

AN ASSESSMENT OF PLACEMENT STABILITY VIA THE CHILD AND FAMILY  
SERVICES REVIEW

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## DEDICATION

For my babies, Ava and Noah - Mama loves you always

## ACKNOWLEDGMENTS

Words cannot express my gratitude to my mom and dad for continuously supporting me throughout life and this academic journey. This would not have been possible without you. To Matthew, thank you for constantly pushing me to be the best I can be and encouraging me along the way. To my dissertation chair, Dr. Joyce Armstrong, I simply could not have completed this task without your patience, guidance, knowledge, and support. I would also like to acknowledge all of my friends for their constant motivation and reassurance. Finally, I would like to address the disproportionate representation of minority children within the child welfare system (<https://www.childwelfare.gov/topics/systemwide/cultural/disproportionality/data/>). The child welfare system is no exception to the systemic inequalities present in our nation. While this dissertation focuses on placement stability within the child welfare system, the preventative provision of the resources and supports necessary to promote healthy child outcomes should always be prioritized over removal.

## ABSTRACT

SIMONE JACKSON

### AN ASSESSMENT OF PLACEMENT STABILITY VIA THE CHILD AND FAMILY SERVICES REVIEW

DECEMBER 2023

The federal government has enacted several policies to support the stable placement of children in the child welfare system. From mandating that substitute care providers are “adequately prepared” to enacting a nationwide child welfare monitoring system, the need to ensure the proper care of children in the child welfare system is apparent. The Child and Family Services Review (CFSR) was created to monitor state compliance with federal child welfare mandates and improve state child welfare systems. The purpose of this study was to evaluate the CFSR data to identify improvements in state child welfare systems in areas critical to placement stability. A mixed-methods approach was utilized to assess the data from 41 states ( $n = 41$ ). A profile analysis was run to analyze changes in the percentage of placement stability, educational needs, physical health, and mental health cases rated as a strength across CFSR rounds. A directive content analysis was then conducted to identify themes in state program improvement plans ( $n = 15$ ) when placement stability was rated as an area of concern. Placement stability and related variables overall did not improve across CFSR rounds. Themes emerged from the data that showed states focus on (a) Developing state compliance strategies, (b) Improving pre-service placement selection, and (c) Increasing staff and provider preparation when looking to improve placement stability. Implications of the study focus on how future research should further define federal policy on adequate substitute care provider preparation and the overall implementation of the CFSR. Policy and practice implications highlight the importance of policy

in serving as a means to impact family level outcomes and the necessity of utilizing child welfare staff to facilitate this process.

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## CHAPTER I

### INTRODUCTION

The Adoption and Foster Care Analysis and Reporting System (AFCARS) reported 391,098 children in foster care at the end of the 2021 fiscal year (Children's Bureau, 2022). Children are removed from their homes by a state child welfare agency and placed in the child welfare system when abuse and/or neglect, or imminent threats of abuse and/or neglect, are present in the home (Child Welfare Information Gateway, 2019). Upon removal, children are placed with a substitute care provider. Substitute care, as defined by the National Center on Child Abuse and Neglect (NCCAN), is a "means of meeting a child's daily caretaking and developmental needs outside of his/her home" (NCCAN, n. d., p. 77). A substitute care provider or substitute parent is the adult who "agrees to provide the substitute care for a child in their homes, either formally or informally and on a temporary or long-term basis" (NCCAN, n. d., p. 77). A substitute parent is a blanket term that includes foster, adoptive, and kinship providers. Children who have been removed from their home have experienced some form of trauma and can present many behavioral and emotional challenges once placed with a substitute care provider. These behavioral challenges are seen as the main risk factor for disruptions of placement (Leathers et al., 2019). Disruption in placement within child welfare is defined as an "unplanned termination of a long-term placement decision" (Tonheim & Iversen, 2019, p. 90). Tonheim and Iversen (2019) noted reasons associated with disruption of placement: (a) child-related, (b) caregiver related, and (c) policy and child welfare services related. Child related disruptions involve the child's history of trauma and subsequent behavioral concerns. The needs of these children outweigh the coping skills of their substitute care provider; thus, the placement is disrupted (James, 2004). A family's inability to meet the needs of the child placed in their

home ultimately leads to them ending their placement (Tonheim & Iversen, 2019). Again, families who feel they are unable to address their child's behavior problems are more likely to disrupt placement (Leathers et al., 2019; Rhodes et al., 2001). Placement stability is imperative for children in the child welfare system to have healthy developmental outcomes (Chamberlain et al., 2006; Chateauneuf et al., 2022; Clemens et al., 2018).

It is important that substitute care providers are well equipped to handle challenges presented during placement in order to avoid disruption. Parent education, as a method of pre-service training, has been researched to be an effective method of preparing and supporting families in the child welfare system (Fisher et al., 2013; Strickler et al., 2018; Wind et al., 2007). The United States federal government also recognizes the importance of having well-supported and informed substitute care providers. The United States Department of Health and Human Services enacted the Social Security Act of 1980 and the Foster Care Independence Act of 1999, which laid the foundation for states to create laws mandating pre-service training for substitute care providers. In compliance with federal and state guidelines substitute care providers must be “adequately prepared to provide for the needs of the child” (Foster Care Independence Act, 1999). Comprehensive resources and information regarding current foster care policies and practices can be found at the Child Welfare Information Gateway, a service of the Children's Bureau to provide up-to-date resources for the child welfare system. All states verify the preparedness of substitute care providers through an application process that includes an assessment or home study (Child Welfare Information Gateway, 2018). Included in this process is an on-site visit to the home to assess the environment for safety (e.g., the presence of firearms, smoke detectors, pool covers, sufficient space, cleanliness etc.) and an interview of all people in the home to assess the ability to care adequately for the children (Child Welfare Information

Gateway, 2018). As previously mentioned, the federal government supports the notion that the adequate preparation of substitute care providers is imperative to placement success. To monitor state's compliance with federal mandates, the Child and Family Services Review (CFSR) was created. The CFSR is the federal data collection and assessment of state's child welfare systems in order to "help state's identify state's strengths and areas needing improvement" (Children's Bureau, n.d.a). The review consists of data collection, site-visits, assessment of functioning, and implementation of improvement plans (Children's Bureau, n.d.a). However, as of February 2023 the information collected through the CFSR has not been used to informed new policy or guideline for substitute care provider pre-service training at the federal level.

### **Statement of the Problem**

Pre-service training is acknowledged as useful for preparing families for foster care; however, there is a limited body of rigorous research on what exactly makes pre-service training effective for substitute care (Cooley & Petren, 2019; Festinger & Baker, 2013; Gibbs et al., 2022; Konijin et al., 2020). Current federal evaluation metrics in the CFSR have rated states' pre-service training on their presence, not quality of implementation or preparedness of families (Cooley & Petren, 2019). Every state must follow the federal guidelines (e.g., Foster Care Independence Act of 1999) to adequately prepare families for placement; however, there is a lack of minimum standards or federal pre-service training evaluation to ensure effectiveness in family preparation across all states. Also, not all states choose to prepare prospective substitute care providers through pre-service training. In 2018, only 45 states and the District of Columbia mandated pre-service training for prospective substitute care providers (Child Welfare Information Gateway, 2018). Vermont, Alaska, Hawaii, Pennsylvania, and Tennessee do not have laws that require pre-service training; however, under federal mandates these states must

still assess the preparedness of the foster family to adequately care for the children in the home. Training implementation varies widely across states. Some states require pre-service training, while other states only require ongoing training (during after placement). Pre-service training hour requirements vary between 36 hours and six hours across states and topics are not consistently included (Child Welfare Information Gateway, 2018).

### **Purpose Statement**

As previously described, the CFSR is designed to determine if states are meeting federal requirements for child welfare system as well as gauge what exactly is being done in each state to identify areas of strength and weakness and subsequently make improvements. The purpose of this study was to evaluate CFSR data to identify improvements in state child welfare systems in areas critical to placement stability. This approach was designed to evaluate if the CFSR is actually improving outcomes for children in the child welfare system. This study also explored what states were doing in order to make improvements in placement stability. In addition to identifying significant improvements of variables in each round, the examination of program improvement plans (PIPs) will create a holistic view of how the child welfare system approached improving outcomes. This information can be used to strengthen the evaluation guidelines and improve federal minimal standard for child welfare systems.

### **Research Questions and Hypotheses**

The following are the research questions and hypotheses for this study.

Research Question 1: How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: educational needs, physical needs, mental health, and stability of foster care placement, when stability of foster care placement was rated “area of concern” in Round 1?

Each round of CFSR measures how a state is performing at the time in a variety of variables. Each state is required to evaluate their child welfare cases to determine how each CFSR Item was to be rated. The state then reported the number of cases who met federal requirements (in accordance with Title IV-E and IV-B) and rated that case a “strength.” States that did not have an adequate percentage of cases rated as “strength” were given a rating of “area of concern” for that item and were required to submit an improvement plan to improve outcomes. The variable provision of training was utilized as a grouping variable in the analysis of stability to further explore the research question.

Hypothesis 1: It was hypothesized that there will be an overall increase in the percentage of cases rated as a “strength” across rounds in all applicable variables, due to the improvements implemented by their PIP for stability of foster care placement.

H<sub>0</sub>: The percentage of cases rated as a strength for variables: (1) educational needs, (2) physical needs, (3) mental health and (4) stability of foster care placement does not increase across CFSR rounds when stability of foster care placement was rated “area of concern” in CFSR Round 1.

H<sub>1</sub>: The percentage of cases rated as a strength for variables: (1) educational needs, (2) physical needs, (3) mental health and (4) stability of foster care placement increases across CFSR rounds when stability of foster care placement was rated “area of concern” in CFSR Round 1.

Research Question 2: What did states do to improve the “stability of foster care placement” rating?

As previously noted, states that received a rating of “area of concern” for an item were required to complete a PIP to rectify the concern and meet federal requirements for child welfare

systems. This study qualitatively analyzed the PIPs for states that improved the percentage of stability of foster care placement cases in CFSR Round 1 to CFSR Round 2.

### **Definitions**

All definitions come from federal government definitions within child welfare unless otherwise noted. These definitions are used to provide consistency with CFSR documentation and federal legislation for child welfare. Figure 1 defines common acronyms utilized throughout the document.

1. Adoption: “meeting the developmental needs of a child by legally transferring ongoing parental responsibilities for that child from birth parents to adoptive parents, recognizing that a new kinship network is created by the process that forever links the two families together through the child who is shared by both” (NCCAN, n. d., p. 76).
2. Adoptive Parents: “adults who legally become parents of a child who was not born to them” (NCCAN, n. d., p. 76).
3. Child Welfare Case: “legal dispute between a child welfare agency...and a parent, parents, or guardian of a child” (Child Welfare Information Gateway, 2022, p. 2).
  - a. Case (CFSR): the data collected by States to review in accordance with CFSR procedures to assess child outcomes and system performance (Children’s Bureau, 2015).
4. Disruption of Placement: “unplanned termination of a long-term placement decision” (Tonheim & Iversen, 2019, p. 90).
5. Foster Care: “taking care of children and meeting their developmental needs outside of their own families on a short-term basis without legally transferring full parenting responsibilities” (NCCAN, n. d., p. 76).

6. Foster Parents: “those who assume, usually for a limited period of time, the day-to-day care of a child not born to them and for whom they do not have full legal parental rights” (NCCAN, n. d., p. 76).
7. Permanency Planning: “an attempt to provide stability for children coming into substitute care by anchoring them in a family that can provide continuity to their care” (NCCAN, n. d., p. 77).
8. Placement Stability: “the duration of placements, their maintenance over time, as well as moves and placement breakdowns” (Chateauneuf et al., 2022, p. 2).
9. Placement Instability: “a change in the child’s living environment and is often a result of a combination of different interacting factors such as the child’s age, behavioral and mental problems, family history or access to services” (Chateauneuf et al., 2022, p. 2).
10. Round (CFSR): period of review for data collection and reporting in the CFSR.  
Round 1: 2000 - 2004; Round 2: 2007 – 2010; Round 3: 2015 - 2018.
11. Substitute Care: “a means of meeting a child’s daily caretaking and developmental needs outside of his/her home” (NCCAN, n. d., p. 77).
12. Substitute Parents/Substitute Care Provider: “adults who agree to provide substitute care for a child in their homes, either formally or informally and on a temporary or long-term basis” (NCCAN, n. d., p. 77).
13. Pre-service training: serves as fulfillment of H.R.3443 Subtitle B, which “mandates that State plans for foster care and adoption assistance include a certification that before foster care placement the prospective parents will be adequately prepared to

provide for the needs of the child, and that such preparation will continue, as necessary, after the placement of the child” (Foster Care Independence Act, 1999).

## Figure 1

### *Acronyms At-A-Glance*

Acronyms At-A-Glance	
▪	AFCARS: Adoption and Foster Care Analysis Reporting System
▪	CFSR: Child and Family Services Review
▪	NCCAN: National Center on Child Abuse and Neglect
▪	PIP: Program Improvement Plan
▪	SSA: Social Security Act

*Note.* Acronyms with definitions that frequently appear throughout this document.

## Theory

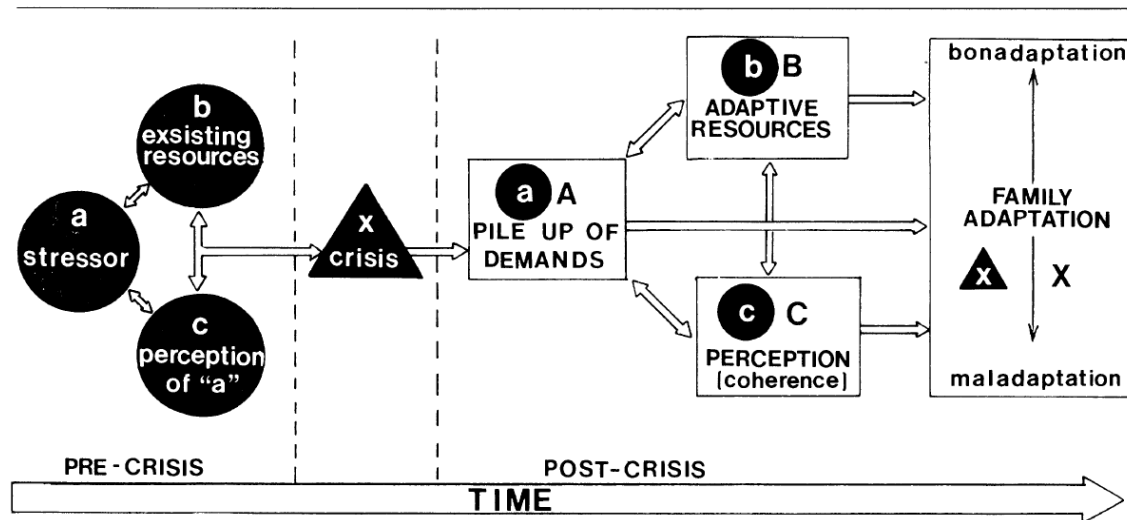
Family stress theory is a useful lens for researchers to understand how stressors, both internal and external, impact a family’s development and process. To understand the family stress theory it is important to first explain the ABC-X model. Rueben Hill (1958), the father of family stress theory, wrote “Social Stresses on the Family: 1. Generic Features of Families Under Stress.” In his book, Hill describes the variables in the ABC-X model as follows: (A) represents “the event,” (B) is “the family’s crisis-meeting resources,” (C) is “the definitions the family makes of the event,” and (X) is “the crisis” (p. 141). The interplay of (A), (B), and (C) is what produces (X). Hill sums up the interplay between event, stress, and crisis by stating “stressors become crises in line with the definition the family makes of the event” (p. 141). Utilizing this framework, Hill states his model allows researchers to “ask the proper questions to account for

crisis-proneness in families” (p. 141). It is from here that the basis of family stress theory is formed. As research in family stress continued, the double ABC-X model of family stress theory (see Figure 2) was developed to more comprehensively address the nature of stress, crises and resources in families.

