	Kinship caregivers	Foster parents	Adoptive parents
	% (CI)	% (CI)	% (CI)
Less than 1 day	78 (-24, +14)	60 (-24, +20)	41 (-20, +23)
1-3 days	14 (-10, +23)	24 (-14, +22)	42 (-23, +28)
4 or more days	8 (-6, +24)	16 (-10, +20)	17 (-10, +20)
TOTAL	100	100	100

indicated which issues should be addressed in the investigation/assessment. A total of 27% used a combination of point totals and guidelines approach. Finally, 30% of agencies used some other risk assessment approach.

There was some indication of a difference between state- and county-administered agency use of a risk assessment approach when deciding whether a case was substantiated (x^2 = 3.37, p = .07). State-administered agencies were more likely to use a risk assessment approach: 93%, versus 36% of county-administered agencies. No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

Table 2-12. Amount of required in-service training for caregivers (%)

	Licensed/Approved Kinship caregivers	Foster parents
	% (CI)	% (CI)
Less than 1 day	97 (-5, +2)	95 (-12, +4)
1-3 days	2 (-2, +5)	4 (-3, +12)
4 or more days	1 (-0, +1)	1 (-1, +4)
TOTAL	100	100

Table 2-13. Risk assessment approaches used (%)

	Percent (CI Limits)
Structured decision making with point totals	7 (-5, +16)
Guidelines	36 (-18, +24)
Combination of points and guidelines	27 (-15, +22)
Other	30 (-21, +35)
TOTAL	100

There was also some indication of a difference between state- and county-administered agency use of a risk assessment approach when deciding whether to reunify a child with the caregiver/family from which the child was removed ($x^2 = 3.44$, $p = .07$). State-administered agencies (96%) were more likely to use a risk assessment approach than county-administered agencies (37%). No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

As indicated in Table 2-14, agencies used a risk assessment approach at a variety of times, with most (96%) using one when deciding what services to provide. Far fewer agencies also used a risk assessment when making decisions about whether to close in-

Table 2-14. Point in child welfare case at which risk assessment approach is used (%)

	Percent (CI Limits)
When deciding to investigate	59 (-20, +17)
When deciding whether the case is substantiated	88 (-14, +7)
When deciding what services to provide	96 (-6, +2)
When deciding whether to close an in-home services case	94 (-9, +4)
When deciding whether to reunify a child	92 (-9, +4)
At other times	54 (-29, +25)

Note: Respondents could answer all that applied.

home services cases, reunify a child, or substantiate a case. No significant differences were found among agencies in their reasons for risk assessment use.

The level of risk assessment use was calculated by totaling the reasons (listed in Table 2-14) agencies reported using a risk assessment. No significant differences were found among agencies on the level of risk assessment use (see Table 2-15). A little more than half of agencies (54%) reported five to six different reasons for the use of a risk assessment approach.

Table 2-15. Level of risk assessment use (%)

	Percent (CI Limits)
Low (0 - 2 uses)	31 (-21, +34)
Medium (3 - 4 uses)	15 (-8, +15)
High (5 - 6 uses)	54 (-25, +23)

Turnover for Child Welfare Workers

The extent of worker turnover and the effect this might have on the quality of service is a source of concern in the child welfare field. Although there have been numerous news reports of turnover rates of 50% per year and higher, neither the source of these estimates nor the procedures for calculating them is generally described; neither appear to be standardized.

Turnover rate is defined as the rate of separation from an employing organization. "The standard method the Bureau of Labor Statistics (BLS) uses to compute net monthly turnover rates is: the number of separations during the month, divided by the average number of employees on the payroll during that month, times 100" (International Personnel Management Association: http://www.ipma-hr.org/pubs/turnover.html). Because monthly figures were unavailable, the researchers used annual figures to calculate a turnover rate defined as follows: the annual number of separations, divided by the average annual number of employees, multiplied by 100.

The weighted estimates indicate that the average number of workers who separated during the most recent fiscal year was eight. Using the above formula, this translates into an average turnover rate of 13% (range = 0% to 86%, n=38)—considerably lower than what had been expected, given the journalistic accounts. The turnover rate was not significantly associated with county size, type of agency administration, urbanicity, county wealth, degree of local autonomy, or number of agency innovations.

2.2.3 Staff Resources and How They Have Changed

State and local funding for child welfare services and child welfare services' caseloads have grown considerably in recent decades. As child abuse reports and foster care caseloads have expanded, many agencies have received funding for additional positions, although the extent of the growth is not really known. Nor is much known about the ability of agencies to fill positions and whether their capacity has declined or increased.

The researchers projected that child welfare agencies had an average of 55 authorized full-time equivalent (FTE) positions. Approximately 32% of these positions were noninvestigative direct service workers (e.g., in-home services or foster care workers), 24% were CPS investigative workers, and 13% were casework supervisors—the remainder being administrative and other workers (see Table 2-16). On average, 97% of authorized positions were filled: almost 100% (99%) of supervisor positions, 97% of direct service positions, and 95% of investigative positions. Between the beginning and the end of the fiscal year in question, the proportion of filled FTEs did not change substantially for any category of worker.

Table 2-16. Hiring of staff

Staff and staff vacancies	Mean (SE Mean)
Proportion of authorized positions: Direct service workers	0.32 (0.09)
Proportion of authorized positions: CPS investigative workers	0.24 (0.04)
Proportion of authorized positions: Casework supervisors	0.13 (0.01)
Proportion of authorized positions filled: Total	0.97 (0.02)
Proportion of authorized positions filled: Direct service workers	0.97 (0.02)
Proportion of authorized positions filled: CPS investigative workers	0.95 (0.04)
Proportion of authorized positions filled: Casework supervisors	0.99 (0.02)
Change in vacancy rate: Total	-0.01 (0.01)
Change in vacancy rate: Direct service workers	-0.00 (0.01)
Change in vacancy rate: CPS investigative workers	0.01 (0.01)
Change in vacancy rate: Casework supervisors	-0.00 (0.00)

There is strong evidence that large counties had a higher proportion of authorized direct service positions (.53) than did other counties (.28) ($t = -2.55$, $p = .01$). There is also some evidence that large counties had a lower proportion (.16) of authorized CPS positions than did other counties (.26) ($t = 2.11$, $p = .04$) and that urban counties had a lower proportion (.16) of authorized CPS positions than did rural counties (.27) ($t = 2.07$, $p = .04$). No differences were noted with regard to relative proportion of poor families or agency administration.

Table 2-17. PSU characteristics and CWS staffing patterns

	Higher CPS to direct services	Higher direct services to CPS	Higher supervisor to direct services
	Ratios	**Ratios**	**Ratio**
State/county administered			County ▸▸
Larger/smaller size county	Smaller ▸▸▸		Smaller ▸▸
Urban/rural	Rural ▸▸▸		Rural ▸▸▸
Poor/nonpoor			

▸▸▸ = strong evidence, ▸▸ = some evidence, ▸ = some indication

To understand the configuration of child welfare services, the researchers examined proportions of CPS workers to direct service workers, CPS workers to supervisors, and supervisors to direct service workers (these are summarized in Table 2-17).

There is strong evidence that the ratio of CPS workers to direct service workers ($t = 2.85$, $p = .006$), as well as the ratio of child welfare supervisors to direct service workers ($t = 2.59$, $p = .01$), was higher in rural counties than in urban counties. There is also strong evidence that the ratio of CPS workers to direct service workers was significantly lower in large counties than in other counties ($t = 2.62$, $p = .01$) and some evidence that the ratio of supervisors to direct service workers was lower in large counties ($t = 2.28$, $p = .03$). There is only some evidence that the ratio of supervisors to direct service workers was higher in county-administered agencies than in state-administered agencies ($t = -2.08$, $p = .04$).

Child welfare staff were not increasing during this period (see Table 2-18). In fact, the vast majority of agencies reported experiencing no change in the number of authorized positions reported (regardless of type) during the course of the most recent fiscal year (mode=0). Overall, however, there was an average increase of just one authorized position per agency. The just/per agency number of noninvestigative direct service worker positions showed the greatest average increase (.44). No differences were noted with regard to county size, degree of urbanicity, relative proportion of poor families, or agency administration.

Table 2-18. Changes in child welfare staff size

Change in number of authorized positions	Mean (SE Mean)
Total	0.90 (0.47)
Direct service workers	0.44 (0.27)
CPS investigative workers	0.19 (0.13)
Casework supervisors	0.04 (0.03)
Administrative workers	0.14 (0.14)
Other workers	0.04 (0.08)

2.2.4 Subcontracting of Services

"Privatization" of public services has been an important trend in some sectors and has certainly received much attention in the child welfare field (e.g., Smith, 1989; Petr & Johnson, 1999). Although there has been substantial private provision of residential care throughout the history of child welfare services in the United States, privatization has also grown to include significant amounts of family preservation, treatment foster care, and adoption home-finding services in recent years. The full extent of privatization in child welfare services, however, has not been known.

In child welfare agencies nationwide, family preservation/in-home services was the most commonly subcontracted service, done by 58% of agencies (see Table 2-19). Residential treatment was the second most commonly subcontracted service, with 42% of agencies using such an arrangement. Subcontracting for other types of services, however, was relatively infrequent; investigative services, in particular, were contracted out by only .1% of agencies. In general, agencies were more likely to subcontract for service delivery than for case management services—with the notable exception of adoptive placements, for which 52% of agencies reported subcontracting case management.

In general, it appears that subcontracting was most often associated with agencies in large, urban counties. For example, there is strong evidence that subcontracting for family reunification services was related to county size, with large counties (54%) significantly more likely than others (8%) to subcontract for such services ($x^2 = 6.80$, $p = .01$). Subcontracting for family reunification services was also associated with degree

of urbanicity, with urban counties (39%) more likely than rural counties (8%) to contract out this service ($x^2 = 4.51$, $p = .04$).

There is some evidence that subcontracting for foster care services was likewise associated with urbanicity and county size: urban counties (41%) were more likely than rural ones (8%) ($x^2 = 4.65$, $p = .03$), and large counties (44%) more likely than other counties (12%), to subcontract for foster care services ($x^2 = 4.95$, $p = .03$). Large agencies (81%) were more likely than other counties (35%) to subcontract residential treatment services ($x^2 = 4.75$, $p = .03$). Subcontracting for adoptive placement services was also linked to county size and urbanicity: large counties (51%) were more likely than other

Table 2-19. Subcontracting of child welfare service functions (%)

Subcontracting by type of service	Percent yes (CI Limits)
Investigation/assessment	0.001 (-0, +1)
Family preservation/in-home services	58 (-28, +24)
Family reunification services	16 (-9, +17)
Foster care	16 (-10, +20)
Residential treatment	42 (-23, +27)
Adoptive placements	13 (-9, +19)
Recruitment	12 (-7, +16)

counties (7%) ($x^2 = 5.30$, $p = .02$), and urban agencies (37%) more likely than rural agencies (7%), to use such an arrangement ($x^2 = 3.99$, $p < .05$). Finally, there is some evidence that subcontracting of recruitment of foster/adoptive parents was related to degree of urbanicity, with agencies in urban counties (40%) more likely than rural counties (4%) to contract out such activities ($x^2 = 4.82$, $p = .03$).