According to Lavee et al. (1985), the initial (A), (C), and (X) variables in the double ABC-X model keep with Hill’s (1958) definitions. The (B) variable was changed from “crisis meets resources” to “existing resources.” The following post-crisis variables are unique to the double ABC-X model. Variable (aA), “pile-up,” immediately follows the crisis. The “pile-up” consists of, “the cumulative effect, over time, of pre- and post-crisis stressors and strains” (p. 812). Variable (bB), “family adaptive resources” refers to, “existing resources and to expanded resources that are developed and strengthened in response to the demands posed by the stressor event” (p. 812). The resources include, personal resources (e.g., “characteristics of individual family members), family system resources (e.g., “cohesion, adaptability, and communication”) and social support (e.g., resources outside of the family to which the family can find support, love, and care). The (cC) factor, “perception and coherence,” refers to “the family’s general orientation to the overall circumstances.” The (xX) factor, family adaption, refers to “the outcome of the family’s processes in response to the crisis and pile-up of demands” (p. 813).

**Figure 2**

*The Double ABCX Model*



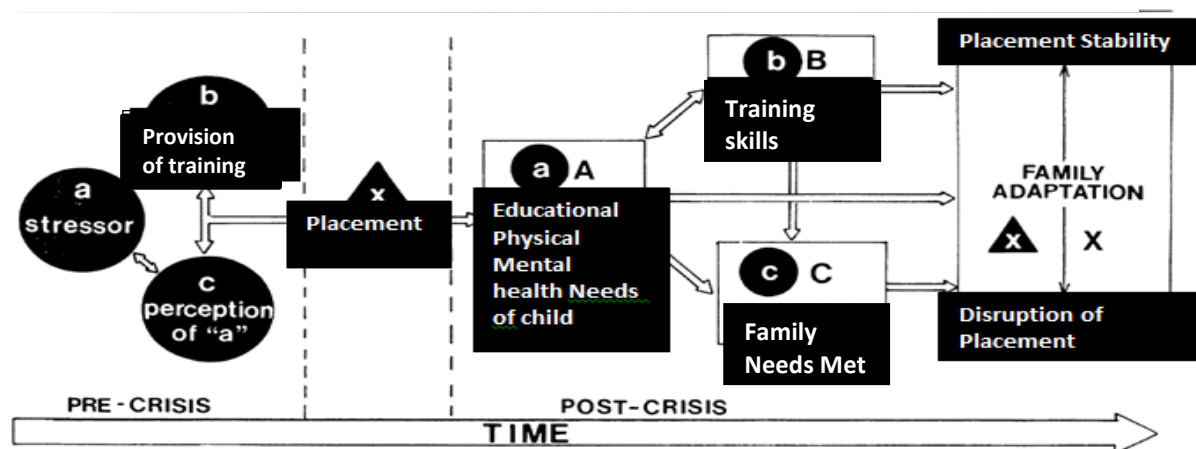
*Note.* A visual representation of Lavee, McCubbin, and Patterson's double ABC-X Model. From "The double ABCX model of family stress and adaptation: An empirical test by analysis of structural equations with latent variables," by Y. Lavee, H.I. McCubbin, and J.M. Patterson, 1985, *Journal of Marriage and Family*, 47(4), p. 812. Copyright 2001 by the Journal of Marriage & Family.

The double ABC-X model of family stress theory helps to theoretically explain connectedness of pre-service training, child and family outcomes, and placement stability. Figure 3 is a visual representation of the model utilizing this study's variables.

**Figure 3**

*Application of Theory*

**Application of theory to current study with variables noted above**



*Note.* This figure illustrates the application of the double ABCX Model From Lavee, McCubbin, and Patterson (1985) to the current study.

The pre-crisis time period represents the macroeconomic level child welfare system. The (a) variable, stressor, includes child abuse and neglect in the state. The (c) variable, perception, represent the consensus that child abuse, neglect, and trauma causes negative developmental outcomes for child and families (Kisiel et al., 2017). The (b) variable, existing resources, describes the states adequate preparation of prospective substitute care providers. For the purpose of this study, the existing resource explored was “provision of training,” which includes the mandated pre-service training required by federal policy. This is just one aspect of the theoretical design however; other existing resources would include the state’s child welfare budget or government assistance programs to address a lack of resources within the community. Pre-service training was explored in this study because current child welfare research indicates

its importance to positive developmental outcomes for children in the child welfare system (Carebez & Kim, 2019; Hodges et al., 2018; Lohr et al., 2019).

The variable (x), crisis, in the theoretical model is placement. Placement is the crisis in the model because of the stress it causes the child and substitute care providers (Chambers et al., 2020). The post-crisis period details how the substitute care providers respond to the crisis and meet the needs of the child. The variable a(A), pile up of demands, includes all of the physical, mental, and educational needs of the child that have to be met. The variable b(B), adaptive resources, is the application of pre-service training skills and resources the family has in order to meet the child's needs (i.e., variable a[A]). The variable c(C), family adaptation, is how the family perceived their ability to meet the new demands with the adaptive resources they have. The family then succeeds in meeting the needs and maintains placement (bonadaption) or they do not meet their child's needs, and they disrupt placement (maladaption). Pre-service training should equip families with the resources that are needed to allow positive adaption post-crises, because of known resources. Lack of proper training could leave substitute care providers ill-equipped to face the crises/challenges presented and ultimately lead to disruption of placement. The double ABC-X model provides a succinct look at how macroeconomic level resources can directly impact families on a microeconomic level.

While the double ABC-X model is complex, it is a necessary extension of family stress theory to incorporate the post-crises variables that lead to family adaptation. This study did not utilize the model for statistical testing, but instead to visualize one possibility of how the variables work together to influence placement stability. The interplay between the current variables is well documented in child welfare literature and the double ABC-X model, which describes "how a crisis affects a family using environmental and biological perspective," creates

a framework for the current study to follow (Ballard et al., 2020, p. 94). This study aligns its use of the model as a conceptual framework to view variables (Escobar et al., 2019; Kobylanskii et al., 2017; Paynter et al., 2018).

### **Assumptions**

This study assumed that data collected during the CFSR were inputted and submitted properly and within compliance of all CFSR standards as detailed in the state assessment forms. Ratings evaluated with CFSR staff and published are also assumed to have followed all guidelines outlined in the CFSR intake forms to ensure objective scores and ratings.

### **Delimitations**

This study limited its analysis to the CFSR's variables provision of training, stability of foster care placement and the child outcomes of physical, mental health and educational needs. There are over 30 individual items assessed in the CFSR, the variables for this study were picked because they encompassed three key-points in the child welfare system: (1) the adequate preparation of foster family, (2) child outcomes during their placement, and (3) placement stability, which is noted in literature to be critical for successful outcomes for children (Chamberlain et al., 2006; Chateauneuf et al., 2022; Clemens et al., 2018). The CFSR is utilized because it is the federal data monitoring and evaluation system for state child welfare systems. The framework for federal child welfare data collection and evaluation is present in the CFSR and is implemented routinely and nationally. This provides a foundation for building minimum standards for pre-service training and continuously evaluating their effectiveness. The CFSR also implements PIPs, which can be built upon to include assessing outcomes after the application of minimum standards.

## **Summary**

Providing prospective substitute care providers with the resources to maintain a placement is critical the healthy development of children in the child welfare system. This study was designed to look at improvements across training, developmental outcomes and placement stability strengths, while exploring PIPS for common approaches to improve stability outcomes. With the sensitive nature of parenting a child from a traumatic background, unprepared foster parents and their children are at risk for further trauma through disruption of placement as well as significant, life impairing, emotional distress during the foster care process. It is imperative that prospective foster parents are trained in and feel capable of parenting a child from the child welfare system. This focused and purposeful preparation could increase the likelihood of the child in foster care receiving the stable and positive home environment needed to thrive.

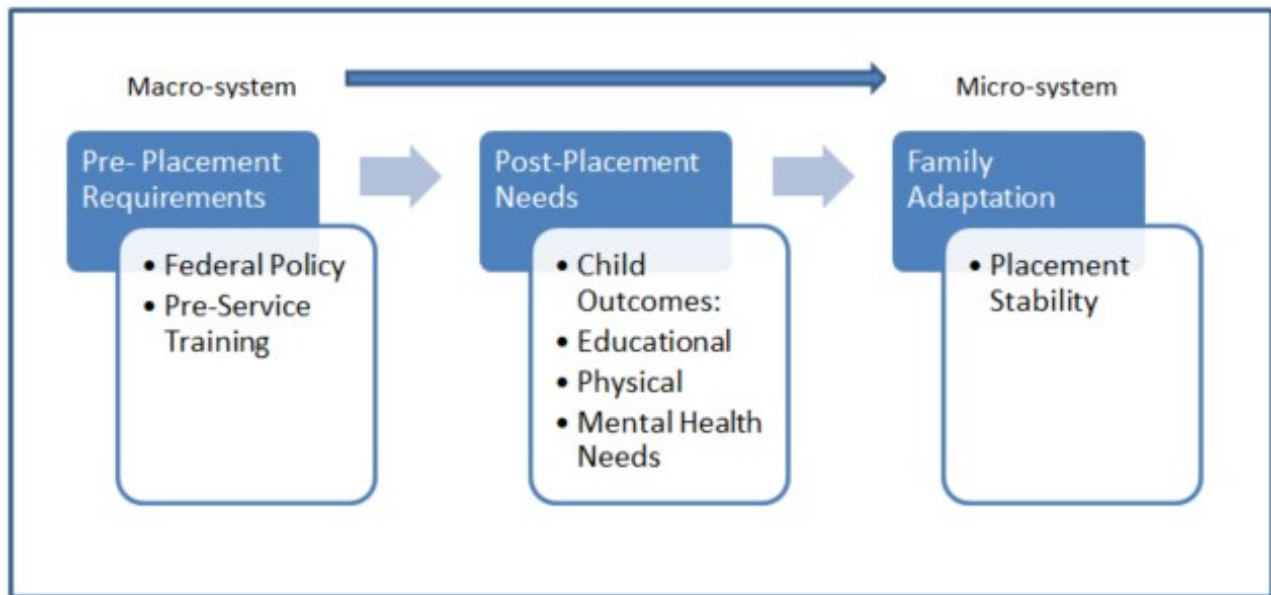
## CHAPTER II

### LITERATURE REVIEW

The purpose of this literature review is to provide a foundation of knowledge on current federal policy impacting pre-service training, outcome variables associated with children in the child welfare system, and the importance of placement stability. The literature review is structured to follow the theoretical framework previously described. A simplified version of the model is shown in Figure 4 to provide a visual representation of the structure of the literature review.

**Figure 4**

*Structure of Literature Review*



*Note.* This figure demonstrates a simplified theoretical framework to visually demonstrate the structure of the literature review.

## **Pre-Placement Requirements**

### **Federal Policy**

The federal government has enacted several policies to help ensure the health and wellbeing of children in the child welfare system. The 1980 Social Security Act established Title IV: Grants to States for Aid Services to Needy Families with Children and for Child Welfare Services. Title IV Part B, *Child and Family Services*, had the purpose to:

promote State flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families by - (1) protecting and promoting the welfare of all children; (2) preventing the neglect, abuse, or exploitation of children; (3) supporting at-risk families through services which allow children, where appropriate, to remain safely with their families or return to their families in a timely manner; (4) promoting the safety, permanence, and well-being of children in foster care and adoptive families; and (5) providing training, professional development and support to ensure a well-qualified child welfare workforce. (Social Security Act, 1980, Sec 401)

Title IV, Part E *Federal Payments for Foster Care, Prevention, and Permanency* had the purpose to enable:

each State to provide, in appropriate cases, foster care and transitional independent living programs for children who otherwise would have been eligible for assistance under the State's plan approved under part A (as such plan was in effect on June 1, 1995), adoption assistance for children with special needs, kinship guardianship assistance, and prevention services or programs specified in section 471(e)(1) (Social Security Act, 1980, Sec 470)

Title IV-B and Title IV-E were imperative to the development of federal child welfare funding, guidelines and procedures, as well as the child welfare terminology we use today. Title IV-B established what later became the outcome variables of “safety,” “permanency,” and “well-being” in the CFSR.

In 1994, an amendment to the 1980 Social Security Act mandated monitoring of Title IV-B and IV-E through the United States Department of Health and Human Services. This monitoring system later became the CFSR. The 1999 Foster Care Independence Act furthered amended Title IV-E of the SSA and mandated the Secretary of Health and Human Services to “create outcome measures, identify necessary data and implement data collection efforts” (Foster Care Independence Act, 1999). Subtitle B: Related Foster Care Provision, Sec 112, of the Foster Care Independence Act of 1999 also mandated that “before foster care placement the prospective parents will be adequately prepared to provide for the needs of the child” (Foster Care Independence Act, 1999). Subtitle B created the certification process for prospective foster parents. This process included the use of pre-service training in many states to adequately prepare prospective substitute care providers.

The CFSR was created in 2000 in compliance with the 1994 and 1999 amendments to monitor State’s compliance with Title IV-B and IV-E of the 1980 Social Security Act. The following CFSR information is taken from the Child and Family Services Reviews Fact Sheet unless otherwise noted (Children’s Bureau, n.d.a.). The purpose of the CFSR is to:

- (1) Ensure conformity with federal child welfare requirements; (2) determine what is actually happening to children and families as they engage in child welfare services; and
- (3) assist states in enhancing their capacity to help children and families achieve positive outcomes. (p. 1)

There are three factors: safety, permanency, and family and child well-being that are evaluated by seven outcomes. These outcomes include: children are protected from abuse/neglect, maintained in their home, stability within home, preservation of family relationships, increased capacity to provide for children, met educational needs, and met physical and mental health needs. Seven additional systemic factors are also evaluated.

the effectiveness of (1) the state-wide child welfare information system; (2) the case review system; (3) the quality assurance system; (4) staff and provider training; (5) the service array and resource development; (6) the agency's responsiveness to the community; and (7) foster and adoptive parent licensing, recruitment, and retention.

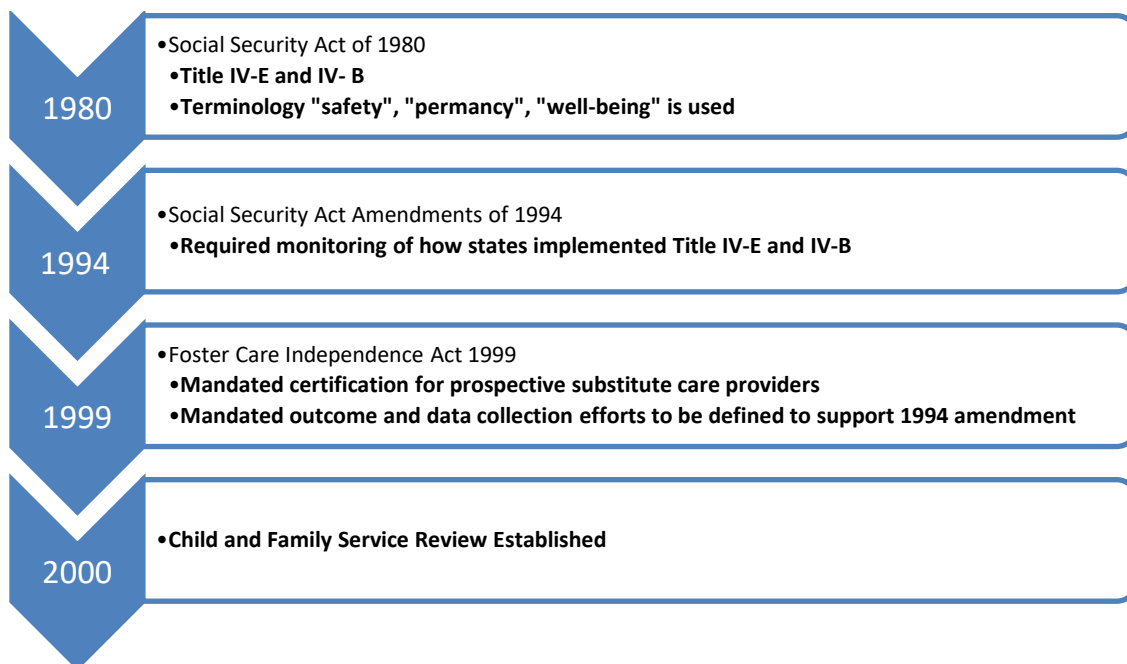
(Children's Bureau, n.d.a., p. 2)

The CFSR is conducted in two main stages: statewide assessment and onsite review. During the statewide assessment, states receive a data profile from the Children's Bureau to compare statewide performance on outcome and systemic factors against the national standards set during the review period. The onsite review stage consists of case review and interviews with families in services and community stakeholders. Information from the statewide assessment and onsite review is then reviewed for substantial conformity. States select cases from across their child welfare jurisdiction for review the statewide assessment and onsite review. These cases are reviewed for substantial conformity. Substantial conformity is said to be met when 95% of cases pass, or are in compliance, in accordance with Title IV-E and B mandates. States are required to complete a PIP for items that were found to be out of conformity. States are required to complete their plans, prior to the next round of review, in order to avoid financial penalties. Currently there have been three complete rounds of CFSR data collection and evaluation. Round 1 was conducted between 2000 and 2004, Round 2 between

2007 and 2010, and Round 3 from 2015 to 2018. Round 4 began in the federal fiscal year 2022 and will not be completed in order to be included in this study. Figure 5 details a timeline of federal policy.

**Figure 5**

*Federal Policy Timeline At-A-Glance*



*Note.* A timeline of the federal policy to leading up to the development of the CFSR.

## Provision of Training

Pre-service training is widely accepted as a useful way for child welfare and adoption organizations to better prepare and support families (Fisher et al., 2013; Strickler et al., 2018; Wind et al., 2007). However, many studies call for further evaluation of the effectiveness of pre-service training programs in providing families with the needed support and knowledge to best serve the children in their care (Cooley & Petren, 2019; Dorsey et al., 2008; Festinger & Baker,

2013; Solomon et al., 2017). Researchers have expressed there is a limited body of research surrounding the training programs for substitute care providers (Conn et al., 2018; O'Dell et al., 2015). Researchers have also noted that it is necessary to investigate what families need and how professionals should be trained (Cooley & Petren, 2019; Festinger & Baker, 2013). Strickler et al. (2018) researched the link between pre-service training and fostering readiness, as well as the benefits of training that focused on a child's emotional and behavioral challenges as opposed to training that focused on "child welfare practices" for treatment foster care parents (p. 65).

Ultimately, the findings concluded that treatment foster training, which focuses on emotional and behavioral challenges as opposed to general child welfare, may change parent attitudes on expectation and empathy, but not significantly impact readiness to foster (p. 75-76). Conn et al. (2018), further explored the relationship between parent education and child outcomes by looking at the impact of Incredible Years, a parent education curriculum, "child behavior, foster parent stress and attitudes, and perceived effect on parenting" (p. 188). The notable finding was inconclusive quantitative benefits of training for child emotional and behavior problems; but, a significant perception of behavioral improvement (that lasted long term) when foster parents were asked. Also notable was the improvement of self-reported behavior among the parents in the intervention group and how they perceived this positively affected their child's behavior.

In a literature review of substitute care provider pre-service training, Cooley and Petren (2019) summed their findings by stating there is "an overwhelming need for more research on foster parent pre-service trainings, particularly research that is transparent, rigorously designed, longitudinal, and current" (p. 15). The researchers found that current evaluation methodologies focus on parent satisfaction of trainings and competency in topics covered, but did not include the longitudinal efficacy of trainings or implication on placement stability. Festinger and Baker

(2013) conducted a similar literature review and also found a need for more research on pre-service training, but noted barriers such as cost and agency/parent participation were preventing such research from being done.

## **Post-Placement Child Outcomes**

### **Educational Needs**

Research shows that children within the child welfare systems face a variety of challenges obtaining a quality education that meets their needs (O'Higgins et al., 2017; Stapleton & Chen, 2020; Zetlin et al., 2010). Some of the challenges faced are absenteeism, disciplinary challenges, underperforming on standardized testing and grade-level course work, and increased internalizing and externalizing behaviors (Zetlin et al., 2010). Substitute care providers have noted concerns in caring for their children's education needs as well. Caregiver concerns include having a lack of resources, lack of partnership with school personnel, and inability to receive an individualized education program (IEP; Zetlin et al., 2010). For children in the child welfare system, removal from their home and placement with a substitute care provider can be a traumatic experience. Many children in foster care need additional academic support and accommodations due to this experience, even though a learning or developmental disability may not be present (O'Higgins et al., 2017). School mobility, multiple placements, running away, externalizing behavior challenges, and lack of caregiver involvement are all factors that greatly impact a child in foster's care ability to have their educational needs met (O'Higgins et al., 2017). Much of the research for supporting these children's educational needs suggests a close collaboration between substitute care providers and school personnel (Fernandez, 2019; Stapleton & Chen, 2020). More specifically, researchers have suggested that pre-service training

adequately provide substitute care providers with the tools necessary to encourage school success (Stapleton & Chen, 2020; Steenbakkers et al., 2018).

### **Physical Needs**

Children in foster care are known to have substantially more physical health needs than children within the general population (Carabez & Kim, 2019; Hochstadt, 1987; Hodges et al., 2018; Schneiderman et al., 2012). Many research studies suggest that up to 80% of children in care have at least one chronic or acute health condition (Carabez & Kim, 2019; Hodges et al., 2018; Schneiderman et al., 2012). Common healthcare concerns for children in the child welfare system include, respiratory issues, tuberculosis, heart disease, epilepsy, migraines, chronic pain, and lack of vision and dental screening and care (Sullivan & van Zyl, 2008). However, entry into the foster care system, and more specifically, placement with an unrelated caregiver (Schneiderman et al., 2012) can be beneficial for children who have been abused or neglected due to the healthcare resources that become available from the respective State (e.g., insurance, finances, resource network; Hodges et al., 2018; Jaudes et al., 2016). The caregivers need for effective, quality, and timely resources is repeatedly noted to be necessary to ensure the children's physical needs are met continuously (Carabez & Kim, 2019; Hodges et al., 2018; Schneiderman et al., 2012; Sullivan & Zyl, 2018).

### **Mental Health Needs**

The majority of children in the child welfare system have faced a traumatic event, with up to 90% having experienced multiple traumas (Kisiel et al., 2017). Complex trauma, defined as the “exposure to multiple and/or chronic interpersonal traumatic experiences typically occurring within the caregiving system, and the immediate and ongoing impact of this exposure across areas of development and functioning,” has a profound impact on these children (Cook et al.,

2005). Cook et al. (2005) identified seven domains that complex trauma impacts: attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. The National Conference of State Legislatures (2019) found that children in the child welfare system are four times as likely to have a mental health challenge in comparison to children in the general population (80% in child welfare/18-22% general population). Toxic stress, as a result of complex trauma, disrupts brain development (Children's Bureau, 2019). Common mental health concerns include: aggression, withdrawal, psychiatric disorders (e.g., anxiety, depression, post-traumatic stress disorder, oppositional defiant disorder, and attention deficit hyperactivity disorder), attachment disorders, substance use disorders, identity and self-esteem challenges, lack of emotional regulation and coping skills, and social problems (Children's Bureau, 2019; Chinitz et al., 2017; Huguenel et al., 2021).

To address these concerns, there is a notable increase of mental health diagnosis, mental health services used, and psychotropic medication prescribed to children in foster care (Lohr et al., 2019). Between 13 and 52% of children in the foster care system are prescribed psychotropic medication to mitigate mental health challenges. This is a dramatic increase of this type of medication prescribed to children in the general population with the same concerns (4%; Leslie et al., 2010). The mental health needs within the child welfare system are profound and long term. In a literature review of long-term mental health outcomes of adults who were in the child welfare system, McKenna et al. (2021) found that "any exposure to the child welfare system," despite length of stay, placement stability or age at entry, was associated with an increase of "mental disorders, psychological morbidity, suicide attempt and suicide mortality" in adulthood (p. 1114). Mental health concerns are important to address not only for positive long-term

developmental outcomes, but also to ensure placement stability during a child's time in the child welfare system (Leathers et al., 2019).

## **Family Adaptation**

### **Placement Stability**

In addition to trauma associated with removal and initial placement into the foster care system, a number of risk factors are associated with a disrupted placement. Behavior problems presented in the child have been noted as the “primary predictor of disruption” for children in foster care (Leathers et al., 2019, p. 149). Children with special-needs consistently appear in research as a risk factor associated with disrupted placements, as well (Denby et al., 2011; Liao, 2016; Reilly & Platz, 2003; Wind et al., 2007). The number of special-needs a child has often can predict the success of placement (Wind et al., 2007). In Reilly and Platz's (2003) study of 249 families with special-needs placements, one third of families reported “profound or severe” disabilities and behavior problems (p. 798).

Reilly and Platz (2003) also found an increase in families reporting a disability, delay, and/or behavior problem the longer the child remained in the home, suggesting that these challenges “manifest years after placement” (p. 798). Externalizing behaviors, including externalization of sexual behaviors, are often associated with decrease in parental satisfaction, thus an increase in disruption or dissolution of placement (O'Dell et al., 2015; Wind et al., 2007). Older children, particularly adolescents, are noted to have more placement instability in comparison to younger children (Sattler et al., 2018). Additionally, lack of information or incorrect information regarding the special-needs of the adopted child is associated with dissatisfied parents or unsuccessful placements (Denby et al., 2011; Moyer & Goldberg, 2017; O'Dell et al., 2015; Wind, et al., 2007).

Because of the risk factors associated with special-need placements prospective parents are faced with many challenges. Parents who reported they felt they were misinformed, unsupported, or uninvolved in the process were more likely to disrupt the foster placement (Leathers et al., 2019). Liao (2016) stated unavailable child welfare agencies or agencies that were “unresponsive” to parents were noted as a profound barrier to parents accessing support (p.139). Reilly and Platz (2003) found of their participants ( $n = 249$ ) over half stated a lack of information, while one third of participants, cited underreported behavioral issues. O’Dell et al. (2015) cited limited or inaccurate medical history and inadequate pre-adoption services being associated with disrupted placement. Wind et al. (2007) stated that many families find child welfare agencies “fail to understand pertinent adoptive family issues” and thus prove as a barrier to needed services (p. 387). Leathers et al. (2019) also reported that parents who feel they were unable to address their child’s behavior problems were more likely to disrupt placement.

Several factors have been identified to encourage successful placements. Simmel (2007) conducted a longitudinal study of 293 adoptive parents. Simmel (2007) identified current and correct background information on the child, intensive in-home services, realistic expectations of the adoption experience, and adoption subsidies as factors that significantly support adoption placement. Bird et al. (2002) cited support groups for adoptive parents as a way to mitigate adoption related parental stress. The author then encouraged family life educators and support group coordinators to implement programs that directly address the stresses adoptive parents go through. The researchers suggested that these programs teach parents coping strategies, encourage realistic expectations of child/adoption process, and provide resources for international adoptions (Bird et al., 2002). For special needs adoptions specifically, Leathers et al. (2019) identified a strong social support system, low levels of stress, a demonstrated long-

term commitment to children and “openness to adoption of an additional child to support stability” factors associated with low rates of disruption (p. 157).

### **Summary**

Several decades of federal law have supported children and families in the child welfare system. These policies are designed to ensure the health, safety and well-being of the children serviced. The adequate preparation of substitute care providers has been at the forefront of much of these federal policies, and current research literature supports these efforts. Meeting children’s needs is paramount to the successful placements with a substitute care provider. The connection between placement stability and pre-service training to the adequate care for children is well documented in the literature. The CFSR is designed to capture the interconnected between State child welfare performance and compliance with federal mandates, while offering support to improve child welfare systems. As previously noted, the purpose of this study was to evaluate CFSR data to identify improvements in state child welfare systems in areas critical to placement stability. Identifying improvement efforts not only supports the overall purpose of the CFSR, but can further policies and minimum standards to ensure the safety and well-being of children in the child welfare system.

## CHAPTER III

### METHODOLOGY

The following section details the methodology research study. The study evaluated CFSR data to identify improvements in placement stability, and child outcomes: (a) educational needs of the child, (b) physical health of the child, and (c) mental health of the child. Also, this study examined CFSR PIPs qualitatively to identify themes contributing to placement success specifically. The research questions are as follows: (1) How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: educational needs, physical needs, mental health, and stability of foster care placement, when stability of foster care placement was rated “area of concern” in Round 1 and (2) What did states do to improve “stability of foster care placement”? It was hypothesized that states will increase the percentage of cases rated as a “strength” across rounds in all variables, due to the improvements implemented by their PIP for placement stability. This mixed-method approach allowed for exploration in the relationship between variables while also providing a detailed explanation into what states have done to impact the relationship between variables.

#### **Sample and Protection of Human Subjects**

The population for this study was 42 states in the United States of America. The sample was determined from the selection criteria detailed below. This study utilized secondary data and did not include human subjects. Any personal identifiable information that is gathered by the state for the child welfare database is not reported in the CFSR. There is no personal identifiable information or risk to human subjects in this study.

## **Data Collection**

This research study utilized secondary data collected initially for the CFSR. CFSR Statewide Assessments, Final Reports, and PIPs are housed for public access in the CFSR Information Portal website (<https://www.cfsrportal.acf.hhs.gov/>). For RQ1, this study utilized case strength percentages and rating (i.e., strength or area of concern) reported in the CFSR Final Report. For RQ2, this study utilized data reported in state PIPs.

The steps for initial data collection and evaluation for the CFSR are detailed below. A more comprehensive background of procedure and data collection for the CFSR is in Appendix A. This information was gathered from the CFSR Procedural Manual (Children's Bureau, 2022b):

1. Joint pre-review planning to determine case review path and date of review
2. Children's Bureau transmission of the statewide assessment instrument and data profile to the state
3. State completion and submission of the Statewide Assessment Instrument to the Children's Bureau
4. Joint preparation for the onsite review, including:
  - a. Participation in planning conference calls
  - b. Discussion of review sites, review team structure, and Reviewers
  - c. Sampling activities
  - d. Managing logistics for the onsite review
  - e. Selection of stakeholder interviewees and scheduling of stakeholder and case-specific interviews
  - f. Debriefing and results discussion

5. Completion of the onsite review, including case reviews, stakeholder interviews, quality assurance of information, reconciliation of findings, and conducting debriefings/results discussion
6. Children's Bureau analysis of review data and issuance of the Final Report with determinations of substantial conformity
7. State development of the Program Improvement Plan, as necessary, in consultation with the Children's Bureau
8. Children's Bureau approval of the state's Program Improvement Plan
9. Joint evaluation of progress in meeting Program Improvement Plan goals
10. State Program Improvement Plan completion
11. Planning for the next Child and Family Services Review cycle

## Variables

The variables in this study are displayed in Figure 6.

**Figure 6**

*Variables*

Research Question			Independent Variable		
			CFSR R1	CSFR R2	CFSR R3
RQ1: How has the percentage of cases rated as a strength differed across CFSR round 1, 2, and 3 for the following variables: educational needs, physical needs, mental health, and stability of foster care placement, when stability of foster care placement was rated “area of concern” in round 1?	Dependent Variable	Educational Needs	% of cases rated “strength” for each variable across 3 rounds		
		Physical Needs			
		Mental Health Needs			
		Stability of Foster Care Placement with Provision of Training Rating as Grouping Variable (i.e., area of concern or strength)			

<p>RQ2: What did states do to improve “stability of foster care placement?”</p>	<p>Directive content analysis of the Program Improvement Plan for the variable  “Stability of Foster Care Placement”</p>
---	--

*Note.* This figure demonstrates the variables of the study in association with its respective research question.

Each variable is defined by the CFSR’s listed purpose for that particular item (Children’s Bureau, 2022c; Children’s Bureau, 2022d):

- A. Stability of Foster Care Placement: “to determine whether the child in foster care is in a stable placement at the time of the onsite review and that changes in placement that occurred during the period under review (PUR) were in the best interests of the child and consistent with achieving the child’s permanency goal”
- B. Educational Needs of the Child: “to assess whether, during the PUR, the agency made concerted efforts to assess children’s educational needs at the initial contact with the child (if the case was opened during the PUR) or on an ongoing basis (if the case was opened before the PUR), and whether identified needs were appropriately addressed in case planning and case management activities”

- C. Physical Health of the Child: “to determine whether, during the PUR, the agency addressed the physical health needs of the children, including dental needs”
- D. Mental/behavioral Health of the Child: “to determine whether, during the PUR, the agency addressed the mental/behavioral needs of the children”
- E. Foster and Adoptive Parent Training: “How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:
  - i. Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
  - ii. The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children”

“Strength Rating” definition for applicable variables

- F. Foster and Adoptive Parent Training: “the state provides training for current or prospective foster parents, adoptive parents, and the staff of state-licensed or – approved facilities ...and the training addresses the skills and knowledge base trainees need to carry out their duties” (Children’s Bureau, n.d.b., p. 4)
- G. Educational Needs of the Child, Physical Health of the Child, Mental/behavioral Health of the Child: education, physical and dental health, and mental and/or behavioral needs were accurately assessed initially (if case was opened during CFSR

round) and on an ongoing basis ... in addition, any prescribed medication was appropriately administered and monitored (Children's Bureau, n.d.c.)