In addition to county size and urbanicity, type of agency administration may also be associated with subcontracting of services. There is some evidence that state-administered agencies (26%) were more likely than county-administered (2%) to subcontract recruitment services ($x^2 = 4.40$, $p = .04$) as well as case management of adoption placements (state-administered: 69%; county-administered: 0%; $x^2 = 5.07$,

p = .03). There was no indication that subcontracting of services was associated with relative proportion of poor families.

2.3 Services and Service Dynamics

This series of questions and analyses sought to describe the variation in child welfare service patterns and transitions and how those are related to county characteristics. To better understand child outcomes, service patterns within child welfare must be documented, creating a baseline regarding the types of care provided to children. From an equity perspective, it is also important to document variations in the amount and types of intervention that may be associated with agency and/or community characteristics.

2.3.1 Referral for Investigation

On average, 65% of all child abuse reports were referred for investigation. There is strong evidence that the proportion of reports not investigated relative to the number of poor families with children in the county differed by county poverty levels: nonpoor counties investigated a lower proportion of reports relative to the number of poor families in the county (.13), than did poor counties (.05) ($t = 2.60$, $p = .01$), possibly indicating that poor families in nonpoor counties are more likely to be investigated than are poor families in poorer counties. There was some evidence that the ratio of reports not investigated to the total number of reports also differed by county poverty levels: nonpoor counties had an overall higher rate of reports not investigated (.44) than did poor counties (.30) ($t = 2.11$, $p = .04$). There was also some evidence that the ratio of total number of reports to the number of poor families with children in the county differed by county poverty levels: nonpoor counties had an overall higher rate of reports (.30) than did poor counties (.16) ($t = 2.46$, $p = .02$). No differences were noted with regard to county size, degree of urbanicity, or agency administration. When allegations were unsubstantiated, 94% of agencies referred families to voluntary services.

2.3.2 Family Preservation and Family Support

Family preservation services are typically designed to help families at risk or in crisis. Services may be designed to prevent foster care placement, reunify families, or support adoptive families. This report defines family support services as those services that are primarily community-based preventive activities designed to promote the well-being of children and families. Services are designed to increase the strength and stability of families, increase parents' confidence and competence in their parenting abilities, afford children a stable and supportive family environment, and otherwise enhance child development.

Table 2-20. Family preservation and family support use

Receipt of family preservation and family support services	Mean (SE Mean)
Number in family preservation/child population	0.01 (0.00)
Number in family support/child population	0.01 (0.01)
Number in family preservation/number poor families with children	0.05 (0.01)
Number in family support/number poor families	0.07 (0.02)

The researchers' weighted estimates indicate that child welfare agencies provided family preservation services to an average of 248 families per year and family support services to an average of 325 families per year. This means that about 1 of every 100 children received family preservation services and that about 1 of every 100 children received family support services (this assumes that only 1 child per family received the service). This represents an average of 5 children of every 100 children in families below poverty level receiving family preservation services and 7 children of every 100 children in families below poverty level receiving family support services (see Table 2-20).

There is strong evidence that nonpoor counties had a higher rate of family preservation services relative to the number of families with poor children (.07) than did poor counties (.01) ($t = 3.38$, $p = .001$). There is some evidence that nonpoor counties had a higher rate of family preservation services relative to the child population (.01) than did poor counties (.002) ($t = 2.34$, $p = .02$). There is also some evidence that nonpoor counties had a higher proportion of family preservation services relative to total number investigated (.60) than did poor counties (.06) ($t = 2.06$, $p = .04$). In addition, there is some evidence that urban counties had a higher overall rate of family preservation services (.02) than did rural counties (.004) ($t = -2.31$, $p = .02$). No differences were noted with regard to county size or agency administration.

2.3.3 Voluntary Placement

Voluntary placement of children into foster care was quite uncommon, representing only 0.3% of the total investigated. An average of only four voluntary custody placements occurred per year per agency, with a median of zero. There is strong evidence that the rate of voluntary placement relative to the number of poor families with children in the county was associated with urbanicity, with urban counties reporting a higher average rate

Table 2-21. Out-of-home placement rates

Out-of-home placement rates	Mean (SE Mean)
Total children in care/child population	0.01 (0.00)
Total children in care at year's end/poor families with children	0.03 (0.01)

(.01) than rural counties (.0003) (t = -2.61, p = .01). No differences were noted with regard to county size, relative proportion of poor families, or agency administration.

2.3.4 Children in Out-of-Home Care

At the end of the most recent fiscal year, the researchers project that the mean number of children in out-of-home care was 91 per child welfare agency. This represents an average out-of-home placement rate of about 1 child per 100 children and about 3 children per 100 children living in families below poverty level (see Table 2-21).

2.3.5 Specialized Care

There is evidence from several states that out-of-home care is changing in character and that a growing proportion of children are no longer residing in traditional nonrelative foster care at the traditional foster care board rate. Instead, growing proportions of children are being served in kinship foster care, in foster care with specialized board rates, and in treatment foster care.

The researchers estimate that foster care expenditures accounted for almost half of all child welfare expenditures (45%). The average annual per-child board rate for out-of-home placements was $7,283 (not including administrative costs).

All agencies gave preference to relatives when considering placement options. In terms of adoption, in about three-quarters (76%) of the PSUs, relatives were recruited as foster and adoptive parents. In the remaining PSUs, relatives were apparently not considered a priority for foster care and adoption. About two out of three (63%) agencies expected relative caregivers who plan to care for a child for a long time to become the legal guardian or adoptive parent. Only about one-third indicated that they accepted a plan of long-term foster care by relatives without first providing encouragement and expectations to provide legal permanence.

A variety of kinship care arrangements was reported. The most common ones provided TANF for the child in care but no foster care payment (24% of all children in kinship care were identified as having this type of arrangement) or provided the relative with a foster care payment while requiring the relative to meet standard licensing requirements (23%). About 12% received TANF for both the caregiver and child. Other varieties of arrangements were rare: only 1% of placements involved no assistance, and virtually none were with nonrelative or "fictive kin" caregivers that involved no payment (0.5%) or provided a foster care payment without the caregiver having to meet normal licensing requirements (0.1%). No placements were assisted kinship guardianships. About half (52%) of kin placements received specialized/difficulty-of-care payments for children with behavioral, emotional, developmental, or medical special needs. There is some evidence that a higher proportion of foster care homes from county-administered agencies received specialized payments (64%) than foster care homes from state-administered agencies (25%) ($t = -1.99$, $p < .05$). No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families.

There is some evidence that the use of fictive kin placements was related to county size and urbanicity: large counties (66%) were more likely than others (8%) ($x^2 = 4.15$, $p < .05$) and urban counties (57%) more likely than rural (6%) to use such a placement ($x^2 = 4.82$ $p = .03$). There is some evidence that receipt of TANF only for the child in care was related to urbanicity: kin caregivers in urban counties (90%) were more likely than those in rural ones (20%) to receive TANF for the child but no foster care payment ($x^2 = 5.24$, $p = .03$). There is some evidence that provision of a foster care payment plus normal licensing requirements was also related to urbanicity: urban counties (81%) were more likely than rural ones (19%) to require licensing and provide a foster care payment ($x^2 = 5.49$, $p = .02$). There is strong evidence that state-administered agencies (84%) were more likely than county-administered agencies (7%) to require licensing and provide a foster care payment ($x^2 = 7.66$, $p < .01$). No differences were noted with regard to relative proportion of poor families.

2.4 Client Characteristics and Caseload Dynamics

2.4.1 Response to Policy Changes

The last decade had an unprecedented set of major child welfare policy initiatives, including the Adoption and Safe Families Act and the Multiethnic Placement Act (MEPA). Agencies are required to implement procedures consistent with these policies.

Adoption

Adoption-related activity has increased sharply in recent years (AFCARS, 2000). These agencies reported that on the first day of the most recent fiscal year, the mean number of

children in care with a goal of adoption was 46 (68% of whom were legally free for adoption). By the end of that fiscal year, an average of 33% of those with an adoption goal were placed for adoption, and an average of 22% were legally adopted (see Table 2-22).

Table 2-22. Adoption dynamics

Adoption services	Mean (SE Mean)
Children legally adopted/number with goal of adoption	0.22 (0.07)
Children placed for adoption/number with goal of adoption	0.33 (0.11)
Children legally free for adoption/number with goal of adoption	0.68 (0.09)

There is strong evidence that state-administered agencies had higher rates of adoption placements (as compared to the number of children legally free for adoption) (.54) than county-administered agencies (.17) ($t = 2.53$, $p = .01$). There is strong evidence that the *rate* of legal adoption (as compared to the number of children *legally free* for adoption) differed by type of agency administration, urbanicity, and county poverty: state-administered agencies had a higher rate (.37) than did county-administered agencies (.08) ($t = 3.13$, $p = .002$); urban counties had a higher rate (.41) than rural counties (.14) ($t = -2.51$, $p = .01$); and nonpoor counties had a higher rate (.36) than poor counties (.10) ($t = 2.76$, $p = .007$). No differences were noted with regard to county size.

Disproportionality of African American Children in Care

There is considerable federal, state, and local concern that the proportion of African American children in foster care is substantially greater than the proportion of African American children in the general public. A number of state and local agencies have undertaken initiatives to address this perceived racial imbalance. These analyses are intended to provide information about what is being done.

Weighted estimates indicate that only a small minority (14%) of agencies had identified as a concern the over- or under-representation of African American children in certain services, such as foster care or community-based services, while 86% had not identified it as a concern (see Table 2-23).

Likewise, only 15% of agencies were involved in training initiatives designed to address over- or under-representation of African American children in services, while 10% made

Table 2-23. Addressing representation of African American children

Concerns about and initiative to address over-representation	Percent yes (CI Limits)
Concerns about over- or under-representation of African American children	14 (-7, +14)
Initiatives to address concerns: Training	15 (-11, +26)
Initiatives to address concerns: Efforts to racially match child welfare workers and families	10 (-8, +25)
Initiatives to address concerns: Performance measures	2 (-1, +8)

efforts to racially match child welfare workers and families. Two percent used performance measures to reduce racial imbalance in placement.

There is strong evidence that concerns about over- or under-representation of African American children were associated with county size and urbanicity: large counties (54%) were significantly more likely than others (6%) ($x^2 = 9.12$, $p = .003$), and urban counties (45%) more likely than rural (5%), to have such concerns ($x^2 = 9.32$, $p = .003$). There is some evidence that state-administered agencies (25%) were more likely than county-administered ones (4%) to have concerns about representation of African American children ($x^2 = 4.36$, $p = .04$). No differences were noted with regard to relative proportion of poor families.