H. Stability of Foster Care Placement: "a child experienced only one placement setting during the PUR [period under review], and that placement is stable. OR, the child's current placement is stable and every placement made for the child during the PUR was based on the needs of the child and/or to promote the accomplishment of case goals" (Children's Bureau, n.d.c., p. 2-3)

## **Analysis**

### **Quantitative Analysis**

An embedded mixed-methods designed was used to assess the data in this study. For RQ1, a profile analysis was used to assess for statistically significant changes of the percentage of cases rated as a "strength" between Rounds 1, 2 and 3 of the CFSR for the following variables: educational needs, physical needs, mental health needs. IBM SPSS software was used for analysis. Data were extracted from Final Reports made available through the CFSR Information Portal. The data were inputted into IBM SPSS Statistics for analysis. States were included in RQ1 analysis if their "stability of foster care placement" variable was rated as "area of concern" in CFSR Round 1. States were excluded from RQ1 if the "stability of foster care placement" variable was rated a "strength" in CFSR Round 1. A data table of CFSR Round 1 is provided in Appendix B to visualize selection criteria.

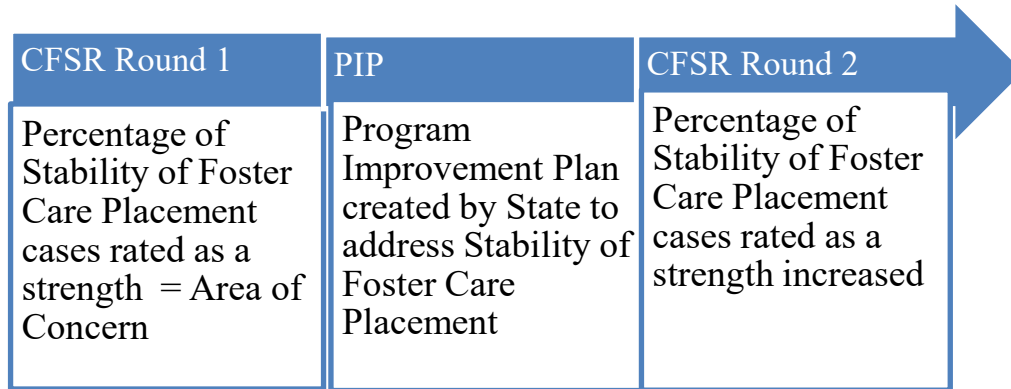
### **Qualitative Analysis**

RQ2 built on the findings from RQ1. The sample for RQ2 started with the states initially selected for RQ1 (i.e., stability of foster care placement rated as "area of concern" in CFSR Round 1). For RQ2, states were analyzed if the percentage of placement stability cases rated as

strength increased from Round 1 to Round 2. PIPs were downloaded from the CFSR Information Portal. Text describing PIPs for the variable “stability of foster care placement” for selected states was inputted into NVivo for qualitative analysis. Each state’s “stability of foster care placement” PIP was analyzed independently. Figure 7 shows the selection criteria process for RQ2.

**Figure 7**

*Selection Criteria for RQ2*



*Note.* This figure shows the selection criteria process for RQ2.

A directive content analysis was conducted to explore PIPs for the stability of foster care placement variable when stability of foster care placement was initially rated “area of concern” in Round 1 and the percentage of stability cases rated as a strength increased between CFSR Round 1 and Round 2. The analysis was conducted to answer the question of what the states did to improve the percentage of placement stability cases rated as a strength. A directive content

analysis approaches the raw data through the lens of existing research and its purpose is to expand, or validate, existing literature (Zhang & Wildemuth, 2005).

The PIPs for the selected states were downloaded and the sections referencing action items for stability of foster care placement were extracted and placed in NVivo. PIPs ranged in form. Some PIPS were bulleted lists of action items, a grid of actionable items, or a paragraph narrative detailing the rationale and improvement plan. Appendix C shows an example PIP that was analyzed. The study approached the text through preexisting, or a priori, and emergent codes (Creswell, 2007). A priori codes are codes that are established through literature prior to data analysis (Creswell, 2007). The following pre-existing coding scheme was used to initially approach the raw data: “pre-service training” as utilized for fulfillment of Foster Care Independence Act Subtitle B; “physical health,” “mental health,” and “emotional health” as defined by the CFSR and relevant literature; and “parent education” as defined by relevant literature. As content arose that did not fit into the pre-existing codes, it was coded to “other.” Text placed into the “other” code was frequently reviewed and re-coded into new codes as patterns emerged. These emergent patterns were labeled through in vivo coding which utilizes “the exact words” utilized in the PIP (Creswell, 2007, p.153). For example, as a state mentioned developing new policy to support placement stability, a code labeled “policy” was created. One excerpt of text remained in the “other” code at the end of analysis: “Finally, we will heighten our efforts to hold providers accountable to meeting the outcomes and terms of their contract” (New Jersey). After reviewing the PIP and supplemental documents, it was unclear who the “providers” were referencing. This strategy was excluded from the analysis. The educational needs code was also excluded from the thematic analysis due to there being zero references to this topic in the 15 analyzed PIPs. Appendix D shows the final codebook which includes the pre-

existing and emergent codes and their definitions. After coding the data, information was clustered to form themes to answer the research question.

### **Trustworthiness**

#### **Disconfirming Evidence**

Several techniques were used to ensure trustworthiness in the qualitative analysis. Disconfirming evidence is defined as, “evidence that presents an alternative explanation for a theme” (Creswell, 2016, p. 192). After all of the text was analyzed, coded, and categorized into themes a second analysis of the PIP was conducted to identify any disconfirming evidence.

#### **Reflexivity**

Reflexivity, which looks at how the researcher’s “experiences and backgrounds have an impact on shaping their account,” was identified in a “role of the researcher” paragraph (Creswell, 2016, p. 192; see Appendix E). This paragraph highlighted that the researcher has a background conducting home study interviews for prospective substitute care providers. These interviews were used to help determine the prospective foster parent’s readiness for placement. The researcher also has a background in parent education. First person language was used in this paragraph to “remind readers of the researcher’s presence, influence, and role” and emphasize the researchers self-awareness in analysis (Tracy & Hinrichs, 2017, p. 5). Reflexivity and the “role of the researcher” paragraph looked at how a background in child welfare and parent education shaped how the data are explored.

#### **Bracketing**

Bracketing, when the researcher “sets aside their experiences...to take a fresh perspective toward the phenomenon,” was used in addition to reflexivity to minimize researcher bias and increase validity of analysis (Creswell, 2007, p. 59). Acknowledging biases and prior experience

with the subject matter is said to increase accuracy in qualitative research (Creswell, 2016). Throughout analysis the researcher created memos to set-aside assumptions. This was an important method of trustworthiness to employ before reviewing each state's PIP due to their repetitive nature. The researcher was intentional to remain open to identifying new strategies in the PIPs and assigning them to the appropriate code.

### **Audit Trail**

An audit trail was created to allow “any observer to trace the course of the research step-by-step via the decisions made and procedures described” (Shenton, 2004, p. 72; see Appendix F). Detailing data analysis and the steps of data interpretation was utilized to increase confirmability in the study. Having a step-by-step process allows others to conceptualize how the data was approached and increase the reliability of the study's findings.

### **Scrutiny of the Research Project**

Finally, “scrutiny of the research project” (Shenton, 2004, p. 67) was used as an additional method to support trustworthiness. This process allowed for “scrutiny of the project by colleagues, peers, and academics...to challenge assumptions made by the investigator” (Shenton, 2004, p. 67). The dissertation chair, Dr. Joyce Armstrong, reviewed the coded material and themes produced from the qualitative analysis. This review process increased the credibility of the themes and assumptions generated through analysis.

Trustworthiness in qualitative research is imperative for the study's credibility. Utilizing disconfirming evidence, reflexivity, bracketing, scrutiny of the research project, and an audit-trail strengthened the study's reliability. Having these techniques in place will allowed the study to be closer to an objective reality and increase its ability to be used as a foundation for further research.

### **Assumptions**

The data analysis assumed normal distribution between all variables. A power analysis was conducted to demonstrate the power necessary to interpret results. It was assumed that the study, due to the small initial sample size ( $n = 42$ ) would be underpowered. Because of this, the effect size results were also interpreted to demonstrate meaning between variables.

### **Summary**

The analyses in this study were developed for exploration in the relationship between CFSR variables while also providing insight into what states have done to impact the relationship between variables. The mixed-method approach allowed for monitoring of the CFSR's compliance to its purpose of identifying areas of strength/concern in state child welfare systems and offering support to strengthen the system. The approach also gave a unique perspective at what states across the nation are doing to improve placement stability, a critical element in the safety, health and well-being for children in the child welfare system. This study looks to add to the growing body of research to strengthen state child welfare systems and CFSR functioning.

## CHAPTER IV

### ANALYSIS AND FINDINGS

The following section describes the analysis completed in the research study. The study utilized a mixed-method approach to analyze the data from the CFSR. The research questions addressed in this study are as follows: (1) How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: stability of foster care placement, educational needs, physical needs, and mental health when stability of foster care placement was rated “area of concern” in Round 1 and (2) What did states do to improve “stability of foster care placement”?

#### **Quantitative Analysis**

A profile analysis was utilized to assess RQ1: How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: stability of foster care placement, educational needs, physical needs, and mental health when stability of foster care placement was rated “area of concern” in Round 1. It was hypothesized that there would be an overall increase in the percentage of cases rated as a “strength” across rounds in all applicable variables, due to the improvements implemented by their PIP for stability of foster care placement. The analysis rejected the hypothesis. A decrease in scores was observed across CFSR rounds in applicable variables.

States were included in the analysis if their “stability of foster care placement” was rated an “area of concern” in Round 1. Stability of foster care placement, educational needs, physical needs, and mental health were evaluated through a profile analysis to determine statistically significant changes across Rounds 1, 2, and 3 of the CFSR. The variable provision of training was included as a grouping variable in the analysis, due to how the data was reported in the

CFSR. Provision of training was only reported as an “area of concern” or “strength” (i.e., either a 0 or a 1) and did not include a percentage of cases rated as a strength. Because this is not interval/ratio data, it did not meet the criteria to be included as a dependent variable. Provision of training was therefore used as a between-subjects grouping variable. States were grouped whether their provision of training variable was rated as a strength or area of concern in Round 1 and then compared across rounds. Including provision of training in the analysis was paramount to the study’s understanding of the interplay of training, placement stability, and child outcomes. The relationship between placement stability and training is well defined in the child welfare literature and therefore explored in this study. To be included in the analysis states had to be rated as an area of concern in placement stability in Round 1. Due to the small sample size and the assumption that the analysis would be underpowered, effect sizes were calculated via a partial eta squared. Effect size values were determined within the following parameters: large effect = 0.14, medium effect = 0.06, and small effect = 0.01. Complete data sets for all three rounds are in Appendix G. Forty-one states were included in the analysis.

### **Profile Analysis**

Forty-two states met the initial selection criteria for analysis. However, due to the nature of the profile analysis, one state was removed due to there being an incomplete data set for variables in Round 1. Therefore, 41 states ( $N = 41$ ) were analyzed in the profile analysis. Table 1 shows the means and standard deviations for the variables across CFSR rounds. The main effect of time (i.e., CFSR rounds) was significant for the combination of child outcomes variables (i.e., placement stability, mental health, physical health, and educational needs),  $F(8, 150) = 9.77, p < .001, \eta^2_p = .34$ . The percentage of cases rated as a strength for the combination of child outcome variables assessed in this study significantly changed, on average, across CFSR rounds. Partial

eta squared signified a large effect. Despite significant change across rounds, overall the child outcome variables did not improve. Placement stability, educational needs, mental health and physical health average percentage of cases rated as a strength were lower at CFSR Round 3 than CFSR Round 1 (Table 1). Each individual variable was further explored below.

**Table 1**

*Means and Standard Deviations*

Variable	CFSR Round 1	CFSR Round 2	CFSR Round 3
Placement Stability	$M = 77.01, SD = 8.59$	$M = 71.24, SD = 8.45$	$M = 74.59, SD = 9.6$
Educational Needs	$M = 84.99, SD = 7.67$	$M = 86.97, SD = 6.08$	$M = 82.83, SD = 9.97$
Mental Health	$M = 72.98, SD = 9.88$	$M = 77.82, SD = 8.87$	$M = 60.34, SD = 15.52$
Physical Health	$M = 83.65, SD = 7.18$	$M = 86.76, SD = 7.48$	$M = 70.07, SD = 13.74$

*Note.* This table displays the means and standard deviations for the percentage of cases rated as a strength for each variable across rounds.

## Training

States ( $N = 41$ ) were grouped by their provision of training rating during CFSR Round 1. Twelve states ( $n = 12$ ) were grouped by their provision of training being an area of concern, while 29 states ( $n = 29$ ) were grouped by their provision of training being a strength. The interaction between time (i.e., CFSR rounds) and group (i.e., training strength categorization) was not significant,  $F(8, 32) = .274, p = .192, \eta^2_p = .27$ . While states percentage of cases rated as a strength differed, on average, across CFSR rounds states did not perform differently by training

group rating. Appendix H shows the mean percentage of cases rated as a strength for each variable, grouped by training rating.

### Placement Stability

Placement stability was analyzed in 41 states ( $N = 41$ ). Table 2 shows the average percentage of placement stability cases rated as a strength across rounds.

**Table 2**

*Placement Stability Averages*

CFSR round	Average percentage of placement stability cases rated as a strength
CFSR Round 1	77.01
CFSR Round 2	71.24
CFSR Round 3	74.59

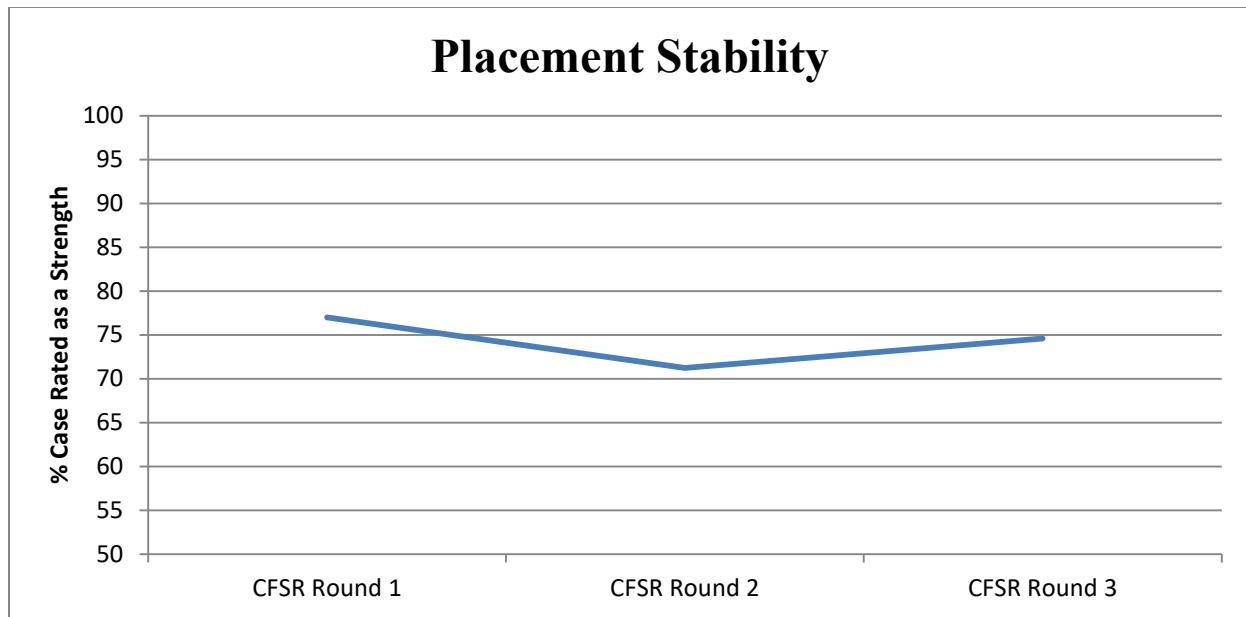
*Note.* A table of the average percent of placement stability cases rated as a strength across CFSR Rounds 1, 2, and 3.

The effect of time (i.e., CFSR rounds) was significant,  $F(2, 78) = 3.55, p = .03, \eta^2_p = .083$ . The percentage of placement stability cases rated as a strength varied significantly across Round 1 ( $M = 77.01, SD = 8.59$ ), Round 2 ( $M = 71.24, SD = 8.45$ ), and Round 3 ( $M = 74.59, SD = 9.6$ ). Partial eta squared signified a medium effect. The average percentage of placement stability cases changed between CFSR rounds. However, the percentage of placement stability cases were lower during CFSR Round 3 ( $M = 74.59$ ) than CFSR Round 1 ( $M = 77.01$ ) signifying

a lack of improvement over time. Figure 8 shows placement stability case strength averages across CFSR rounds.

**Figure 8**

*Placement Stability*



*Note.* This figure shows placement stability over time.

**Educational Needs**

Educational needs was analyzed in 41 states ( $N = 41$ ). Table 3 shows the average percentage of educational needs cases rated as a strength across rounds.

**Table 3***Educational Needs Averages*

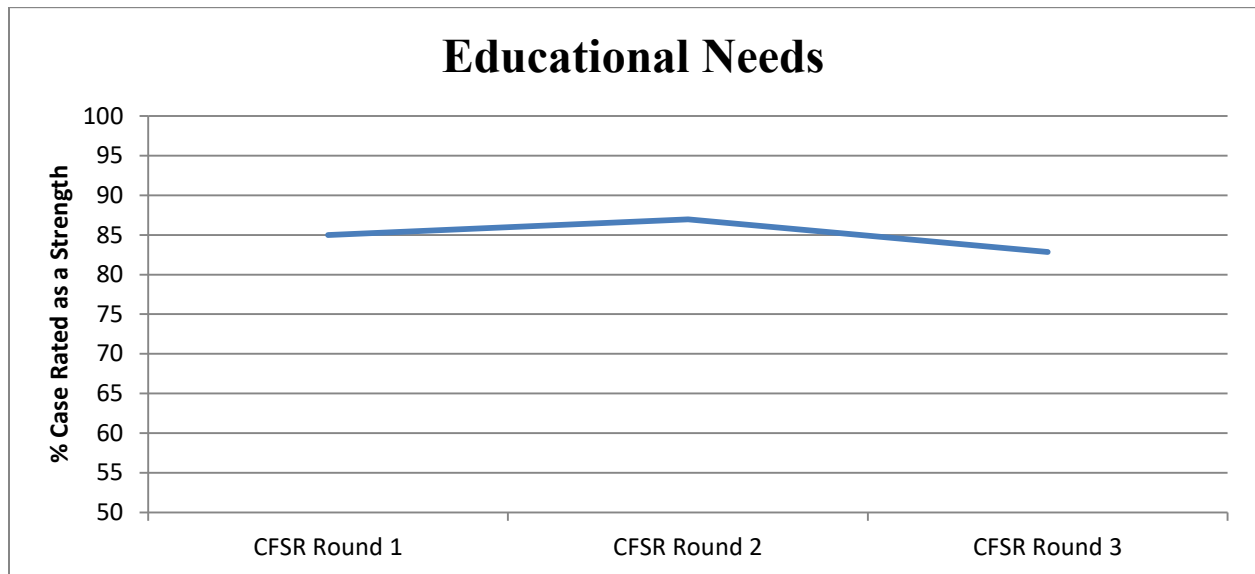
CFSR round	Average percentage of educational needs cases rated as a strength
CFSR Round 1	84.99
CFSR Round 2	86.97
CFSR Round 3	82.83

*Note.* A table of the average percent of educational need cases rated as a strength across CFSR Rounds 1, 2, and 3.

The effect of time was not significant  $F(2, 80) = 1.67, p = .19, \eta^2_p = .04$ . The percentage of educational needs cases rated as a strength did not vary significantly across Round 1 ( $M = 84.99, SD = 7.67$ ), Round 2 ( $M = 86.97, SD = 6.07$ ), and Round 3 ( $M = 82.83, SD = 9.97$ ). Partial eta squared signified a small effect. Figure 9 shows educational needs case strength averages across CFSR rounds.

**Figure 9**

*Educational Needs*



*Note.* This figure shows educational needs over time.

**Mental Health**

Mental health was analyzed in 41 states ( $N = 41$ ). Table 4 shows the average percentage of mental health cases rated as a strength across rounds.

**Table 4***Mental Health Averages*

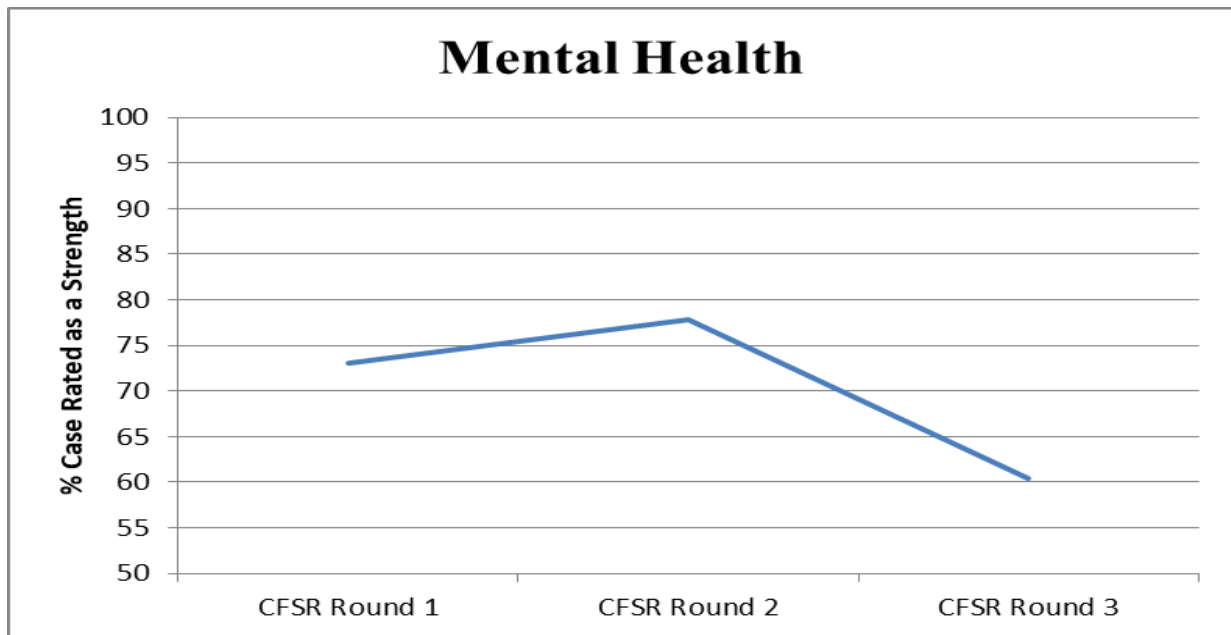
CFSR round	Average percentage of mental health cases
	rated as a strength
CFSR Round 1	72.98
CFSR Round 2	77.82
CFSR Round 3	60.34

*Note.* A table of the average percentage of mental health cases rated as a strength across CFSR Rounds 1, 2, and 3.

Forty-one states ( $N = 41$ ) were analyzed. A Greenhouse-Geisser correction was used to assess significance because the data violated the assumption of sphericity (Mauchly's  $W = .67$ ,  $p = <.001$ ). The results showed a significant main effect,  $F(1.5, 58.7) = 22.15$ ,  $p < .001$ ,  $\eta^2_p = .36$ . The percentage of mental health cases rated as a strength varied significantly across Round 1 ( $M = 72.98$ ,  $SD = 9.88$ ), Round 2 ( $M = 77.82$ ,  $SD = 8.87$ ), and Round 3 ( $M = 60.34$ ,  $SD = 15.52$ ). Partial eta squared signified a large effect. Overall, the average percentage of mental health cases rated as a strength increased between CFSR Round 1 and 2, but dropped between Round 2 and 3. Figure 10 shows mental health case strength averages across CFSR rounds.

**Figure 10**

*Mental Health*



*Note.* This figure shows mental health across time.

**Physical Health**

Physical health was analyzed in 41 states ( $N = 41$ ). Table 5 shows the average percentage of physical health cases rated as a strength across rounds.

**Table 5***Physical Health Averages*

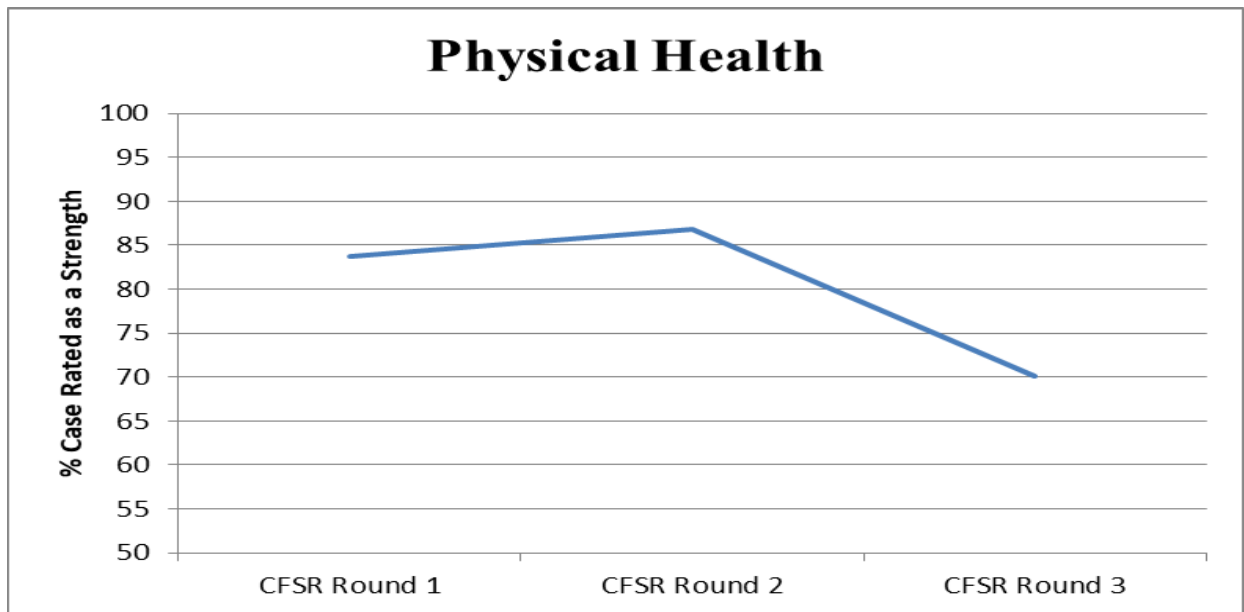
CFSR round	Average percentage of physical health cases rated as a strength
CFSR Round 1	83.65
CFSR Round 2	86.76
CFSR Round 3	70.07

*Note.* A table of the average percentage of physical health cases rated as a strength across CFSR Rounds 1, 2, and 3.

A Greenhouse Geisser correction was used to assess significance because the data violated the assumption of sphericity (Mauchly's  $W = .60, p = <.001$ ). The results showed a significant main effect,  $F(1.43, 55.63) = 30.96, p < .001, \eta^2_p = .44$ . The percentage of mental health cases rated as a strength varied significantly across Round 1 ( $M = 83.65, SD = 7.18$ ), Round 2 ( $M = 86.76, SD = 7.48$ ), and Round 3 ( $M = 70.07, SD = 13.74$ ). Partial eta squared signified a large effect. Overall, the average percentage of physical health cases rated as a strength increased between CFSR Round 1 and 2, but dropped between Round 2 and 3. Figure 11 shows physical health case strength averages across CFSR rounds.

**Figure 11**

*Physical Health*



*Note.* A table of the average percentage of physical health cases rated as a strength across CFSR Rounds 1, 2, and 3.

In summary, the profile analysis revealed significant changes, on average, in the percentage of cases rated as a strength across CFSR Rounds 1, 2, and 3 for all the combination of assessed variables (i.e., placement stability, educational needs, mental health, and physical health). The interaction of training rating was found not to be significant. The percentage of cases rated a strength for the combination of variables did not differ when states were grouped by their training being a strength or an area of concern. The univariate test showed significant changes in the percentage of cases rated as strength for placement stability, physical health and mental health. There was a pattern in how the scores differed for each variable, with scores increasing between Round 1 and 2, but dropping in Round 3. Overall, despite significant changes

in the percentage of cases rated as a strength across rounds, states had fewer cases rated as a strength in CFSR Round 3 than in CFSR Round 1, signifying a lack of improvement across time.

### **Qualitative Findings**

The PIP for “Stability of Foster Care Placement” was explored through a directive content analysis to address the following.

RQ2: What did states do to improve “stability of foster care placement?”

States were included in the analysis if their stability of foster care placement rating was an area of concern in Round 1 and the percentage of cases rated as a strength increased, at any amount, between Round 1 and Round 2. The essence of RQ2 looked to explore improvement. The selection criteria defined improvement as a state having a larger percentage of cases rated as an strength between Round 1 and Round 2. This qualitative analysis builds on the data collection done in the quantitative section of the study (see Appendix G). The percentage of state’s placement stability cases rated as a strength were compared between Round 1 and Round 2 and selected for the qualitative analysis if the score increased.

### **Sample**

The final total of states used for the qualitative analysis was 15: Alaska, California, Connecticut, Georgia, Idaho, Illinois, Kansas, Maine, New Jersey, New York, Rhode Island, Tennessee, Vermont, Virginia, and Washington. Table 6 shows the states with their percentages of cases rated as a strength in Round 1 and Round 2.

**Table 6***Percent of Placement Stability Cases Rated as a Strength*

State	Round 1	Round 2
Alaska	61	72.5
California	76	77
Connecticut	73	75
Georgia	70.3	82.5
Idaho	76	79
Illinois	84	85
Kansas	64.2	67
Maine	65	72.5
New Jersey	76	77.5
New York	81.1	87.5
Rhode Island	69	80
Tennessee	66	67.5
Vermont	73	75
Virginia	63	82.5
Washington	68	77.5

*Note.* This table illustrates the percentage of placement stability cases rated as a strength that

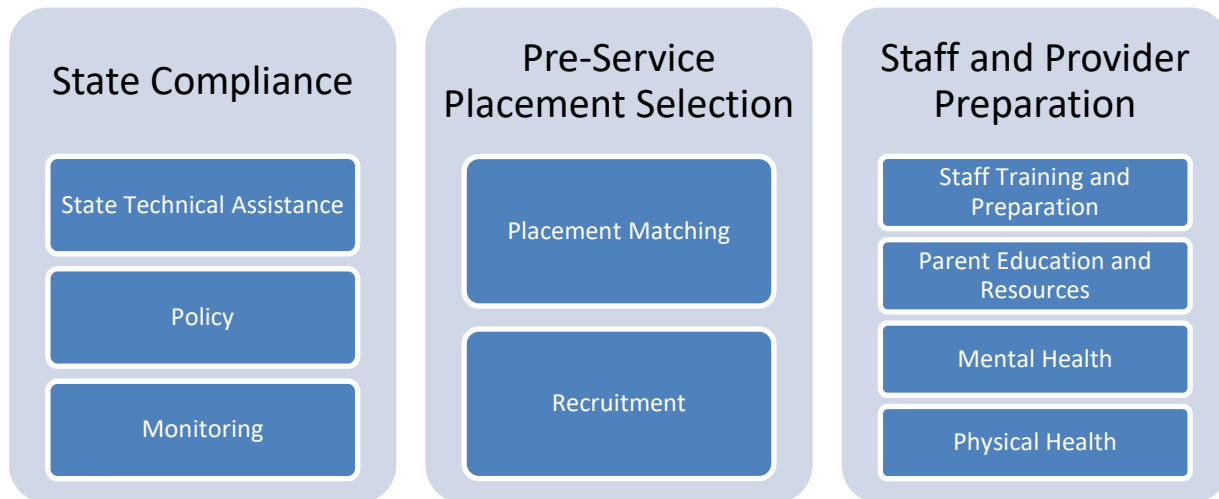
improved across CFSR Round 1 and 2. Data were used as the selection criteria RQ2.

## Themes

The analysis of the stability of foster care placement Round 1 PIP revealed 3 main themes to address RQ2: what did states do to improve stability of foster placement? After coding the PIP, data were clustered to create “large clusters of ideas” that supported the development of three themes (Creswell, 2007, p. 244). The three themes generated through analysis are as follows: (a) Developed state compliance strategies, (b) Improved pre-service placement selection, and (c) Increased staff and provider preparation. Figure 12 shows each theme and supporting data.

**Figure 12**

*Themes and Supporting Codes*



*Note.* This figure illustrates the study's themes at the top of the table and supporting codes in the rows beneath.