There is also strong evidence that participation in special training initiatives to address over- or under- representation of African American children was associated with county size: large counties (58%) were significantly more likely than others (6%) ($x^2 = 7.79$, $p = .007$) to participate in such trainings. State-administered agencies (52%) were also significantly more likely than county-administered ones (2%) to participate ($x^2 = 7.48$, $p = .008$). There is some evidence that poor counties (49%) were more likely than nonpoor counties (4%) to participate in these initiatives ($x^2 = 5.50$, $p = .02$). No differences were noted with regard to degree of urbanicity.

2.5 Budget and Expenditures of Child Welfare Agencies

Child welfare expenditures differ in amount, program focus, and flexibility. Each could be a significant contributor to the types of services delivered and the outcome achieved.

(The study researchers' experience with the data collection was that these estimates of expenditures varied in accuracy—as child welfare expenditures come from many sources, and there is no standard way of accounting for child welfare expenditures.)

On average, child welfare agencies spent a total of $5,986,411 each on child welfare services in the most recent fiscal year. This represents an average per-child expenditure rate of $8,234 (the standard error is $1,964). On average, foster care services and group care accounted for the largest percentage of total spending (45%), followed by child protective services (28%) and in-home services—commonly known as "family preservation" (14%). Family support services (primary child-abuse prevention) accounted for 5% of total expenditures, and adoption services accounted for 7%. The smallest category, at 1%, was independent living services.

There is strong evidence that nonpoor counties had a significantly higher average per-child child welfare expenditure ($10,739) than did poor counties ($2,689) ($t = 2.73$, $p = .008$). In addition, there is strong evidence that the ratio of CPS dollars spent to the total number of children investigated was significantly higher for county-administered agencies ($1,192) than for state-administered agencies ($487) ($t = -2.70$, $p = .008$); it was also significantly higher for nonpoor counties ($1,046) than for poor counties ($307) ($t=3.64$, $p=0.001$). No differences were noted with regard to county size or degree of urbanicity.

2.5.1 Changes in State Funding

Local agency directors indicated the extent to which their states had increased funding for a variety of programs. The majority reported no changes in state funding, and a minority had decreases. The most common area experiencing a decrease (16%) was child abuse prevention services, which had also been reported to increase in many PSUs, indicating that this area had the greatest variability (see Table 2-24). Flexibility in using state funds for services stayed the same for the majority of agencies, and an estimated 27% noted an increase in flexibility. The largest proportion of PSUs indicated that state funding had increased for child abuse prevention services (45%) and adoption services (42%); child protective services (35%), in-home services (24%), and placement services (20%) had also increased but in somewhat fewer PSUs.

There is strong evidence that county-administered agencies (92%) were more likely than state-administered agencies (24%) to have *no* changes in state funding for adoption ($x^2 = 13.43$, $p = .002$), while state-administered agencies (76%) were more likely than county-administered agencies (8%) to have an increase. There is also some evidence that county-administered agencies (93%) were more likely than state-administered ones (36%) to have no changes in state funding for in-home services ($x^2 = 6.56$, $p = .04$); state-administered agencies were more likely to experience both increases and decreases. No

Table 2-24. Funding of child welfare services in prior year (%)

Changes in state funding	Percent (CI Limits)
Funding changed past 12 months (child abuse prevention services)	
Decreased	16 (-11, +23)
Remained unchanged	39 (-19, +23)
Increased	45 (-24, +26)
Funding changed past 12 months (child protective services)	
Decreased	12 (-9, +25)
Remained unchanged	53 (-24, +23)
Increased	35 (-18, +24)
Funding changed past 12 months (in-home services)	
Decreased	12 (-9, +25)
Remained unchanged	64 (-24, +19)
Increased	24 (-13, +21)
Funding changed past 12 months (placement services)	
Decreased	9 (-7, +29)
Remained unchanged	71 (-24, +16)
Increased	20 (-11, +20)
Funding changed past 12 months (adoption services)	
Decreased	0.003 (-0, +1)
Remained unchanged	58 (-25, +22)
Increased	42 (-22, +25)
Past 12 months agency's flexibility using state funds for services:	
Decreased	10 (-8, +27)
Remained unchanged	64 (-24, +18)
Increased	27 (-14, +21)

differences were noted with regard to degree of county size, urbanicity, or relative proportion of poor families.

2.6 Changes in Child Welfare Services

It is important to examine the effects of changing federal policy on the experience and functioning of local child welfare agencies. In addition to giving a national view of the effects of changing federal policy on agencies, this analysis provides background and insights for the later analyses of data on agency practices and services for children and families in the child welfare system.

2.6.1 Effects of Temporary Assistance for Needy Families (TANF)

The study researchers project that most child welfare agencies had few changes in service delivery programs after the welfare reform implementation of TANF that began in late 1996. For example, employment services became routinely linked to child welfare services for only an estimated 24%, and for only 22% were referrals from TANF to child welfare services routinely made when clients were sanctioned (see Table 2-25). The most common change was the creation of multiprogram teams that include both TANF and CPS caseworkers (38%).

There is some evidence that type of agency administration was related both to the creation of multiprogram teams with both TANF and CPS caseworkers: state-administered agencies (66%) were more likely than county-administered ones (14%) to create such teams ($x^2 = 4.33$, $p < .05$). Likewise, state-administered agencies (46%) were more likely than county-administered agencies (2%) to routinely make referrals from TANF to child welfare services when clients were sanctioned ($x^2 = 4.69$, $p = .03$). No differences were noted with regard to county size, degree of urbanicity, or relative proportion of poor families. For a little more than half of the agencies, after the implementation of TANF, the number of child welfare cases handled by the agency increased (52%); and for a little less than half (45%), the number of hours spent on a child welfare case increased.

2.6.2 Effects of the Adoption and Safe Families Act (ASFA)

The study researchers' analyses indicate that child welfare agencies saw a greater impact from ASFA, implemented in 1997, than they did from TANF. For example, for about 60% of the agencies, ASFA led to a greater emphasis on ensuring the child's safety (vs. a family preservation approach), and for 93%, it shortened time frames for decision making to less than 12 months (see Table 2-26, p.39). After ASFA, 54% of agencies noted an increased emphasis on adoption for older children, whereas for almost three-quarters (74%), there was increased emphasis on adoption for children living in kinship foster care. Smaller changes resulted regarding expedited access to drug treatment for clients,

Table 2-25. Effects of TANF on child welfare services (%)

Effects of TANF	Percent yes (CI Limits)
Multiprogram teams created that include both TANF and CPS caseworkers	38 (-20, +26)
Employment services linked to child welfare services	24 (-15, +27)
Referrals from TANF to child welfare services made when clients sanctioned	22 (-14, +25)
Other changes	17 (-11, +23)
No changes	44 (-25, +28)
Number of child welfare cases handled by the agency:	
Decreased	5 (-4, +20)
Remained unchanged	43 (-23, +26)
Increased	52 (-26, +25)
Number of hours spent on a child welfare case:	
Decreased	0 (N/A)
Remained unchanged	55 (-29, +26)
Increased	45 (-26, +29)

reported in just 33% of agencies. A little more than one-quarter (28%) of child welfare agencies saw an increase in the number of families that were precluded from receiving reunification services after ASFA. This may be attributable to the implementation of policies that do allow *no reunification orders* for some children or because meaningful reunification was not considered feasible given the ASFA time frames—the data do not allow us to tell the difference between these two possibilities.

The majority of agencies (78%) experienced no change in the number of cases handled after the implementation of ASFA; similarly, 79% of agencies reported that AFSA had not affected the agency's client base. On the other hand, for 60%, there was an increase in the average number of hours spent on a child welfare case (which they attributed to ASFA). Almost all agencies reported an increase in regulations and paperwork after ASFA.

There is some evidence that state-administered agencies (53%) were more likely than county-administered ones (7%) to have an increased number of families who would not

Table 2-26. Effects of ASFA on child welfare services (%)

Effects of ASFA	Percent yes (CI Limits)
Greater emphasis on child safety (vs. family preservation approach)	60 (-31, +24)
Shortened time frames for decision making to less than 12 months for some children	93 (-12, +4)
Increased number of families who will not get reunification services	28 (-16, +25)
Expedited access to drug treatment for clients	33 (-23, +35)
Increased emphasis on adoption for older children	54 (-27, +25)
Increased emphasis on adoption for children living in kinship foster care	74 (-21, +14)
Other changes	10 (-6, +12)
No changes	2 (-2, +10)
Number of cases handled:	
Decreased	6 (-5, +17)
Remained unchanged	78 (-24, +14)
Increased	16 (-11, +25)
Number of hours spent on a child welfare case:	
Decreased	0.002 (-0, +1)
Remained unchanged	40 (-21, +26)
Increased	60 (-26, +21)
Agency regulations and paperwork:	
Decreased	0 (NA)
Remained unchanged	0.001 (-0,, +0)
Increased	100 (-0, +0)
Affected agency's client base	21 (-14, +26)
Other effects on services delivery	41 (-22, +26)

get reunification services after ASFA ($x^2 = 4.61$, $p = .04$). There is strong evidence that rural counties (84%) were more likely than urban counties (37%) to have increased the emphasis on adoption for children living in kinship foster care after ASFA ($x^2 = 7.12$, $p = .009$). No differences were noted with regard to county size or relative proportion of poor families.

2.6.3 Effects of Multiethnic Placement Act (MEPA)

The Multiethnic Placement Act appears to have had the least impact on service delivery. Although 29% of agencies saw increased training, after MEPA, about the ways that race can be used in making foster care and adoption placements, 77% had no increase in the proportion of transracial foster care placements and no increase in the proportion of transracial adoption placements. Only 8% saw the creation of new recruitment resources (see Table 2-27).

Likewise, 100% of agencies experienced no change in the number of cases handled by the agency, and 98% reported no change in the agency's client base. The great majority (97%) experienced no change in the average number of hours spent on a child welfare case, though 17% witnessed an increase in agency regulations and paperwork.

There is strong evidence that creation of new recruitment resources was associated with urbanicity, with urban counties (39%) significantly more likely than rural ones (0%) to experience this change ($x^2 = 8.58$, $p = .004$). There is some evidence that creation of new recruitment resources was also related to county size, with large counties (48%) more likely than others (44%) to have such a change ($x^2 = 5.47$, $p = .02$). There is also some evidence that county-administered agencies (94%) were more likely than state-administered agencies (38%) to see no changes in agency services ($x^2 = 5.95$, $p = .02$). There is some indication that rural counties (75%) were more likely than urban counties (41%) to have no changes in agency services ($x^2 = 2.97$, $p = .09$). No differences were noted with regard to relative proportion of poor families.

2.6.4 Performance-Based Measures

In recent years, child welfare agencies increasingly have developed and implemented the use of performance measures to assess agency outcomes. (Federal outcome measures have also been instituted, although these data were collected before the final regulations were in place.) The study researchers estimated that a little more than half of child welfare agencies had begun using performance-based measures tied to financial incentives or sanctions (see Table 2-28, p. 42). The most common area in which performance-based measures were used was family preservation (38%), followed by investigation (32%). Roughly one-quarter used performance-based measures to assess family reunification services, length of time in foster care/out-of-home care, adoption

Table 2-27. Effects of MEPA and related provisions on child welfare services (%)

Effects of MEPA	Percent yes (CI Limits)
Increased training about ways race can be used in making foster care and adoption placement	29 (-17, +26)
Creation of new recruitment resources	8 (-5 +11)
Increased proportion of foster care placements that are transracial	23 (-15 +27)
Increased proportion of adoption placements that are transracial	23 (-15, +27)
Other changes	1 (-1, +5)
No changes	67 (-26, +18)
Affected agency's client base	2 (-1, +9)
Number of cases handled by the agency:	
Decreased	0 (N/A)
Remained unchanged	100 (-1, +0)
Increased	0.002 (-0, +1)
Number of hours spent on a child welfare case:	
Decreased	0.002 (-0, +1)
Remained unchanged	97 (-8, +2)
Increased	3 (-2, +8)
Agency regulations and paperwork:	
Decreased	1 (-1, +5)
Remained unchanged	82 (-22, +11)
Increased	17 (-11, +22)

Table 2-28. Performance measures introduced into child welfare services (%)

Performance measures by area	Percent yes (CI Limits)
Investigation	32 (-22, +36)
Family preservation	38 (-26, +35)
Family reunification	26 (-19, +37)
Foster care	28 (-20, +37)
Adoption	24 (-18, +38)
Independent living	24 (-18, +38)
Abuse/neglect	26 (-19, +37)
Child fatalities	20 (-16, +39)
Permanency	27 (-20, +37)
Placements	24 (-18, +38)

services, reoccurrence of abuse or neglect, independent living services, use of least-restrictive placement, and permanency. Only 20% of agencies, however, used performance-based measures in the area of child fatalities. Implementation of performance measures occurred for the most part in the early to mid-1990s.

There is some evidence that rural counties (63%) were more likely than urban counties (17%) to use performance-based measures that are tied to financial incentives (x^2 = 4.48, p = .04). No differences were noted with regard to county size, relative proportion of poor families, or agency administration.

3. Implications

This report provides a relatively coarse picture of the characteristics of child welfare services agencies. Because of the small sample sizes, the percentages and rates of occurrence presented here must be understood to be rough estimates (how rough the estimates are is shown in the report through the confidence intervals and standard errors). Still, only the most definitive findings are included in this section.

3.1 Child Welfare Services Agency Structure

The majority of child welfare agencies, about two-thirds, are units within larger agencies rather than freestanding units. Child welfare agencies are highly collaborative, having organizational linkages to TANF services in almost all counties and to substance abuse treatment, mental health, and juvenile justice services in about 40% of the counties. Local agency directors reported, about two-thirds of the time, that they had substantial control over how child welfare dollars were spent in their agency.

3.2 Service Delivery Mechanisms

About 40% of agencies had developed new initiatives in the past 12 months, including specialized units of service, multidisciplinary teams, and additional community-based branch offices. Most agencies reported having completed the development of their concurrent planning mechanisms. Less common were innovations like having one caseworker assigned to cases from beginning to end and the use of voluntary foster care placements. Structured risk assessment was identified as being in place in nearly every agency, but its application varied widely. Most often, agencies indicated using structured decision making or risk assessment only at the outset of the case.

3.3 Staffing and Training

Agencies almost universally require a college education for their child welfare services investigators. About 10% of the agencies had no degree requirement for workers who were not CWS investigators. Training of child welfare personnel also occurs before or during the job. The vast majority of agencies require new workers to have four or more days of pre-service training, but at least one quarter (and possibly as high as three-quarters) of the agencies require more than two workweeks of pre-service training. Annual in-service training requirements were typically less than one day (51%) or none at all (20%).

Caregivers are also expected to receive training, though this does not universally apply to relatives providing foster care. The training amount was typically less than one day (between 40% and 70% of agencies so indicated). In as many as one-third of agencies,

training was routinely less than four days. Caregivers are almost never required to obtain one full day or more of annual in-service training.

Child welfare worker turnover was lower than expected in the reports from agencies. The average turnover rate appeared to be just 13%, but because only 38 agencies did the complicated math required to compute turnover rate, the confidence interval allows the outside possibility that the turnover rate was really as high as 86%. This does, at least, exclude the likelihood that turnover is generally 100%, even if that is true in a few agencies.

The agencies did not report large growth during the year prior to the interviews, which is consistent with other survey data indicating modest growth from 1996 to 1998 (Bess, Leos-Urbel & Green, 2001). About a quarter of authorized positions were CPS workers, and a third of authorized positions were direct service workers. Supervisors represented about one in eight positions. Most authorized positions were filled, and the vacancy rate had not increased sharply in the prior year. When new positions were added, the greatest area of increase was in noninvestigative direct service workers. Smaller and more rural counties had a much higher proportion of CPS workers to direct services workers, as will be discussed in more detail below.

An element of child welfare services staffing has to do with the use of staff from other agencies to provide child welfare services. Family preservation/in-home services were the most commonly referred subcontracted service, with between one-third and three-quarters of agencies subcontracting them. Residential treatment was also commonly provided by subcontractors. Family reunification services and conventional foster care were far less likely. Investigations services were almost never contracted out.

3.4 Service Dynamics and Special Initiatives

On average, agencies received about five times as many reports of children in poverty as of those not in poverty. About two-thirds of these reports were referred for investigation. About 1 child per every 100 in the county received family preservation or family support services, although this number was considerably higher among poor families.

Study researchers estimated that foster care expenditures accounted for almost half (45%) of all child welfare expenditures, with an average out-of-home placement cost of $7,283 (not including the child welfare worker or administration time). Because there are fairly definitive data from other sources indicating that kinship foster care and treatment foster care are a growing source of placements (e.g., Berrick, Needell, Barth, & Jonson-Reid, 1998), this growth was not assessed. Kinship placement and specialized foster care appear to be more common in large urban areas. Voluntary placement of children was rarely done—agencies averaged only about four voluntary custody placements a year; less

than 1% of children investigated for child abuse and neglect later received a voluntary placement. The overall out-of-home placement rate was about 1 child per 100 children in the county/PSU and 3 children per poor family in the county/PSU.

3.5 Response to Child Welfare Policy Changes

In the year prior to the survey, agencies reported adopting about one-quarter to one-third of the children with a goal of adoption and about three times that many of the children who had already been freed for adoption. State-administered programs seem to have much greater success in accomplishing adoptions, as the discussion below will attest.

Between one in seven and one in four agencies had concerns about the over- or under-representation of African American children in foster care. A slightly larger group initiated training efforts. This was strongly associated with the type of county.

The agencies reported spending about $6,000,000 on average (from all sources) during the most recent fiscal year. This represents an average per-child expenditure rate of about $8,000 (with a standard error of about $2,000). The largest proportion of funds went to placement services (about half) with about one-quarter going to CPS investigations and about one-sixth going to in-home services. Family support services, adoption, and independent living accounted for relatively small amounts of the total.

The largest recent increase in state funding was for child abuse prevention services, followed by adoption services and CPS. In-home services and placement received somewhat lesser increases. About one-quarter of agencies reported greater flexibility in the use of funds.

The effects of TANF, the landmark reform of the nation's core public assistance effort, on the child welfare caseloads or service approaches were relatively modest. The creation of multiprogram teams that included child welfare and TANF staff was the most common change cited. There was no indication at this time of widespread changes in caseload that were identified by respondents as related to the impact of TANF.

The implementation of ASFA resulted in more significant changes. For about 60% of agencies, ASFA brought about a greater emphasis on ensuring safety and, for almost all, shortened the time frames for decision making. For between 53% and 88% of agencies, ASFA increased the emphasis on adoption for children living in kinship foster care. An estimated 28% of agencies (with an upper bound of 53%) indicated that they would increase the number of families who would not get reunification services. There was uniform agreement that agency regulations and paperwork had increased and general agreement that the number of hours spent on a case had increased with no corresponding

decrease in the number of cases. This may be because workers are concentrating more effort into a shorter span of time, although the data are not definitive about this.

Effects of MEPA were far less evident in these data. Although an estimated 29% had increased training, 77% identified no increase in the proportion of transracial foster care or adoption placements. Only 8% of agencies, generally those in large urban areas, saw the creation of new recruitment resources.

Although both federal and local pressures to assess child welfare performance have increased, only a few agencies indicated initiating performance measures in their agencies, and those that did were more often rural agencies. The use of performance measures seemed to be consistent across the child welfare services functions and programs (e.g., investigations to independent living).

3.6 Configuration of Child Welfare Services According to Service Context

Another way to view the information is according to the contrasts made between the characteristics of child welfare agencies in large vs. other counties, poorer vs. nonpoor counties, urban vs. nonurban counties, and state- vs. county-administered child welfare programs.

3.6.1 Large vs. Other Counties

Large counties appeared to differ substantially from small counties regarding the delivery of child welfare services, employing a significantly higher proportion of direct service workers, compared to CPS workers, than did other counties. Subcontracting for some of those direct services—especially family reunification service—was also more common in large counties.

Changes in the recent reconfiguration of child welfare services were associated with county size, with large counties being more likely than others to have developed specialized units, blended teams, or community-based offices. The use of fictive kin as a placement resource was more likely in large and urban counties than in other counties.

3.6.2 Poor vs. Nonpoor Counties

Nonpoor counties had a significantly greater—about four times higher—average per-child child welfare expenditure ($10,739) than did poor counties ($2,689). They also had higher expenditures of CPS dollars relative to the total number of children investigated. It follows, then, that in poor counties, having a smaller portion of their resources allocated

to services, a higher rate of reports were investigated than in nonpoor counties, and there was a lower proportion of families receiving family preservation services.

Yet, poor counties also provided more training for their new child welfare workers: the great majority of agencies serving poorer counties required two weeks or more of pre-service training, whereas fewer than half of agencies serving nonpoor counties required this much training. (This could be partially attributable to the greater federal participation in training, which makes it more affordable than service provision for poor counties.)

The proportion of investigated reports relative to the number of poor families with children in the county differed by county poverty levels: nonpoor counties investigated a lower proportion of reports relative to the number of poor families in the county than did poor counties. Nonpoor counties had an overall higher rate of reports relative to the number of poor families in the county. Thus, in nonpoor counties, poor children are more likely to be reported but not more likely to be investigated. This may affect service provision to poor families in nonpoor counties who need services that might follow an investigation. The findings also indicate that poorer counties had lower adoption rates than did nonpoor counties.

3.6.3 Urban vs. Nonurban Counties

In general, urban counties are reorganizing their services more rapidly than nonurban counties. Urban counties were more likely than rural counties to have begun offering neighborhood services or opened satellite offices than county-administered states. Urban counties were also more likely than rural counties to have created multidisciplinary teams with the TANF program to better serve their mutual clientele. Yet, urban counties were less likely to have completed implementation of concurrent planning than other counties.

Provision of a foster care payment plus normal licensing requirements for kinship foster care was more common in urban counties. The rate of voluntary placements was also associated with urbanicity: urban counties reported a higher average rate than rural counties; overall, however, voluntary placements were rarely used and accounted for less than 1% of all foster care placements.