***Developed State Compliance Strategies***

The development of state compliance strategies is characterized by the state level (as opposed to federal or agency level) development of databases, policy, dashboards, or other technical assistance means to support placement stability. This theme included strategies to improve state technical assistance, policy and monitoring. Twelve of the 15 states analyzed referenced state level evaluation efforts to support placement stability. Many states looked to implement routine reporting of the data they collect in order to further inform their respective child welfare systems. States looked to utilize the data collected to further identify variables influencing instability, further inform policy and procedures, and to monitor the effectiveness of their strategies. States also created databases, tracking systems, analyzed data and reporting of placement changes and stability numbers to increase stability. States created databases (e.g.,

PROBER, ORCA, or FOCUS) to better track a child's placements within the child welfare system. States also utilized policy to better define placement stability and support child welfare agencies with an action plan when placement stability is jeopardized. Quotes that supported the development of this theme included the following.

The OCS has taken action to begin consistently tracking placement changes through the PROBER system. Managers receive a monthly report that highlights children's excessive moves. This process will be expanded to bring to regional management's attention these children and the barriers to their stable placement. (Alaska)

Georgia anticipates that the stability of children in foster care will decrease after the definitions of placements are clarified in policy. Georgia will compare the stability rates before and after the policy clarification to evaluate this hypothesis. (Georgia)

Monitor the stability of foster care placements by reviewing the FOCUS Child Welfare Outcome Report quarterly. (Idaho)

Revise disruption conference policy. Conduct disruption conferences for all disruptions according to revised policy. (Connecticut)

BCFS and the Institutional Abuse Unit have developed draft protocol to address those situations when a child faces possible removal from a foster home. It very clearly outlines the actions to be taken by IAU, BCFS Intake and Caseworker staff, Licensing staff, private agency and Maine Caring Families staff and the foster parents when a report is received. (Maine)

Monitor quarterly the number of placements children experience through the development of an approach for data analysis and the production of reports that will used

by central office and regional staff as an on-going tool to support reduction in the number of placement changes children in custody experience. (Tennessee)

### ***Improved Pre-Service Placement Selection***

The theme of improving pre-service placement selection included all efforts at the agency or state level designed to match a child, prior to placement, to the best possible substitute care provider to avoid disruption of placement. This theme included efforts of placement matching and recruitment. States consistently emphasized that appropriate initial placement was paramount to minimizing disruption. Placing a child within their community or with relatives was a common strategy for states to increase stability of placement. Recruitment efforts across states sought to increase the diversity (racially, culturally, and in capability of caring for varying child needs) of prospective foster parents to increase the likelihood of a child being placed with a suitable substitute caretaker. Ten of the 15 states in the analysis detailed efforts to support placement-matching and recruitment. The majority of states in the sample detailed the importance of appropriately placing a child in a home that would meet their cultural and developmental needs. Recruitment was a large part of the placement processes, with states implementing procedures to obtain a pool of quality foster parents to then match children within. Examples of text that supported the development of this unit include the following.

A larger and more culturally diverse pool of foster parents provided through the OCS's intensive recruitment plan will improve the options for placement. (Alaska)

Children placed in their own communities and able to maintain important connections are often less apt to experience multiple moves. (Maine)

We must have an appropriate resource family for every child who needs one, and to this end will license at least 1,000 new resource families in Fiscal Year 05 (July 1, 2004 –

June 30, 2005). We will employ a focused and ongoing recruitment effort, involving the neighborhoods and cultural communities where our children tend to enter care, and devoting special attention to the needs of groups for whom the system has particular difficulty recruiting sufficient homes. A statewide resource family recruitment plan will be developed, and revised each Fiscal Year to reflect current needs. (New Jersey)

6.3 Develop and implement matching data to assist in foster care matching and placement. (Rhode Island)

### ***Increased Staff and Provider Preparation***

Finally, the theme of increasing staff and provider preparation to support placement stability was generated during the analysis. This theme was characterized by state efforts at the agency or state level to implement training or procedures to better prepare child welfare staff and substitute care providers to manage placements and ensure stability. This theme included the strategies of staff training and preparation, providing parent education and resources to substitute care providers, and strategizing to meet the mental and physical health needs of children. States collectively sought to better prepare their staff and substitute care providers to meet the needs of the children in care and maintain a stable placement. Efforts towards provider preparation included providing families with information on the child mental and physical health needs, including families in meetings with staff, and providing resources such as funding home repairs, reducing barriers to access care, providing respite, and an after-hours crises line. Staff preparation included trainings on how to implement mental and behavioral health needs assessment to children in care and how to support families in utilizing the provided resources to meet the needs of the children in their care. Staff was also to be trained in incorporating families into the permanency planning decision making process and in staff meetings. Collectively states

were intentional in their efforts to increase placement stability by equipping staff and families with the tools necessary to support a collaborative work environment and provide resources to meet children's needs.

Two states, Kansas and New York, described efforts to increase placement stability by addressing the physical health of children. In both cases, the efforts were directed at assessing the physical health of the child to provide information to the foster parent. The foster parent was then to maintain accurate information while the child was in their care and provide the necessary services to meet the physical health needs of the child. Children's mental health needs were supported with data from four states. For these states, assessing the behavioral and mental health needs of children in the child welfare and providing services to meet their needs was important to establishing stability of placement. Examples of quotes that supported meeting the physical and mental health needs of the children are as follows.

Placement stability will primarily be addressed through the ongoing provision of mental health services to children in foster homes through the SOC Services. (Illinois)

Develop capacity for Mental Health Assessment for all new entrants to custody.

(Vermont)

New York will promote placement stability through the implementation of a new assessment tool to be used by caseworkers to assess the behavioral and mental health needs of children in foster care. These assessments and services to address unmet needs should decrease the potential for placement disruptions. Foster parents need to be better prepared to identify behaviors in children that might require a mental or physical health evaluation, an important first step in obtaining therapeutic and support services that may prevent maltreatment and placement disruption. (New York)

...increased behavioral/mental health supports such as 24-hour mobile crisis response.”  
(New Jersey)

Update the existing “Medical History Handbook.” When a child is referred to a foster care contractor, the contractor completes this handbook and gives it to the child’s foster parents. (Kansas)

Foster parents need to be better prepared to identify behaviors in children that might require a mental or physical health evaluation, an important first step in obtaining therapeutic and support services that may prevent maltreatment and placement disruption.  
(New York)

Eight states utilized parent education and the provision of resources to parents to better support placement stability. Some states referenced specific parent education curriculums such as PRIDE and Child Welfare Academy, while other states did not reference a specific training methodology. Some States implemented strategies to increase the resources available to foster parents, but did not specify that it was through parent education. Example of resources provided were helping families advocate for their own needs (New York), implement Family-Team Decision Making disruption prevention meetings (Washington), and provide foster parents with newsletters to provide information (Kansas). Quotes that supported this strategy included the following.

Coordinate statewide training through Children’s Alliance and develop a specialized training program for foster parents...Develop specialized training program: a. Consult with National Resource Center for Foster Care and Permanency Planning to review current training curriculum for foster parents. b. Develop training action plan with NRC

on how to identify and implement “specialized” foster parent training beyond current MAPP training. (Kansas)

Action Step 1.16 Develop a foster parent training and support needs assessment instrument to be distributed to districts and agencies. (New York)

Train foster parents and staff in “teaming” to prevent unplanned disruptions. (Connecticut)

Services and supports that will be expanded and available to resource families will include: funding for home repairs necessary to obtain or maintain licensure; flexible funding for a broad array of individualized support services; and increased behavioral/mental health supports such as 24-hour mobile crisis response. (New Jersey)

Develop readily accessible resources for foster parents. (Idaho)

Two states specifically address pre-service or the initial training of foster parents. Efforts included mandating pre-service training and ensuring statewide consistency in mandated trainings (Virginia) and obtaining contractors to provide pre-service training via the MAPP curriculum (Kansas). Quotes that referenced pre-service training included the following.

Contract with the Children’s Alliance of Kansas for the following foster parent support services: Providing initial training for new foster parents (MAPP). (Kansas)

Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care.

(Virginia)

Integrate the minimum training competencies and requirements for mandated pre-service training into the proposed regulations for Resource, Foster and Adoptive Home Approval Standards by February 2006. (Virginia)

Of the 15 states in the sample, 11 states implemented strategies to train and prepare child welfare staff to increase placement stability. Training efforts were directed towards developing and maintaining relationships with foster parents, understanding related standards (e.g., placement standards or disclosure standards), administering developmental assessments, and developing and adhering to a child's permanency goals. Quotes that supported the development of this resource include the following.

The Alaska Family Services Training Academy (FSTA) and the Alaska Foster Parent Training Center (AFPTC) will enhance current training for workers in developing and maintaining relationships with foster parents. (Alaska)

Train foster parents and staff in "teaming" to prevent unplanned disruptions.  
(Connecticut)

Train staff on revised relative placement standards. (Georgia)

Train staff on revised relative placement standards... Train case management staff on standards including the importance of full disclosure of information about each foster child. (Idaho)

By managing caseload limits for Child Protection and Permanency workers, we will free staff up to provide a proper introduction to the new home. We will train them on how to introduce the child to the new home – and the relationships developed by our Resource Family Support Worker with our resource families will also lend to making this transition go more smoothly. Workers will spend time with the resource family and the child, and will utilize the DYFS Placement Kit as a guide to address issues that are important to the child and the family. (New Jersey)

## **Conclusion and Summary**

This study approached placement stability through a mixed-methods research design. The research questions addressed were as follows: (1) How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: educational needs, physical needs, mental health, and stability of foster care placement, when stability of foster care placement was rated “area of concern” in Round 1 and (2) What did states do to improve “stability of foster care placement”? A profile analysis and a directed content analysis research methodologies were utilized for the quantitative and qualitative analysis. The quantitative findings revealed statistically significant changes in CFSR scores across rounds. The analysis showed that despite efforts in improvement, on average, state scores decreased significantly across rounds. The analysis also found that states rating for provision of training did not have an impact on their percentage of cases rated as a strength for the child outcome variables. The qualitative analysis found that when states did improve their placement stability scores, improvement strategies that included state compliance, pre-service placement selection and staff and provider preparation were successful. Chapter 5 discusses the implication of the findings as they relate to the child welfare literature and theory.

## CHAPTER V

### DISCUSSION

The purpose of this study was to evaluate CFSR data to identify improvements in the child welfare systems in areas critical to placement stability. This study addressed two research questions: (1) How has the percentage of cases rated as a strength differed across CFSR Round 1, 2, and 3 for the following variables: educational needs, physical needs, mental health, and stability of foster placement and (2) What did states do to improve the “the stability of foster care placement” rating? This study utilized an embedded mixed-method approach to analyze the data from the CFSR. A profile analysis was run to quantitatively assess RQ1 and a directive content analysis was conducted to qualitatively assess RQ2. It was hypothesized that there would be an overall increase in the percentage of cases rated as a “strength” across CFSR Round 1, 2, and 3 in all applicable variables, due to the improvements implemented by their PIP for stability of foster care placement. The analysis showed there was no significant improvement in variables scores across rounds. The null hypothesis for RQ1 was accepted in this study. The qualitative analysis of the PIPs for placement stability revealed three themes: (a) Developed state compliance strategies, (b) Improved pre-service placement selection, and (c) Increased staff and provider preparation. The research questions were approached through the lens of the double ABC-X model of family stress theory (see Figure 3). The findings of the analysis are discussed below within the context of the double ABC-X model and current literature. This section concludes with the study’s limitations and implications for future research.

#### **Discussion of Findings**

This study sought to understand if the CFSR was actually improving placement stability outcomes for children in the child welfare system. The ability for substitute care providers to

meet the educational, physical, and mental health needs of the children in their care is paramount to placement stability (Leathers et al., 2019; Tonheim & Iversen, 2019). States with low placement stability ratings were intentionally selected in this study in order to demonstrate improvement, which is a central purpose of the CFSR (Children's Bureau, n.d.a.). The quantitative analysis revealed significant changes in the percentage of cases rated as a strength across CFSR Round 1, 2, and 3 for the following variables: placement stability, mental health, and physical health. However, the percentage of cases rated as a strength for each respective variable decreased, on average, from the year 2000 to 2018. One of the purposes of the CFSR is to "assist states in enhancing their capacity to help children and families achieve positive outcomes" (Children's Bureau, n.d.a., p. 1). However, in the 18+ years the CFSR has been implemented, the data is not showing improvements in placement stability outcomes. States are showing an overall decrease in the percentage of cases rated as a strength. The qualitative analysis allowed for exploration into what states did when ratings improved. However, of the 42 states that developed PIPs for placement stability, only 15 increased the percentage of placement stability cases between CFSR Round 1 and 2. Of the 15 states that improved scores, zero of them received a strength rating in their stability of foster care placement variable in CFSR Round 2. Ultimately, the qualitative and quantitative analysis conducted in this study highlight an overall lack of improvement in placement stability.

The profile analysis conducted highlighted the connectedness between placement stability and meeting the educational, physical health and mental health needs of children. This study supports current child welfare literature by demonstrating an association between a poor child outcomes and lack of placement stability. Child welfare research has shown a connection between family's inability to meet the needs of children in their care and placement disruptions

(Chamberlain et al., 2006; Chateauneuf et al., 2022; Tonheim & Iversen, 2019). Placements are most commonly disrupted when families are not equipped to handle their child's behavioral challenges (James, 2004; Leathers et al., 2019; Rhodes et al., 2001). Other factors associated with placement disruption include substitute care providers feeling uninformed, unsupported, and having a lack of resources (Leathers et al., 2019; Reilly & Platz, 2003; Tonheim & Iversen, 2019). The qualitative analysis sought to better understand what states did when they were able to improve their placement stability case numbers. The three themes for improving placement stability (a) Developed state compliance strategies, (b) Improved pre-service placement selection, and (c) Increased staff and provider preparation, supported child welfare literature by revealing that many states provided resources to families and facilitated a relationship between child welfare staff and substitute care providers.

The findings of this study also support the need for the federal government to clarify what is meant by the "adequate preparation" of substitute care providers to fulfill their duty to meet the needs of the children in care and provide stable placement (Foster Care Independence Act, 1999). Many states have mandated pre-service trainings in order to prepare families to meet the needs of children placed in their care and maintain stable placement, but the method and quality of implementation varies (Child Welfare Information Gateway, 2018). The findings of this study showed that despite having strong training ratings, states' placement stability scores still decreased over time. The provision of training was not associated with improvements in placement stability or associated variables. As noted in child welfare literature, more research is needed to better understand what aspects of training are associated with positive child outcomes and placement stability (Cooley & Petren, 2019; Dorsey et al., 2008; Festinger & Baker, 2013; Solomon et al., 2017). It is not enough to simply have trainings, the trainings have to be

evaluated and monitored for effectiveness. The federal government could use the training research to create minimum pre-service training standards for state child welfare agencies. The CFSR could then monitor state compliance with the minimum standard and demonstrate an association between effective training and positive child outcomes. Identifying what states did in order to improve their placement stability rating can also be helpful in informing training policy.

Only two states specifically referenced pre-service training in their improvement plan (Virginia and Kansas). However, the techniques that states used to improve placement stability ratings could inform the content of pre-service trainings. As previously noted, more information is needed to determine what aspects of pre-service training are effective (Cooley & Petren, 2019; Festinger & Baker, 2013; Gibbs et al., 2022; Konijin et al., 2020). The quantitative analysis demonstrated that providing training was not associated with improving stability ratings across time. However, this does not mean that providing training as a whole is not useful; in fact, parent education is documented as a useful mean of preparing families for foster care (Fisher et al., 2013; Wind et al., 2007). Instead, the findings suggest that how training is provided matters and future research is needed to determine what constitutes effective training. The themes generated from the thematic analysis provide insight into strategies that improve placement stability. States could implement these strategies into their training models, ultimately working to be in compliance with federal mandates to adequately prepare substitute care providers. The interconnectedness between meeting a child's needs and placement stability should also be explored in trainings. When placement stability improved, many states implemented tools to assess the child's needs and provide staff and families with the resources necessary to meet those needs. Clearly defining what is needed to adequately prepare families and implementing those

strategies in pre-service trainings could be a critical step in improving placement stability across the States.

### **Implications**

The findings of this study have future research, policy, and practice implications. The quantitative analysis demonstrated that the provision of training was not associated with higher placement stability scores and that child outcome scores are not improving alongside the implementation of placement stability improvement plans. The implications of these key findings are discussed below.