Concerns about over- or under-representation of minority children (African American) were associated with county size and urbanicity: large counties were significantly more likely than other counties and urban counties were more likely than rural ones to have such concerns. Yet, urban counties had higher adoption rates than other counties, partially because they were much more likely to have developed specialized recruitment resources. Further, rural counties were more likely than urban counties to have no changes in agency services as a result of MEPA and IEP. ASFA may help to even out these differences, as there is strong evidence that rural counties were more likely than

urban counties to have increased their emphasis on adoption—especially of children in kinship foster care.

Subcontracting for services was much more common in urban areas. This included a greater likelihood of contracting for family reunification services, private foster care services, residential treatment services, and adoptive recruitment and placement services. Urban counties also had a lower proportion of authorized CPS positions than did nonurban counties.

3.6.4 State- vs. County-Administered Agencies

State-administered child welfare systems appear to have a more structured approach to risk assessment, licensing of kinship homes, and training of child welfare workers and caregivers. State-administered, rather than county-administered, agencies appeared more likely to require the use of a structured risk assessment approach when deciding whether a case was substantiated and whether to reunify a child once placed.

State-administered agencies also were far more likely to require licensing for all foster care placements and to provide a foster care payment to relatives. On the other hand, proportionately more foster care homes from county-administered agencies received specialized (higher) payments than did foster care homes from state-administered agencies. There was also evidence that county-administered agencies provided more training and supervision for their child welfare workers.

State-administered agencies were more likely than county-administered ones to have concerns about representation of minority children. Accordingly, participation in special training initiatives to address over- or under- representation of minority children was more likely in state-administered agencies. These agencies also had a higher rate of adoption than county-administered states. This finding is consonant with the evidence that state-administered agencies were more likely than county-administered agencies to have an increased number of families who would not get reunification services after ASFA. Another contributing reason could be the significantly greater likelihood of increased adoption resources in state-administered agencies. Lastly, there is also evidence that state-administered agencies were more likely to have changed their adoption activities following the passage of the MEPA and IEP.

Child welfare agencies within state-administered systems are apparently more likely than agencies within county-administered systems to be part of a larger agency. State-administered agencies also appear to innovate in different ways from county organizations, as state-administered agencies were more likely to have developed specialized service units than were county-administered agencies. State-administered agencies were also more likely to have begun offering neighborhood services or opened

satellite offices than were county-administered agencies. The type of agency administration was related both to the creation of multiprogram teams with both TANF and CPS caseworkers: state-administered agencies were more likely than county-administered agencies to create such teams. Likewise, state-administered agencies were more likely than county-administered ones to routinely make referrals from TANF to child welfare services when clients were sanctioned.

State-administered agencies were more likely than county-administered ones to subcontract recruitment services for foster homes and adoptive homes but were otherwise no more or less likely to subcontract with private agencies for services. County-administered agencies had a significantly higher ratio of CPS dollars spent relative to the total number of children investigated than did state-administered agencies.

4. CONCLUSION

The purpose of this report was to provide a national overview of the organization of child welfare services at the local level. Child welfare services develop in ways that are somewhat idiosyncratic to local conditions and policies, yet the study researchers found—even in this small sample—characteristics of services that are strongly related to their context. They anticipate that this report will help inform local agency administrators who often expressed interest in learning how others are responding to Federal, state, and local changes and challenges. Examining the differences in resource allocation and services for those living in poor counties versus those in nonpoor counties may help identify strategies to achieve equitable services for all children. A few urban and rural differences are also striking and deserve consideration in trying to shape policies that accommodate the needs of families and children in different settings. Noting the differences between child welfare services configurations in state- and county-administered systems should also be useful to state administrators, who may benefit from understanding the characteristics of service delivery under different administrative arrangements. Combining these findings with information from the 50-state survey (NSCAW Research Group, State Child Welfare Agency Survey report, Spring 2001) that also derived from NSCAW will further contribute to our understanding of differences in service patterns across the nation.

Other researchers can also benefit from these findings. These data will provide a context for future NSCAW analyses of how children and families are experiencing the child welfare system and for other child welfare researchers to use in comparison to the national picture.

REFERENCES

Adoption and Foster Care Analysis and Reporting System, March 14, 2001, http://www.acf.dhhs.gov/programs/cb/dis/afcars/index.html.

Berrick, J., Needell, B., Barth, R. P., and Jonson-Reid, M. (1998). *The tender years: Toward developmentally sensitive child welfare services*. New York: Columbia University Press.

Bess, R., Leos-Urbel, J. Green R. (2001). The cost of protecting vulnerable children II: What has changed since 1996, http://newfederalism.urban.org/html/op46/coca46.html.

Biemer, P., Liu, J., Iannacchione, I., Byron, M., and Cano, G. (1998). National Survey of Child and Adolescent Well-Being: First Stage Sampling Report. Prepared for the Administration on Children, Youth, and Families, RTI Project 7049.

Glisson, C., & Hemmelgarn, A. (1998). The effects of organizational climate and interorganizational coordination on the quality and outcomes of children's service systems. *Child Abuse and Neglect*, *22*, 401-421.

Liebermann, A, Hornby, H., & Russell, M. (1988). Analyzing the educational backgrounds and work experiences of child welfare personnel: A national study. *Social Work*, *33*(6):485-489.

NSCAW Research Group (in press). Methodological Lessons from the National Survey of Child and Adolescent Well-Being: The first three years of the USA's first national probability study of children and families investigated for abuse and neglect. *Children and Youth Services Review*.

NSCAW Research Group (Spring 2001). National Survey of Child & Adolescent Well-Being, State Child Welfare Agency Survey. Prepared for the Administration on Children, Youth and Families.

Petr, C. G., & Johnson I. C. (1999). Privatization of foster care in Kansas: A cautionary tale. *Social Work*, *44*(3):263-267.

Rosenthal, J. A., McDowell, E. C., & White, T. L. (1998). *Retention of child welfare workers in Oklahoma*. Tulsa: University of Oklahoma School of Social Work.

Shah, B. V., Barnwell, B. G., & Bieler, G. S. (1997). SUDAAN User's Manual, Release 7.5. Research Triangle Park, NC: Research Triangle Institute.

Shlonsky, A., & Gambrill, E. (2001). The assessment and management of risk in child welfare services. *Children and Youth Services Review*, *23*, 1-2.

Smith, S. R. (1989). The changing politics of child-welfare services: New roles for the government and the nonprofit sectors. *Child Welfare*, *68*(3):289-299.

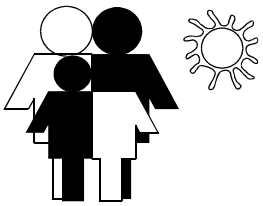
Vinokur-Kaplan, D., & Hartman, A. (1986). A national profile of child welfare workers and supervisors. *Child Welfare*, *65*(4):323-335.

APPENDIXES

Appendix A: Local Agency Directors Interview
Appendix B: Self-Administered Questionnaire
Appendix C: Definition of External Variables for Analysis
Appendix D: Considerations and Terminology Regarding the Interpretation of Statistical Tests

National Survey of Child and Adolescent Well-Being

Local Agency Director Survey



Agency Name: _____ **Field Rep ID:** | | | | | | |

Respondent Name:_____ Interview Date:____/____/____

Respondent Title:_____

START TIME: ☐☐ : ☐☐

Appendix A

Local Agency Directors Interview

Introduction

This survey is about the general characteristics of your agency, your service delivery system, training provided to agency staff and caregivers, and policies that govern your agency's operations. The interview will take approximately 30 minutes.

Agency Structure

1. My first questions are about the general characteristics of your agency. Who is responsible for appointing the director of local child welfare administrative units, such as the county director or administrative district director?

STATE ADMINISTRATOR . . . . . ☐1

COUNTY EXECUTIVE . . . . . ☐2

COUNTY COMMISSIONERS OR BOARD (ELECTED) . . . . . ☐3

COUNTY CHILDREN'S SERVICES BOARD (APPOINTED) . . . . . ☐4

OTHER (*SPECIFY:*_____) . . ☐5

2. To what extent does county government make decisions about how money for child welfare services is spent? Does county government have...

Almost complete control, ... ☐1

Substantial control, or . . . . . ☐2

Very little or no control? . . . . . ☐3

3. How would you describe your agency? Are you...

A free-standing entity, or . . . . . ☐1 ➜ [SKIP TO Q5]

A unit within a larger agency? . . . . ☐2

4. Which of the following are also part of the larger agency?

	YES	NO
a. Substance abuse treatment?	☐1	☐2
b. Mental health?	☐1	☐2
c. Public health?	☐1	☐2
d. Income maintenance/TANF?	☐1	☐2
e. Juvenile justice services?	☐1	☐2

Service Delivery

5. The next questions are about your service delivery system.

In the past <u>12 months</u>, has your agency developed any specialized units, blended teams, or community-based satellite offices?

YES ..... ☐1

NO ..... ☐2 ➜ [SKIP TO Q7]

6. Please tell me whether your agency has used the following practices for service delivery and, if so, the month and year these practices were adopted.

a. Is your child welfare system integrated into an omnibus human services agency?

YES ..... ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y

NO ..... ☐2

b. Does your agency have regionalized services?

YES ..... ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y

NO ..... ☐2

c. Does your agency assign only one caseworker to a case from the beginning to the end of the case?

YES ..... ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y

NO ..... ☐2

d. Does your agency offer neighborhood services or have satellite offices?

YES ..... ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y

NO ..... ☐2

e. Does your agency have specialized service units?

YES . . . . . ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y
NO . . . . . ☐2

f. Does your agency have multi-disciplinary or agency teams with TANF?

YES . . . . . ☐1 → When did you start this practice? ☐☐/☐☐☐☐
M M / Y Y Y Y
NO . . . . . ☐2

7. Has your agency implemented or begun to implement concurrent planning?

YES, IMPLEMENTED . . . . . ☐1

YES, HAVE BEGUN BUT NOT COMPLETED . . ☐2

NO ☐3

8. Does your agency use a structured decision-making or risk assessment?
[IF YES, REQUEST COPY OF PROTOCOL AND RETURN WITH COMPLETED QUESTIONNAIRE.]

YES . . . . . ☐1

NO ☐2 ➜ [SKIP TO Q12]

9. Which of the following risk assessment approaches do you use?

An approach such as structured decision making that results in point totals which can be used to help determine decision-making, ... ☐1

Guidelines that indicate which issues should be addressed in the investigation/assessment, ... ☐2

A combination of the point totals and guidelines approaches, or . . . . . ☐3

Some other approach (*SPECIFY:* _____
_____) . . . . . ☐4

10. At what point in a child welfare case is this risk assessment approach used? Is it used...

	YES	NO
a. When deciding to investigate?	☐1	☐2
b. When deciding whether or not the case is substantiated?	☐1	☐2
c. When deciding what services to provide?	☐1	☐2
d. When deciding about whether or not to close an in-home services case?	☐1	☐2
e. When deciding about whether or not to reunify a child?	☐1	☐2
f. At other times? (*SPECIFY:* _____ _____)	☐1	☐2

11. Is the risk assessment data entered into the SACWIS or MIS program?

YES ..... ☐1

NO ..... ☐2

12. Are your case records automated? (CODE "YES" IF ANY PORTION AUTOMATED.)

YES ..... ☐1

NO ..... ☐2 ➜ [SKIP TO Q14]

13. Did you automate them in the past 12 months?

YES ..... ☐1

NO ..... ☐2

Training

14. My next questions are about educational requirements and training for agency staff and caregivers.

Is a college degree required for workers who do investigations?

YES ..... ☐1

NO ..... ☐2 ➜ [SKIP TO Q16]

15. Which degrees are required? (MARK ALL THAT APPLY.)

BACHELORS IN SOCIAL WORK ..... ☐1
MASTERS IN SOCIAL WORK ..... ☐2
OTHER BACHELORS DEGREE ..... ☐3
OTHER MASTERS DEGREE ..... ☐4

16. Is a college degree required for in-home service workers?

YES ..... ☐1
NO ..... ☐2 ➜ [SKIP TO Q18]

17. Which degrees are required? (MARK ALL THAT APPLY.)

BACHELORS IN SOCIAL WORK ..... ☐1
MASTERS IN SOCIAL WORK ..... ☐2
OTHER BACHELORS DEGREE ..... ☐3
OTHER MASTERS DEGREE ..... ☐4

18. Is a college degree required for foster care workers?

YES ..... ☐1
NO ..... ☐2 ➜ [SKIP TO Q20]

19. Which degrees are required? (MARK ALL THAT APPLY.)

BACHELORS IN SOCIAL WORK ..... ☐1
MASTERS IN SOCIAL WORK ..... ☐2
OTHER BACHELORS DEGREE ..... ☐3
OTHER MASTERS DEGREE ..... ☐4

20. Is a college degree required for adoption workers?

YES ..... ☐1
NO ..... ☐2 ➜ [SKIP TO Q22]

21. Which degrees are required? (MARK ALL THAT APPLY.)

BACHELORS IN SOCIAL WORK ..... ☐1
MASTERS IN SOCIAL WORK ..... ☐2
OTHER BACHELORS DEGREE ..... ☐3
OTHER MASTERS DEGREE ..... ☐4

22. Is pre-service training required for new workers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q24]

[USE SHOW CARD 2]

23. Please look at Card 2. How much pre-service training is required?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q25]

24. Even though it is not required, is pre-service training offered to new workers?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q26]

25. Please look at Card 2. How much pre-service training is provided?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

26. Is pre-service training required for licensed or approved kinship caregivers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q28]

27. (Please look at Card 2.) How much pre-service training is required?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q29]

28. Even though it is not required, is pre-service training offered to licensed or approved kinship caregivers?

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q30]

29. (Please look at Card 2.) How much pre-service training is provided?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . ☐6

30. Is pre-service training required for non-licensed or unapproved kinship caregivers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q32]

31. (Please look at Card 2.) How much pre-service training is required?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q33]

32. Even though it is not required, is pre-service training offered to non-licensed or unapproved kinship caregivers?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q34]

33. (Please look at Card 2.) How much pre-service training is provided?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

34. Is pre-service training required for foster parents? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q36]

35. (Please look at Card 2.) How much pre-service training is required?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q37

36. Even though it is not required, is pre-service training offered to foster parents?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q38]

37. (Please look at Card 2.) How much pre-service training is provided?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

38. Is pre-service training required for adoptive parents? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q40]

39. (Please look at Card 2.) How much pre-service training is required?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . ☐3
4-10 DAYS . . . ☐4
11-15 DAYS . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q41]

40. Even though it is not required, is pre-service training offered to adoptive parents?

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q42]

41. (Please look at Card 2.) How much pre-service training is provided?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

42. Is annual training required for caseworkers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q44]

43. (Please look at Card 2.) How much annual training is required?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q45]

44. Even though it is not required, is annual training offered to caseworkers?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q46]

45. (Please look at Card 2.) How much annual training is provided?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

46. Is annual training required for licensed or approved kinship caregivers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q48]

47. (Please look at Card 2.) How much annual training is required?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q54]

48. Even though it is not required, is annual training offered to licensed or approved kinship caregivers?

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q50]

49. (Please look at Card 2.) How much annual training is provided?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

50. Is annual training required for non-licensed or unapproved kinship caregivers? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q52]

51. (Please look at Card 2.) How much annual training is required?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q53]

52. Even though it is not required, is annual training offered to non-licensed or unapproved kinship caregivers?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q54]

53. (Please look at Card 2.) How much annual training is provided?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

54. Is annual training required for foster parents? (Training can be at the state, regional, or local level.)

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q56]

55. (Please look at Card 2.) How much annual training is required?

NONE . . . . . ☐1

LESS THAN 1 DAY . . . . . ☐2

1-3 DAYS . . . . . ☐3

4-10 DAYS . . . . . ☐4

11-15 DAYS . . . . . ☐5

MORE THAN 15 DAYS . . . . . ☐6

[SKIP TO Q57]

56. Even though it is not required, is annual training offered to foster parents?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q58]

57. (Please look at Card 2.) How much annual training is provided?

NONE . . . . . ☐1
LESS THAN 1 DAY . . . . . ☐2
1-3 DAYS . . . . . ☐3
4-10 DAYS . . . . . ☐4
11-15 DAYS . . . . . ☐5
MORE THAN 15 DAYS . . . . . ☐6

Policy Environment

58. The next questions concern the policies under which your agency operates and their impact on service delivery.

Is your agency currently operating under one or more active consent decrees? (A "consent decree" refers to a class action suit or court order related to child welfare.)

YES . . . . . ☐1
NO . . . . . ☐2

59. Does your agency participate in any Federal IV-E waiver demonstration projects related to child welfare?

YES . . . . . ☐1
NO . . . . . ☐2

60. Does your agency participate in any <u>other</u> demonstration projects funded by foundation, state, or federally-supported grants or initiatives?

YES . . . . . ☐1
NO . . . . . ☐2 ➜ [SKIP TO Q62]

61. In which of the following does your agency participate?

		YES	NO
a.	Foundation-supported initiatives?	☐1	☐2
b.	Federally-supported grants or initiatives?	☐1	☐2
c.	State-supported grants or initiatives?	☐1	☐2

[USE SHOW CARD 3]

62. For the next questions, I would like you to tell me whether state funding in the past 12 months has changed or not for various services. Please use the response categories shown on Card 3 to answer.

	Decreased a lot	Decreased a little	Remained unchanged	Increased a little	Increased a lot
a. In the past 12 months, has state funding changed for child abuse prevention services?.	☐1	☐2	☐3	☐4	☐5
b. Child protective services?.	☐1	☐2	☐3	☐4	☐5
c. In-home services?	☐1	☐2	☐3	☐4	☐5
d. Placement services?.	☐1	☐2	☐3	☐4	☐5
e. Adoption services?.	☐1	☐2	☐3	☐4	☐5

63. In the past 12 months, has the agency's flexibility in using state funds for services...

Increased, ... ☐1

Decreased, or . . . . . ☐2

Remained the same? . . . ☐3

64. Is your agency engaged in any special initiatives designed to increase collaboration with other agencies providing services to children, youth, and families?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q66]

[USE SHOW CARD 4]

65. I'd like to ask about the nature of your agency's collaboration, if any, with other agencies. For each agency that I ask you about, please tell me all the types of collaboration listed on Card 4 that apply.

a. Which types of collaboration does your agency have with mental health service providers? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

b. Which types of collaboration does your agency have with drug/alcohol service providers? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

c. Which types of collaboration does your agency have with police? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

d. Which types of collaboration does your agency have with juvenile justice? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

e. Which types of collaboration does your agency have with education? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

f. Which types of collaboration does your agency have with the local planning body? (MARK ALL THAT APPLY.)

DISCUSSION AND INFORMATION SHARING . . . . . ☐1

DEVELOPMENT OF INTERAGENCY AGREEMENTS AND MEMORANDA OF UNDERSTANDING . . . . . ☐2

CROSS-TRAINING OF STAFF . . . . . ☐3

JOINT PLANNING/POLICY FORMULATION FOR SERVICE DELIVERY . . . . . ☐4

WORKING WITH THE AGENCY ON CHILD WELFARE CASES . . . . . ☐5

JOINT BUDGETING OR RESOURCE ALLOCATION . . . . . ☐6

NONE OF THE ABOVE . . . . . ☐7

66. Is your agency accredited?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q69]

67. By whom?

_____

68. Does the state require your agency to be accredited?

YES . . . . . ☐1

NO . . . . . ☐2

Agency Policy

69. Does your agency have <u>written</u> protocols the situations in which family reunification services are not required?

YES . . . . . ☐1

NO . . . . . ☐2

70. Does your agency have <u>written</u> protocols for providing aftercare services following reunification?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q75]

71. On average, for how many months does your agency supervise cases after reunification?

			MONTHS

72. In general, are aftercare services following reunification...

Mandated, ... ☐1

Recommended, or . . . . . ☐2

Not stipulated in the protocol? . . . . . ☐3 ➜ [SKIP TO Q75]

73. Are aftercare services in residential cases...

Mandated, ... ☐1

Recommended, or . . . . . ☐2

Not specifically stipulated in the protocol? . . . ☐3

74. Are aftercare services in foster care cases...

Mandated, ... ☐1

Recommended, or . . . . . ☐2

Not specifically stipulated in the protocol? . . . ☐3

75. Does your agency have a written protocol on the placement of a foster child's siblings into foster care?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q77]

76. How would you describe your protocol for the placement of children together? Is this placement...

Mandatory, ... ☐1

Mandatory, except with written approval, ... ☐2

Recommended, or . . . . . ☐3

Stipulated in some other way? (SPECIFY _____

_____) . . ☐4

77. Does your agency have a written protocol on the investigation of families with drug-affected infants?

YES . . . . . ☐1

NO . . . . . ☐2 ➜ [SKIP TO Q83]

78. Does this protocol require case opening for infants with positive toxicology results at birth?

YES . . . . . ☐1

NO . . . . . ☐2

79. Is there automatic referral to health or public health services?

YES . . . . . ☐1

NO . . . . . ☐2

80. Are there circumstances under which reunification services are not required by this protocol?

YES . . . . . ☐1

NO . . . . . ☐2

81. Are there circumstances under which reunification services are not required by this protocol?

YES . . . . . ☐1

NO . . . . . ☐2

82. Does this protocol stipulate anything else?

YES . . . . . ☐1 ➜ SPECIFY:_____

NO . . . . . ☐2

83. Which of the following describe your agency's policy regarding adoption by foster parents? Please choose all that apply. (MARK ALL THAT APPLY)

Recruits adoptive homes for special needs children from among foster parents . . . . . ☐1

Recruits foster-adopt parents and identifies placements as foster-adopt . . . . . ☐2

Encourages conversions of foster homes into adoptive homes . . . ☐3

Allows but does not encourage conversions from foster care . . . . ☐4

Discourages conversions from foster care . . . . . ☐5

Something else? (*SPECIFY:* _____ _____) . . ☐6

84. Which of the following describes your agency's policy on adoption by relatives? Please choose all that apply. (MARK ALL THAT APPLY)

Recruits relatives as foster-adopt parents . . . . . ☐1

Encourages relatives of caregivers to adopt children . . . . . ☐2

Expects that relative caregivers who plan to care for a child for a long time will become their legal guardian or adoptive parent . ☐3

Something else? (*SPECIFY:* _____ _____) . . ☐4

85. Does your agency provide voluntary services to families who are investigated or assessed when the allegations are <u>unsubstantiated</u>?