### **Future Research**

This study implores social service organizations and researchers to further clarify what it meant for prospective substitute care providers to be “adequately prepared to provide for the needs of the child” (Foster Care Independence Act, 1999). This study demonstrated in the quantitative analysis that meeting the requirement of having training is not enough to increase positive outcomes. As previously noted, States did not demonstrate a higher percentage of cases rated as a strength for placement stability or child outcome variables when they had their provision of training rated as a strength. Rating trainings as either “strength” or “area of concern” solely on its presence is not enough to signify adequate substitute care preparation. Future research should look into the curriculums being used, required number of training hours, method of training, and staff qualifications to further determine how states are training parents. After assessing what is being done, it can then be determined what is successful in giving substitute care providers the resources and skills needed to meet their child’s need and maintain stable placement. The effective components of parent education and training can be utilized to inform federal minimum standards for pre-service trainings. These minimum standards can support state

requirements under the Foster Care Independence Act of 1999. The CFSR, in compliance with the 1994 and 1999 amendments to monitor State's compliance with Title IV-B and IV-E of the 1980 Social Security Act, could monitor and evaluate the implementation of the new minimum standards.

The themes from this study's qualitative analysis provide insight into what helped state's improve stability. The provision of resources, implementation of needs assessments, staff and provider relationship building, and compliance monitoring should be further investigated in the context of parent education curriculum. This information can be used to strengthen the federal mandates for preparing substitute care providers with the tools necessary to meet the needs of the children placed in their care. Through the lens ABC-X model of family stress theory, we can visualize how federal and state level policies trickle down to individual outcomes (see Figure 2 & 13). Current child welfare literature supports the need for more research into how parent education is used in the child welfare system (Cooley & Petren, 2019; Dorsey et al., 2008; Festinger & Baker, 2013; Solomon et al., 2017). Future research could utilize the thematic analysis from this study as a starting point to explore the interconnected between state compliance, staff/provider resources, placement matching and child outcomes.

Future research should also evaluate how the CFSR is implemented. The CFSR is designed to not only monitor state child welfare systems, but to improve them. Overall, in the context of placement stability states did not demonstrate improvements. Future research should explore how effective the CFSR processes are in identifying areas of weakness and improving them across time. Currently CFSR covers 18 years of child welfare data. As its monitoring efforts continue, it is imperative to ensure effectiveness of evaluation. Future research can build on this study's tracking of CFSR data and continue to longitudinally assess state's performance

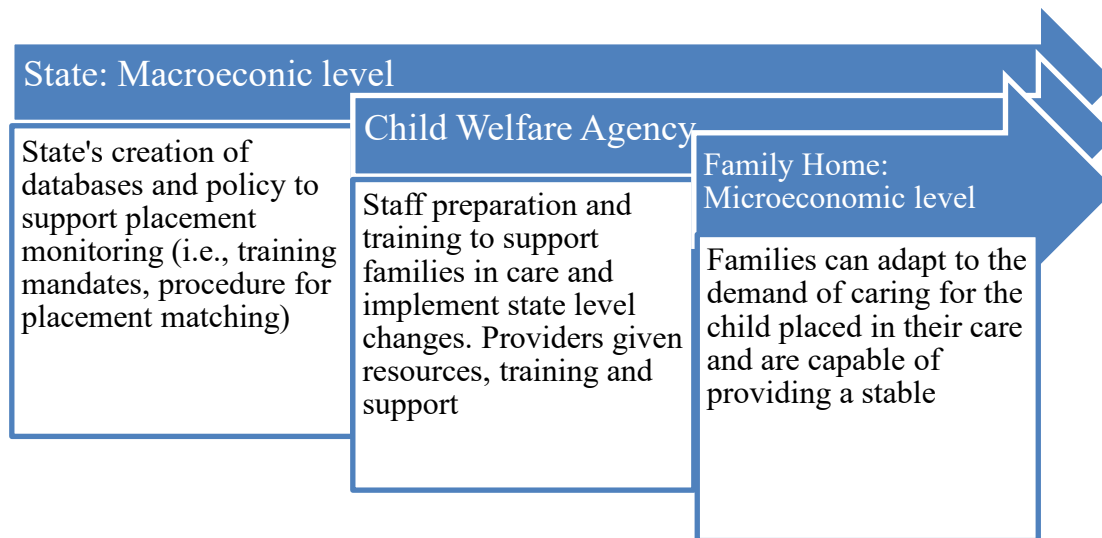
in CFSR variables. Qualitatively reviewing themes presented in state's PIP can inform state and federal level policy. Changes in state performance should be tracked through the lens of informing child welfare systems at the federal level. A federal level report should be developed after each CFSR round to determine lessons learned and next-steps at the national level.

## **Policy**

The themes explored in this analysis revealed that states utilized state level compliance strategies, staff and provider preparation, and pre-service placement matching to support placement stability. Through the lens of the double ABC-X model, we can illustrate how the development of guidelines at the state level (e.g., defining placement stability or creating policy for disruption) can inform agency level activities (e.g., training, information collection, data management) and ultimately support families (e.g., identified high risk families and offer support or resources). Figure 13 demonstrates this process.

**Figure 13**

*State Level Model*



*Note.* This figure demonstrates the flow from state level policies to family home impact.

This method of practice, through the lens of the double ABC-X model, can be exemplified throughout child welfare services, particularly at the federal level. The development of the CFSR review should be one-step in the process of improving child welfare services statewide. The data that are collected in the CFSR should not only inform the child welfare systems, but inform the policy that supports it. This study focused particularly on the policy surrounding the provision of pre-service training in order to adequately prepare families for substitute care. Clearly defining how this policy is to be implemented may inform agency level action and therefore improve developmental and placement stability outcomes. Other policies, in areas such as placement matching or the provision of resources, can be explored and developed in order to further support the healthy outcomes of children in the child welfare system.

## **Practice**

Child welfare staff plays a critical role in bridging the gap between policy and family outcomes. Agency staff members implement trainings, provide resources, and monitor children's outcomes throughout placement. It is critical for staff to be well-versed not only in policy but how to effectively input it. The themes of this study revealed that staff preparation was used in order to support placement stability. Techniques included training staff on how to build relationships with substitute care providers, implement developmental assessments, and convey needs and resources to parents. Child welfare staff should continue to be supported as a critical link between policy and practice.

## **Conclusion**

Providing children in the child welfare system with a safe and stable home environment is paramount to their healthy developmental outcomes. It is the responsibility of researchers and social service providers to ensure that everything is being done to meet the needs of children in the child welfare system. This study aimed to identify improvement in placement stability and related variables via the CFSR and to explore what states did to improve stability ratings. Approaching placement stability at the macro-economic level is necessary to create the systemic impact needed to ensure that all children in the child welfare system have their needs met. The findings of this study build on the body of child welfare literature and offers new avenues of research into the interconnectedness of federal policy, parent education, and developmental outcomes.

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## APPENDIX A

### BACKGROUND PROCEDURE AND DATA COLLECTION FOR CFSR

The following describes the review process for the Child and Family Services Review.  
(Children's Bureau, n.d.a., p. 1)

*The federal government conducts the reviews in partnership with state child welfare agency staff. Consultant reviewers may supplement the federal review team. Each Child and Family Services Review is a two-stage process consisting of a statewide assessment and an onsite review of child and family service outcomes and program systems. For the statewide assessment, the Children's Bureau prepares and transmits to the state a data profile that contains aggregate data on the state's foster care and in-home services populations. The data profiles allow each state to compare certain safety and permanency data indicators with national standards determined by the Children's Bureau. States evaluate their performance on the outcomes and systemic factors in the statewide assessment.*

*After the statewide assessment, a joint federal-state team conducts an onsite review of the state child welfare program. The onsite review portion of the Child and Family Services Review includes (1) case reviews; (2) interviews with children and families engaged in services; and (3) interviews with community stakeholders, such as courts, community agencies, foster families, caseworkers, and service providers. The extent of stakeholder interviews may vary depending on the information previously provided in the statewide assessment.*

*For Round 3, states meeting certain criteria may conduct their own case reviews and case-specific interviews using the revised federal Onsite Review Instrument and Instructions, and submit the results to the Children's Bureau in lieu of a more traditional review conducted in a one-week time frame.*

*At the end of the onsite review, states determined not to have achieved substantial conformity in all the areas assessed must develop and implement Program Improvement Plans addressing the areas of nonconformity. The Children's Bureau supports the states with technical assistance and monitors implementation of their plans. States must successfully complete their plans to avoid financial penalties for nonconformity.*

The onsite review process: (Children's Bureau, 2015, p. 11)

*The purpose of the onsite review is to gather state performance information from the examination of a sample of cases for outcome achievement and to conduct interviews with Tribes, partners, and stakeholders to evaluate the systemic factors under review, as needed. States may engage in the onsite review in one of two ways: (1) by conducting their own case reviews, if approved by the Children's Bureau (the "State Conducted Case Review" path), and submitting those data for the Children's Bureau to use in substantial conformity determinations; or (2) by participating in a 1-week review of cases conducted by a team of federal and state Reviewers (the "Traditional Review" path). Both paths require federal*

*participation in any stakeholder interviews conducted to make final determinations of substantial conformity with the seven systemic factors.*

Sampling (Children's Bureau, 2015, p. 31-32)

Case Review Sampling Elements by Review Type

Element	State Conducted Case Reviews	Traditional Reviews
Sample size	Minimum of 65—no upper limit Potential for statistically valid samples based on state capacity	Limited to 65 cases No statistically valid samples
Review sites	At least 3 over 6-month period—no upper limit	Limited to 3 sites in 1 week
Case mix ratio	Reflective of state's ratio as long as minimum 40/25 met	40 foster care/25 in-home
Sampling frame—foster care	<ul style="list-style-type: none"> <li>Organized by individual child</li> <li>Served statewide or by jurisdiction strata</li> <li>According to state's Adoption and Foster Care Analysis and Reporting System reportable cases for the sampling period</li> </ul>	<ul style="list-style-type: none"> <li>Organized by individual child</li> <li>Served statewide or by jurisdiction strata</li> <li>According to state's Adoption and Foster Care Analysis and Reporting System reportable cases for the sampling period</li> </ul>

Chapter 4: Case Sampling

Element	State Conducted Case Reviews	Traditional Reviews
Sampling frame— in-home	<ul style="list-style-type: none"> <li>State-provided list by family unit</li> <li>Opened for at least 45 consecutive days during the sampling period including alternative/differential response and other in-home services cases served pursuant to the Child and Family Services Plan</li> <li>Supports the identification of cases in which any child in the family was in foster care for 24 hours or more during any portion of the review period to support the elimination of such cases from the sample</li> </ul>	<ul style="list-style-type: none"> <li>State-provided list by family unit</li> <li>Opened for at least 45 consecutive days during the sampling period including alternative/differential response and other in-home services cases served pursuant to the Child and Family Services Plan</li> <li>Supports the identification of cases in which any child in the family was in foster care for 24 hours or longer during any portion of the review period to support the elimination of such cases from the sample</li> </ul>

Section II of the Statewide Assessment includes state data profiles for Item 4. Section II of the Statewide Assessment Instrument is described below: (Children's Bureau, 2015, p. 9)

*Section II of the Statewide Assessment Instrument includes data profiles for safety and permanency outcomes. The Children's Bureau extracts the data from the Adoption and Foster Care Analysis and Reporting System and the National Child Abuse and Neglect Data System or an alternate, Children's Bureau-approved source of safety data submitted by the state, and transmits the data to the state in report format. Adoption and Foster Care Analysis and Reporting System data are used to develop a permanency profile of the state's foster care populations. National Child Abuse and Neglect Data System data are used to develop a safety profile of the child protective services population. The data profiles also include statewide data indicators used, in part, to determine substantial conformity...The Children's Bureau has established national standards for each of the statewide data indicators used to determine substantial conformity. The Children's Bureau and the state compare the state's data for the period under review—which starts at the beginning of the sampling period and ends when the cases are reviewed—with the national standards to determine the state's substantial conformity with these standards.*

*If a state does not submit data to the National Child Abuse and Neglect Data System, the Children's Bureau and the state must agree on an alternate source of statewide data to be used in preparing the safety profile. In the absence of National Child Abuse and Neglect Data System data, the state transmits data from the approved alternate source and the Children's Bureau prepares the safety profiles based on those data.*

#### Data Profile for Item 4 (Children's Bureau, 2015, p. C-2)

Placement stability	Of all children who enter care in a 12-month period, what is the rate of placement moves, per day of foster care? <i>For national standard calculation, use AFCARS periods 2013B and 2014A.</i>	Of children who enter care in a 12-month period, total number of days these children were in care as of the end of the 12-month period <sup>d</sup>	Of children in the denominator, total number of placement moves during the 12-month period <sup>e</sup>	<ul style="list-style-type: none"> <li>• Age at entry</li> <li>• Children in care &lt; 8 days</li> <li>• Children who enter care at age 18 or older</li> <li>• Any time in care and placement changes that occur after the 18th birthday is not counted.</li> <li>• The initial removal from home (and into care) is not counted as a placement move.</li> </ul>	<ul style="list-style-type: none"> <li>• Placement stability is expressed as a rate per 1,000 days in care.</li> </ul>
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Determination of Substantial Conformity for Permanency Outcome 1: (Children's Bureau, 2015, p. A-1)

Outcome	Items and Ratings	Statewide Data Indicator
<b>Permanency Outcome 1: Children have permanency and stability in their living situations.</b>	<p>In 95% of the applicable cases...</p> <p>There are Strength ratings for Item 4: Stability of Foster Care Placement, Item 5: Permanency Goal for Child, and Item 6: Achieving Reunification, Guardianship, Adoption, or Another Permanent Planned Living Arrangement</p> <p><b>OR</b></p> <p>There are Strength ratings for Items 4 and 6, and Item 5 is not applicable</p>	<p>For Permanency in 12 Months for Children Entering Foster Care, the state is no different than or above the national standard of 40.5%</p> <p><b>AND</b></p> <p>For Permanency in 12 Months for Children in Foster Care 12 to 23 Months, the state is no different than or above the national standard of 43.6%</p> <p><b>AND</b></p> <p>For Permanency in 12 Months for Children in Foster Care 24 Months or More, the state is no different than or above the national standard of 30.3%</p> <p><b>AND</b></p> <p>For Re-Entry to Foster Care in 12 Months, the state is no different than or below the national standard of 8.3%</p> <p><b>AND</b></p> <p>For Placement Stability, the state is no different than or below the national standard of 4.12 moves per 1,000 days in foster care</p>

Section IV of the Statewide Assessment Instrument is described below: (Children’s Bureau, 2015, p. 9-10)

*In Section IV of the Statewide Assessment Instrument, states must record their assessment of whether each systemic factor requirement is functioning as required. The Children’s Bureau uses information in the state’s submitted Statewide Assessment Instrument to determine whether each of the systemic factors is in substantial conformity, or if it is necessary to gather additional information through stakeholder interviews to make that determination. Because the assessment of systemic factor functioning is also required as part of the Child and Family Services Plan, states are encouraged to reference that assessment and the data/analysis supporting it in the Statewide Assessment Instrument, and update as necessary.*

*The Children’s Bureau considers a systemic factor to be “functioning” if it is occurring or is being met consistently and on an ongoing basis across the state for all relevant populations. Beyond considering a description of law, procedure, or process, a state must demonstrate through data and information that the systemic factor is routinely functioning as required.*

*States are encouraged to consider all available qualitative and quantitative data and information for each systemic factor, and identify areas where more information or data are needed. In examining and analyzing data, the state should consider if it is relevant to the systemic factor’s functioning. For systemic factors comprising multiple requirements (items), it is important to consider whether multiple types of data and information are necessary to characterize functioning. The Children’s Bureau provides additional guidance.*