YES . . . . . ☐1 ➜ [SKIP TO Q87]

NO . . . . . ☐2

86. Does your agency refer these families with unsubstantiated allegations to other agencies when appropriate, or does the agency take no further action?

REFERS FAMILIES TO OTHER AGENCIES . . . . . ☐1

TAKES NO FURTHER ACTION . . . . . ☐2

87. For each of the following, please tell me the maximum time allowed between a report of child abuse or neglect and initial contact.

	TIME ALLOWED [CODE ONE]		
a. Physical abuse?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
b. Sexual abuse?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
c. Emotional abuse?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
d. Physical neglect (failure to provide)?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
e. Neglect (lack of supervision)?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
f. Abandonment?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
g. Moral/legal/educational abuse?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks
h. Exploitation?	☐☐☐ hours	☐☐☐ days	☐☐☐ weeks

88. What is the maximum time allowed to complete an investigation?

☐☐☐ days ☐☐☐ weeks ☐☐☐ months

89. According to statute, what is the maximum time allowed between placement and an initial court hearing?

☐☐☐ days ☐☐☐ weeks ☐☐☐ months

90. According to policy, what is the maximum time allowed from initial contact and a disposition hearing?

☐☐☐ days ☐☐☐ weeks ☐☐☐ months

Conclusion

That's all the questions I have. However, I would like to leave a questionnaire for you to complete so that we can gather additional information about your agency.

[GIVE QUESTIONNAIRE TO AGENCY DIRECTOR.]

These questions focus on staff resources, foster care resources, and service activities for the most recent fiscal year, which may require input from other agency staff -- for example, a personnel manager or fiscal officer. Some questions may also require data to be obtained from various databases or reports. At the end of the questionnaire is a series of questions about the impact of welfare reform, changes in the Adoption and Safe Families Act, and changes in the Multi-Ethnic Placement Act on your agency's service delivery program. We've included these questions here to allow you to respond more fully about these issues.

I'd like to come back in about 2 weeks and pick up the completed questionnaire. If you have any questions about the information being requested, you can give me a call at [PROVIDE PHONE NUMBER].

[IF MORE TIME IS NEEDED, SET A DATE FOR PICKING UP THE COMPLETED FORM AND TELL THE AGENCY DIRECTOR YOU'LL CHECK BACK ON THAT DATE.]

Thanks again for your assistance with this important study.

END TIME: [ ][ ] : [ ][ ]

Appendix B

Self-Administered Questionnaire

This questionnaire collects information about your agency's service delivery, expenditures, staff resources, and foster care resources.

Service Delivery

The first questions are about the impact of welfare reform initiatives and federal policies on service delivery.

1. How has welfare reform implementing TANF affected your agency's existing service delivery programs and the creation of new child welfare programs? (Mark an X in each box that applies.)

Created multi-program teams that include both TANF and CPS caseworkers . . . . . ☐ 1

Employment services are routinely linked to child welfare services . . . . . ☐ 2

Referrals from TANF to child welfare services are routinely made when clients are sanctioned . . . . . ☐ 3

No changes . . . . . ☐ 4

Other (Please specify:_____) . . . ☐ 5

2. In your opinion, how has TANF implementation affected...

	Decreased a lot	Decreased a little	Remained unchanged	Increased a little	Increased a lot
a. The number of child welfare cases your agency handles? Has the number of cases	☐1	☐2	☐3	☐4	☐5
b. The average number of hours spent on a child welfare case? Has the number of hours...	☐1	☐2	☐3	☐4	☐5

3. Are there other ways that TANF implementation has affected your agency's child welfare service delivery?

Yes . . . . . ☐ 1 ➔ Please describe:

No . . . . . ☐ 2

4. How have changes in the Adoption and Safe Families Act (ASFA) affected your agency's existing service delivery programs and the creation of new programs? (Mark an X in each box that applies.)

Greater emphasis on ensuring safety of child (versus family preservation approach) . . . . . ☐ 1
Shortened time frames for decision-making to less than 12 months for some children . . . . . ☐ 2
Increased the number of families that will not get reunification services . . ☐ 3
Expedited access to drug treatment for clients . . . . . ☐ 4
Increased the emphasis on adoption for older children . . . . . ☐ 5
Increased the emphasis on adoption for children living in kinship foster care . . . . . ☐ 6
No changes . . . . . ☐ 7
Other (Please specify: _____) . ☐ 8

5. In your opinion, how have changes in ASFA affected...

	Decreased a lot	Decreased a little	Remained unchanged	Increased a little	Increased a lot
a. The number of cases your agency handles? Has the number of cases.	☐1	☐2	☐3	☐4	☐5
b. The average number of hours spent on a child welfare case? Has the number of hours.	☐1	☐2	☐3	☐4	☐5
c. Your agency's regulations and paperwork? Have they	☐1	☐2	☐3	☐4	☐5

6. Have changes in ASFA affected your agency's client base?

Yes . . . . . ☐ 1 ➔ Please describe:
No . . . . . ☐ 2

7. Are there other ways that changes in ASFA have affected your agency's child welfare service delivery?

Yes . . . . . ☐ 1 ➔ Please describe:
No . . . . . ☐ 2

8. How has the Multi-Ethnic Placement Act (MEPA) affected your agency's existing service delivery programs and the creation of new programs? (Mark an X in each box that applies.)

Increased training about ways that race can be used in making foster care and adoption placements . . . . . ☐1

Creation of new recruitment resources . . . . . ☐2

Increased proportion of foster care placements that are transracial . . . . . ☐3

Increased proportion of adoption placements that are transracial . . . . . ☐4

No changes . . . . . ☐5

Other (Please specify: _____) . ☐6

9. In your opinion, how has MEPA affected...

	Decreased a lot	Decreased a little	Remained unchanged	Increased a little	Increased a lot
a. The number of cases your agency handles? Has the number of cases	☐1	☐2	☐3	☐4	☐5
b. The average number of hours spent on a child welfare case? Has the number of hours.	☐1	☐2	☐3	☐4	☐5
c. Your agency's regulations and paperwork? Have they	☐1	☐2	☐3	☐4	☐5

10. Has MEPA affected your agency's client base?

Yes . . . . . ☐ 1 ➔ Please describe:

No . . . . . ☐ 2

11. Are there other ways that MEPA has affected your agency's child welfare service delivery?

Yes . . . . . ☐ 1 ➔ Please describe:

No . . . . . ☐ 2

12. In many child welfare agencies there have been concerns about the over-representation or under-representation of minority children in certain services, such as foster care or community-based services. Has this been identified as a concern for your agency?

Yes . . . . . ☐ 1
No . . . . . ☐ 2 [SKIP TO Q14]

13. Is your agency involved in any of the following special initiatives designed to address the over-representation or under-representation of minority children in services?

a. Training?

Yes . . . . . ☐ 1 ➔ Please describe:
No . . . . . ☐ 2

b. Matching child welfare workers and families?

Yes . . . . . ☐ 1 ➔ Please describe:
No . . . . . ☐ 2

c. Performance measures to reduce racial imbalance in placement?

Yes . . . . . ☐ 1 ➔ Please describe:
No . . . . . ☐ 2

14. Has your agency begun using performance-based measures that are tied to financial incentives or sanctions? Please include only those used to measure agency performance rather than those used by the agency to measure contractor performance.

Yes . . . . . ☐ 1 [SKIP TO Q16]
No . . . . . ☐ 2

15. Which of the following performance-based measures is your agency using? For each selected measure, please complete Column C as indicated.

A. Performance-Based Measure	**B. Using the measure?**	**C. In what month and year did your agency begin using this measure?**
a. Investigations?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
b. Family preservation?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
c. Family reunification?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
d. Length of time in foster/out-of-home care?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
e. Adoption?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
f. Preparation for independent living?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
g. Reoccurrence of abuse or neglect?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
h. Child fatalities?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
i. Permanency?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y
j. Use of least-restrictive placements?	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐ M M Y Y Y Y

16. In addition to the previously discussed changes in legislation, what changes have you seen in...

	Decreased a lot	Decreased a little	Remained unchanged	Increased a little	Increased a lot
a. The unemployment rate of adults served by your agency? Would you say unemployment has.	☐1	☐2	☐3	☐4	☐5
b. The poverty level of children and families served by your agency? Would you say poverty has	☐1	☐2	☐3	☐4	☐5
c. The prevalence of substance abuse among referred parents? Would you say the prevalence of substance abuse has	☐1	☐2	☐3	☐4	☐5
d. The age of children receiving services? Would you say the age has	☐1	☐2	☐3	☐4	☐5
e. The number of child abuse reports? Would you say the number has	☐1	☐2	☐3	☐4	☐5
f. Admissions into out-of-home care? Would you say admissions have	☐1	☐2	☐3	☐4	☐5

17. What are your greatest concerns about the future of child welfare services?

Agency Expenditures

The next questions are about your agency's expenditures. When answering these questions, please think about the most recent fiscal year.

18. What were the start and end dates of the most recent fiscal year?

Start Date: ☐☐ / ☐☐ /☐☐☐☐ **End Date:** ☐☐ / ☐☐ /☐☐☐☐
M M D D Y Y Y Y M M D D Y Y Y Y

19. During that fiscal year, what were your agency's total child welfare expenditures for all sources for the following programs? Please do not include costs incurred by other agencies servicing families (e.g., mental health or substance abuse).

Program	**Total Funds Expended (all sources)**
a. Child abuse prevention services (primary prevention)/family support	$_____,_____,_____.00
b. Child Protective Services (CPS)	**$**_____,_____,_____.00
c. In-home services (services provided to child and family while child remains in the home, i.e., individual and family counseling, medical and education services for child, substance abuse, counseling, family preservation services, etc.). Do not include costs incurred by other agencies servicing the family.	**$**_____,_____,_____.00
d. Foster care services and group care	**$**_____,_____,_____.00
e. Adoption services	**$**_____,_____,_____.00
f. Independent living services	**$**_____,_____,_____.00
g. Other local programs	**$**_____,_____,_____.00
h. Total expenditures (all sources)	**$**_____,_____,_____.00

Staff Resources

The next questions are about all agency staff resources including contractual workers. Again, when answering these questions please think about the fiscal year reported in Question 18.

20. For all funding sources (federal, state, and local), how many child welfare employee Full-Time Equivalent (FTE) positions in Column A were authorized and filled on the first day and last day of the fiscal year? Please complete columns B, C, D, and E for each type of position.

A. Type of Position (Includes contractual workers; temporary non-merit system workers)	**B. Authorized FTE on first day of fiscal year**	**C. Filled FTE on first day of fiscal year**	**D. Authorized FTE on last day of fiscal year**	**E. Filled FTE on last day of fiscal year**
a. CPS investigative workers				
b. Other direct service workers (in-home, foster, adoption, case managers)				
c. Case work supervisors				
d. Administrative/support workers				
e. Other workers				
f. Total (all FTE positions)				

21. During that fiscal year, what percent of direct service positions were filled using contractual workers (e.g., temporary workers, non-merit system positions)?

[ ][ ][ ] %

22. During that fiscal year, what percent of direct service workers were union members?

[ ][ ][ ] %

23. During that fiscal year, how many staff were hired by your agency? Please include investigative workers, other direct service workers, case worker supervisors, administrative/support staff, and other workers.

			Hired

24. How many workers terminated employment during the fiscal year?

			Terminated Employment

25. During that fiscal year, what were the minimum and maximum salaries for:

Position	Minimum (entry level)	Maximum
a. Caseworkers whose primary responsibilities were the investigations of child abuse and neglect	$_____,_____.00	$_____,_____.00
b. Caseworkers whose primary responsibilities were the provision of other child welfare services (including in-home services, placement and foster care, and adoption)	**$**_____,_____.00	**$**_____,_____.00
c. Case Work Supervisors	$_____,_____.00	$_____,_____.00

26. Some child welfare agencies fund positions on the basis of "caseload" (that is, a position is created for a specified number of cases) and others on the basis of "workload" (that is, a position is created for a specified number of investigations or home studies completed).

The next question asks about the method of funding positions your agency uses and the caseload or workload per position. For each position in Column A, please check the type of funding approach your agency uses in Column B. Then enter the caseload or workload per worker required for funding in Column C as indicated. Otherwise, check "no such position" and continue with the next position in Column A.

A. Type of Position	**B. Type of Funding** (Please check the type of method used)	**C. Number per Worker** (Please enter caseload per worker or workload per worker)	
a. CPS screeners	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to b)	Caseload per worker? → Workload per worker? →	
b. CPS investigative workers	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to c)	Caseload per worker? → Workload per worker? →	
c. In-home service workers	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to d)	Caseload per worker? → Workload per worker? →	
d. "Long-term foster care workers	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to e)	Caseload per worker? → Workload per worker? →	
e. Adoption workers (home studies)	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to f)	Caseload per worker? → Workload per worker? →	
f. Adoption workers (placement supervisors)	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to g)	Caseload per worker? → Workload per worker? →	

A. Type of Position	**B. Type of Funding** (Please check the type of method used)	**C. Number per Worker** (Please enter caseload per worker or workload per worker)	
g. Adoption workers (post-adoptive services	☐ Caseload method → ☐ Workload method → ☐ No such position in this agency → (Go to Question 27)	Caseload per worker? Workload per worker?	

Foster Care Resources

The next questions are about foster care resources. When answering these questions, please think about the fiscal year reported in Question 18.

27. Does your agency give preference to relatives when considering placement options?

Yes . . . . . ☐ 1
No . . . . . ☐ 2

28. On the last day of the fiscal year, what percent of foster care homes used by your agency received specialized/difficulty of care payments for children with behavioral, emotional, developmental, or medical special needs? Please include only kinship foster homes and non-relative foster homes.

☐☐☐ %

Service Activities

The next questions are about your agency's service activities. Again, please respond for the fiscal year reported in Question 18.

29. During the fiscal year, how many reports alleging child abuse and neglect were received by your agency?

☐☐☐☐ Reports

30. Of the reports in Question 29, how many did your agency receive that were...

a. Not referred for CPS investigation or assessment (that is, reports of child abuse and neglect that were screened out prior to investigation)?

☐☐☐☐ Not referred for CPS investigation/assessment

b. Referred for CPS investigation or assessment

☐☐☐☐ Referred for CPS investigation/assessment

31. During the fiscal year, what was the total number of voluntary custody arrangements?

☐☐☐ Arrangements

32. Family preservation services are typically designed to help families at risk or in crisis. Services may be designed to prevent foster care placement, reunify families, or support adoptive families. During the fiscal year, what was the <u>total number of children</u> served by your agency in family preservation programs?

☐☐☐☐ Children

33. The next question is about family support services. We define family support services as those services that are primarily community-based preventive activities designed to promote the well-being of children and families. Services are designed to increase the strength and stability of families, increase parent's confidence and competence in their parenting abilities, afford children a stable and supportive family environment, and otherwise enhance child development. During the fiscal year, what was the <u>total number of children</u> served by your agency (or by community-based organizations funded by your agency) in family support programs?

☐☐☐☐ Children

34. For each of the following types of placement, record the number of children who entered out-of-home care during the fiscal year in Column B, the number who exited out-of-home care during the fiscal year in Column C, the number who were in out-of-home care on the last day of the fiscal year in Column D, and the number of additional beds needed for each type of placement in Column E?

A. Placement Type	B. Number of Children who Entered Care during the Fiscal Year	C. Number of Children who Exited Care during the Fiscal Year	D. Total Number of Children in Care on Last Day of Fiscal Year	E. Number of Additional Beds Needed on the Last Day of Fiscal Year
a. Kinship foster care				
b. Non-relative foster care				
c. Therapeutic/Treatment foster care				
d. Group homes (8 children or less)				
e. Residential group care (more than 8 children)				
f. Emergency shelter				
g. Independent living				
h. Transitional housing for emancipated youth				
i. Subsidized guardianship				

35. For each of the following types of placement, how many children were in kinship care as of the last day of the fiscal year?

Placement Type	**Number of Children in Kinship Care as of Last Day of Fiscal Year**
a. Relative receives foster care payment and has to meet normal licensing requirements	
b. Relative receives foster care payment, but without having to meet normal licensing requirements (includes licenses that are restricted to the care of a related child)	
c. Relative receives TANF for child in care only, but no foster care payment	
d. Relative already receives TANF for self and now receives it for child, but no foster care payment	
e. Relative receives no financial, medical, or other assistance	
f. Non-relative (i.e., "fictive kin") placement	
g. Assisted kinship guardianships	

36. The next question is about the adoption status of children in care during the fiscal year.

a. On the <u>first</u> day of the fiscal year, how many children were in care with a <u>goal of adoption</u>?

☐☐☐☐ Children

b. Of the children reported in "a", how many were <u>legally free for adoption</u>?

☐☐☐☐ Children

c. Of the children reported in "a", how many were <u>placed for adoption</u> by the end of the fiscal year?

☐☐☐☐ Children

d. Of the children reported in "a", how many were <u>legally adopted</u> by the end of the fiscal year?

☐☐☐☐ Children

37. The remaining questions are about services that may be subcontracted by your agency. In your agency, which of the services in Column A are subcontracted? For each subcontracted service, please complete Columns C, D, and E, as indicated.

A. Service	B. Is service subcontracted?	C. In what month/ year did your agency begin subcontracting?	D. Is case management subcontracted?	E. Are case managers responsible for court reports?
a. CPS investigation or assessment	Yes . . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
b. Family preservation/ in-home services	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
c. Family reunification services	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
d. Foster care placements	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
e. Residential treatment	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
f. Adoptive placements	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2
g. Recruitment: Foster care/ adoption	Yes . . . . ☐1→ No . . . . . ☐2	☐☐ / ☐☐☐☐→ M M Y Y Y Y	Yes . . . . ☐1→ No . . . . . ☐2	Yes . . . . . ☐1 No . . . . . ☐2

38. Compared to five years ago, is your agency subcontracting...

A lot more services . . . . . ☐1

Somewhat more services . . . . . ☐2

About the same amount of services . . . . . ☐3

Somewhat fewer services . . . . . ☐4

A lot fewer services . . . . . ☐5

That's all the questions we have for you. Thank you for providing this important information for the National Survey of Child and Adolescent Well-Being. The field representative assigned to your agency will pick up the completed questionnaire in the next few days.

In case we have questions about the information provided in this questionnaire, please list the name, title, and telephone number of the <u>primary</u> respondent for this survey:

Name:_____

Title:_____

Telephone #: (_____)_____-_____

How much time did your agency spend completing this questionnaire? ☐☐ **Hours** ☐☐ **Minutes**

Appendix C

Definition of External Variables for Analysis

Variable Name	Description	Definition	Sample Distribution		Source
			Unweighted	Weighted	
P	50% of poverty	For county c, P(c) = 1 if less than or equal to 5% of county c families with children is below 50% poverty value	49% of PSUs	57% of PSUs	1990 Census
		P(c) = 2 otherwise	51% of PSUs	43% of PSUs	
S	County size	For county c, S(c) = 1 if county c population <15 years of age is <25,000	32% of PSUs	82% of PSUs	1990 Census
		S(c) = 2 if county c population <15 years of age is 25,000 or more	68% of PSUs	18% of PSUs	
SC^	State or county administered	For county c, SC(c) = 1 if county c is state administered	64% of PSUs	54% of PSUs	1997 NCANDS
		SC(c) = 2 otherwise	36% of PSUs	46% of PSUs	
UR^^	Urban-rural variable	For county c, UR(c) = 2 if >50% of county c population lives in urban area (Census Bureau definition)	73% of PSUs	24% of PSUs	1990 Census
		UR(c) = 1 otherwise	27% of PSUs	76% of PSUs	

^Note: 3 PSUs defined themselves as other than state or county and were excluded from analyses that made that distinction (but were included in all other analyses).

^^Note: According to chi-square tests, these PSU characteristics are not associated, with the exceptions of administration (state/county) and urban/rural ($p<.12$), and urban/rural and county size ($p<.001$). Thus, significant associations between urban/rural and other measures may also be partially attributable to other PSU characteristics.

Appendix D

Considerations and Terminology Regarding the Interpretation of Statistical Tests

The design of this study, especially the modest-sized sample and weighted data, required careful interpretation of the results. Because the study researchers sought to explore a variety of possible relationships that had not been studied before, they did not want to unduly restrict their search for relationships and ran a substantial number of analyses. For that reason they decided against using the more flexible significance level of $p < .10$, commonly used in preliminary studies, because this would result in too many false positive findings to allow for confident interpretation. Instead they chose to use the following terminology in writing about their results.

Some indication of difference: when weighted analyses find the probability of difference to be $.05 < p < .10$ *and* when the unweighted difference is significant in the same direction and the finding is theoretically plausible. This designation was also used to interpret chi-square tests when the expected sample sizes for two cells were less than 5 or when the items on which the analyses were based seemed unusually ambiguous.

Some evidence of difference: when the probability of difference is $.01 < p < .05$ in the weighted analysis (this is not called a "significant difference" because of the inflation of the alpha levels due to the many tests that were run).

Significant difference (or *strong evidence of difference*): when the p value is at .01 or less.