## APPENDIX B

### SELECTION CRITERIA FOR RQ1 (ROUND 1 DATA)

State	PS	PS%	EDU	EDU%	PHY	PHY%	MENT	MENT %	Training
Alabama	1	87	0	71	1	85	0	74	1
Alaska	0	61	0	79	0	77	0	66	0
Arizona	0	84.2	0	85	0	70	0	67	0
Arkansas	0	68	0		0		0		1
California	0	76	0	81	1	95	0	74	0
Colorado	0	79	1	91	0	77	0	72	0
Connecticut	0	73	1	90	0	84	0	72	1
Delaware	1	97.7	0		1		1		1
DC									
Florida	0	89.7	0	78.9	0	85.1	0	76.3	1
Georgia	0	70.3	0	75.7	0		0		1
Hawaii	0	77	1	90	0	80	0	54	0
Idaho	0	76	1	94	0	77	0	70	0
Illinois	0	84	0	84	0	83	0	66	1
Indiana	0	85.3	0	71.1	0	83	0	73.8	0
Iowa	0	82	1	93	1	89	1	86	1
Kansas	0	64.2	1	88	1		1	93	1
Kentucky	0	68	1	95	1	88	0	81	1
Louisiana	0	90	0	78	1	95	0	74	1
Maine	0	65	1	89	1	85	0	73	1
Maryland	0	79	0	86	1	91	0	69	1
Massachusetts	0		0	86	0	71	0	78	1
Michigan	0	89	0	79	1	89	0	81	1
Minnesota	0	75	0	81.58	0	84.21	0	70	1
Mississippi	0	60	0	76	0	74	0	50	0
Missouri	0	77	0	80	0	82	0	77.5	1
Montana	0		1	92	0	83	0	68	1
Nebraska	0	77	0	86	0	73	0	66	1
New Hampshire	0	84	1	95	1	89	0	79	1
New Jersey	0	76	0	68	0	76	0	50	1
New Mexico	1	88	0	84	0	81	0	77	0
New York	0	81.1	1	91.5	1	91.5	0	91.1	1
North Carolina	0		0		1		0		1
North Dakota	0	96	1	91	1	91	0	80	1
Ohio	0	88	0	84	0	83	0	68	1
Oklahoma	0	75.9	0	81	0	77	0	74	1
Oregon	1		0		1		0		1
Pennsylvania	0	88	0	86	1	92	0	83	1
Puerto Rico	1	85	0	77	0	75	0	56	0
Rhode Island	0	69	0	73	0	77	0	61	0
South Carolina	0	83	0	84.2	0	79	0	76	1
South Dakota	0		0	74	0	75	0	69	1
Tennessee	0		0	82	1	89	0	71	1
Texas	0	78	0	83.3	0	82	0	82.5	1
Utah	0	69	1	100	1	94	1	85	1
Vermont	0	73	1	98	1	98	0	89	1
Virginia	0	63	1	92	1	95	0	81	0
Washington	0	68	0	77	0	83	0	64	0
West Virginia	0	72	0	75	0	82	0	62	1
Wisconsin	0	76	1	91	0	83	0	69	0
Wyoming	0		0	82	0	72	0	74	1

## APPENDIX C

### PROGRAM IMPROVEMENT PLAN (PIP) EXAMPLE – VIRGINIA

PROGRAM IMPROVEMENT PLAN

PERMANENCY

#### PERMANENCY OUTCOME 1

*Children have permanency and stability in their living situations*

##### Item 6: Stability of the foster care placement

**Goal:** Increase the percentage of children who have two or fewer foster care placements in the first year of their latest removal from 84.5 percent to 86.4 percent by January 2007.

##### Action Steps:

1. *Mandate pre-service training for resource parents, foster parents, and adoptive parents to prepare families to meet the needs of children entering foster care.*

##### Benchmarks:

- *Submit proposed regulation mandating pre-service training for resource parents, foster parents, and adoptive parents to the State Board of Social Services requesting approval for publication for a 60 day public comment period by February 2006.*

2. *Ensure statewide consistency in mandated pre-service training of resource parents, foster parents, and adoptive parents.*

##### Benchmarks:

- *Establish a workgroup to identify minimum competencies and requirements for resource parent, foster parent, and adoptive parent pre-service training by June 2005.*
- *Identify minimum training competencies and requirements for mandated pre-service training by August 2005.*
- *Integrate the minimum training competencies and requirements for mandated pre-service training into the proposed regulations for Resource, Foster and Adoptive Home Approval Standards by February 2006.*
- *Establish an on-going workgroup to advise VDSS in developing requirements and a process for assessing if local departments of social services resource, foster, and adoptive parent training curricula meet the established competencies by March 2006.*

3. *Mandate in-service training for resource parents and foster parents to prepare families to meet the on-going needs of children in foster care.*

##### Benchmarks:

- *Establish a workgroup to identify minimum requirements for resource parent and foster parent on-going training by June 2005.*
- *Identify minimum on-going training requirements by August 2005.*
- *Integrate the minimum requirements for mandated on-going training into the proposed regulations for Resource, Foster and Adoptive Home Approval Standards by February 2006.*
- *Establish an on-going workgroup to advise VDSS in developing requirements and a process for assessing if local departments of social services resource, foster, and adoptive parent training curricula meet the established competencies by March 2006.*

## APPENDIX D

### CODEBOOK

Name	Description
“Better Placements” – Placement matching	This unit refers to improving the placement matching among foster parents and children. To include the identification of family and fictive/kinship placement. Use this code to capture the State's efforts to place children in homes that match their cultural and community needs.
Recruitment	This sub-unit specifically targets States efforts to improve the recruitment of substitute care providers
Educational Needs	This code includes statements referring to meeting foster children's educational needs while under the care of a substitute-care provider. If unit refers to addressing the child's educational needs. To include absenteeism, disciplinary challenges exhibited in school settings (general externalizing or internalizing behaviour problems should be coded under Mental Health of the Child), grade level performance, learning disabilities, school mobility
Mental Health	This code includes statements referring to meeting foster children's mental health needs while under the care of a substitute-care provider. If unit refers to toxic stress, complex trauma, external or internal behavioural challenges, cognitive disorders, mental health diagnoses, psychotropic medication, suicide prevention code under Mental Health of the Child; if unit refers to learning disabilities, code under Educational Needs of the Child
Other	This code refers to all other efforts of placement stability that do not fit in the above categories
Parent Education	This unit refers to the specific terminology "parent education" being used in the PIP. If unit refers to "parent education" in the form of online education, parent education curriculum, classes, or coursework to provide substitute care providers with resources or information to collectively meet
Name	Description
	the need of their foster child
Resources for parents	This sub-unit refers to the provision of resources to parents, to include connecting them with support a support group, designing a resource list, identifying resources, or overall support for families
Physical Health	This code includes statements referring to meeting foster children's physical health needs while under the care of a substitute-care provider. If unit refers to chronic or acute health conditions, vision or dental treatment or preventative services
Pre-Service Training	This code includes statements referring to the specific methodology used to prepare prospective parents prior to placement
Staff training and preparation	This code refers to efforts to train or better equip child welfare staff. This can include formalized training curriculum or informal training sessions. Include all mention of State's efforts to better prepare staff for child placements and maintaining stability.
State TA	This code refers to State level efforts to improve placement stability
Monitoring	This sub-code refers to State level efforts of monitoring. To include the development of databases or tracking platforms to assess state level placement stability
Policy	This sub-code refers to the State level development of policy or legislation around placement stability

## APPENDIX E

### ROLE OF THE RESEARCHER

I analyzed each program improvement plan well aware of my biases towards the child welfare system. After having conducted many home study interviews, I was acutely aware of the lack of preparedness of many prospective foster families in Texas. My experience with the child welfare system has shown me both the stability and disruption it can create. In my previous role I frequently taught parent education classes to parents who had their children removed from their custody. I saw two sides of the child welfare system: removal – in which many parents appeared simply unaware to developmental norms and safety practices, and placement – in which many parents appeared unaware of the trauma of removal and placement. This created a paradox for me to address placement stability. It was therefore important to me to read each program improvement plan in this study, not from a place that recognizes (from both experience and reviewing literature) the importance of parent education, but from a place of curiosity and exploration. I found myself frequently checking for text surrounding curriculum, education, or training. It took frequent reviews of each PIP, stepping away when the text appeared redundant, and intentionally noting my thoughts as I read. The resulting analysis revealed new strategies and further piqued my curiosity toward exploring placement stability in the child welfare system.

## APPENDIX F

### AUDIT TRAIL

1. Wrote down the role of the researcher, my background, and biases as they relate to child welfare services
2. Downloaded Program Improvement Plans from CFSR Round 1 for the following states: Alaska, California, Connecticut, Idaho, Illinois, Maine, New Jersey, New York, Rhode Island, Vermont, Virginia, and Washington. CFSR Round 1 PIPs are located here: <https://www.acf.hhs.gov/cb/monitoring/child-family-services-reviews/rounds1-2>
3. Extracted Item 6: Stability of Foster Care Placement PIP pages into separate PDF
4. Read through each PIP, while documenting initial reactions and underlining key points; reflected back frequently to items written in Step 1
5. Generated new codes from initial reading (e.g., staff training, monitoring, better placements)
6. Uploaded PIPs to NVivo
7. Begin reading through improvement plans and coding the efforts States made to improve placement stability
8. As items arose that did not fit into the initial codes, developed new codes (e.g., State TA, policy, monitoring) or coded to Other
9. Met with Dr. Armstrong to review codes
10. Re-read each pip
11. Reviewed code definitions
12. Reviewed text to ensure codes were appropriately assigned – re-read each initial PIP
13. Searched for disconfirming evidence
14. Downloaded codes and codebook into PDF binder
15. Re-searched for disconfirming evidence
16. Took notes of commonalities/patters in codes
17. Created themes: Developed state compliance strategies, improved pre-service placemen selection, increased staff and provider preparation

## APPENDIX G

### DATA SETS

#### Round 1

State	Stability_Pla1	Education1	Phy_Health1	Men_Health1	Training1
Alaska	61	79	77	66	0
Arizona	84.2	85	70	67	0
California	76	81	95	74	0
Colorado	79	91	77	72	0
Connecticut	73	90	84	72	1
Florida	89.7	78.9	85.1	76.3	1
Georgia	70.3	75.7			1
Hawaii	77	90	80	54	0
Idaho	76	94	77	70	0
Illinois	84	84	83	66	1
Indiana	85.3	71.1	83	73.8	0
Iowa	82	93	89	86	1
Kansas	64.2	93	78	93	1
Kentucky	68	95	88	81	1
Louisiana	90	78	95	74	1
Maine	65	89	85	73	1
Maryland	79	86	91	69	1
Massachusetts	77	86	71	78	1
Michigan	89	79	89	81	1
Minnesota	75	81.58	84.21	70	1
Mississippi	60	76	74	50	0
Missouri	77	80	82	77.5	1
Montana	80.8	92	83	68	1
Nebraska	77	86	73	66	1
New_Hampshire	84	95	89	79	1
New_Jersey	76	68	76	50	1
New_York	81.1	91.5	91.5	91.1	1
North_Dakota	96	91	91	80	1
Ohio	88	84	83	68	1
Oklahoma	75.9	81	77	74	1
Pennsylvania	88	86	92	83	1
Rhode_Island	69	73	77	61	0
South_Carolina	83	84.2	79	76	1
South_Dakota	82	74	75	69	1
Tennessee	66	82	89	71	1
Texas	78	83.3	82	82.5	1
Utah	69	100	94	85	1
Vermont	73	98	98	89	1
Virginia	63	92	95	81	0
Washington	68	77	83	64	0
West_Virginia	72	75	82	62	1
Wisconsin	76	91	83	69	0

## Round 2

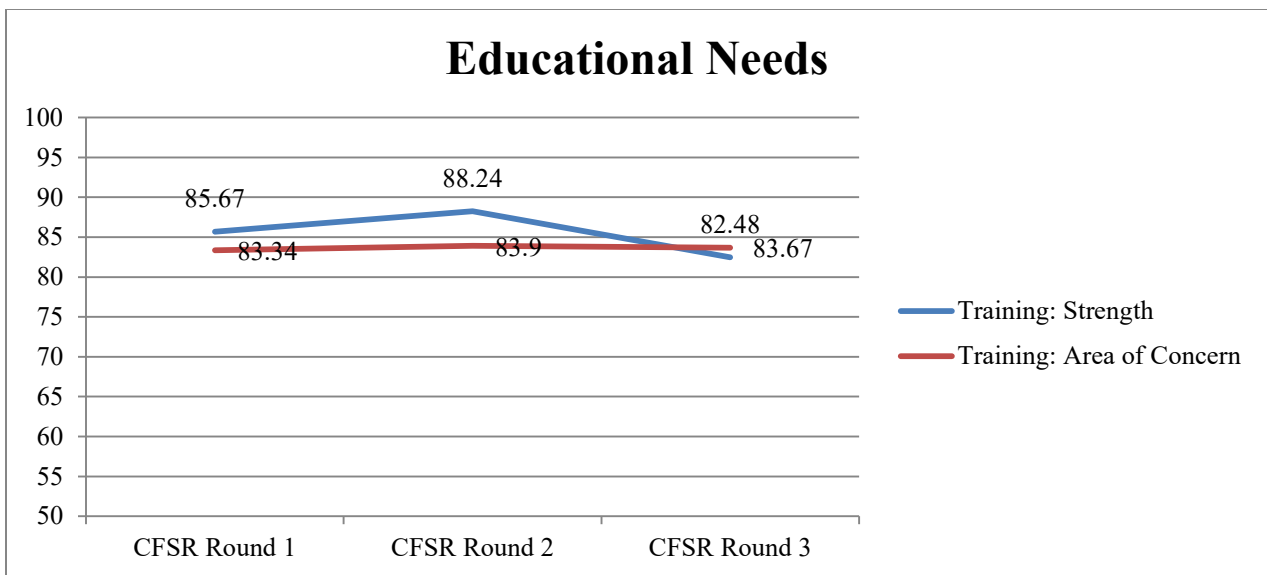
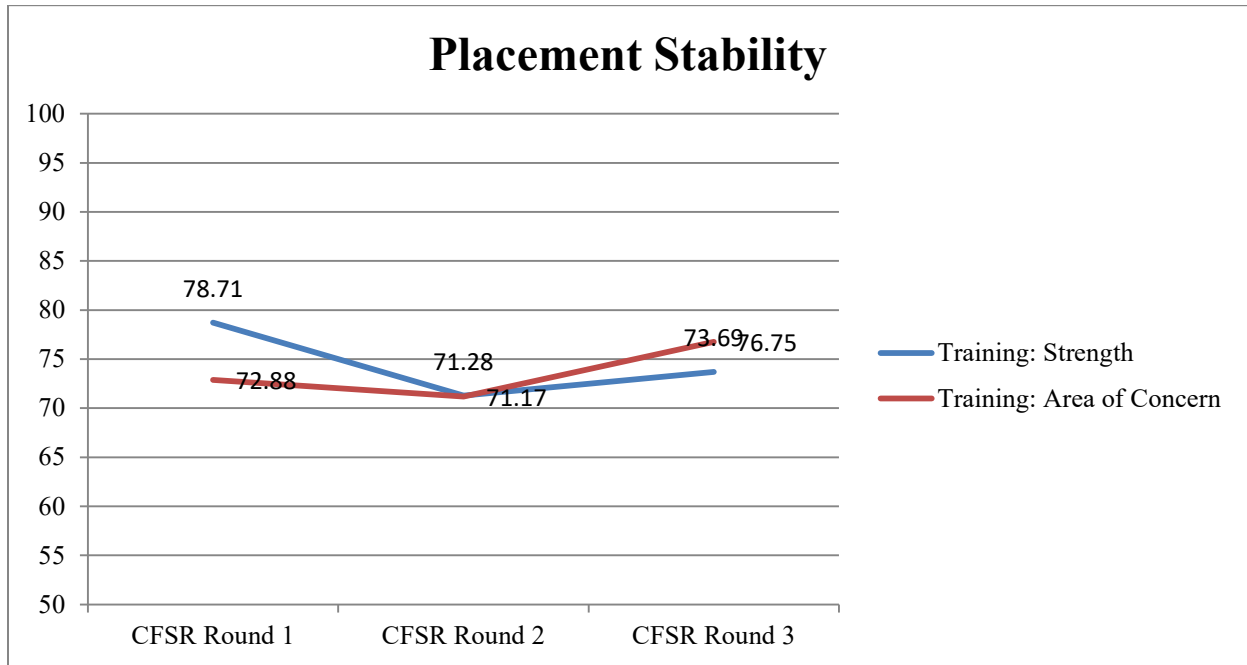
State	Stability_Pla2	Education2	Phy_Health2	Men_Health2	Training2
Alaska	72.5	76	71	55	0
Arizona	57.5	77	75	72	1
California	77	88	93	82	0
Colorado	67.5	86	94	81	0
Connecticut	75	95	94	87	1
Florida	59	83	79	67	0
Georgia	82.5	78	82	57.5	1
Hawaii	70	89	82	65	1
Idaho	79	95	98	87	1
Illinois	85	91	80	89	1
Indiana	63	83.8	86	79	0
Iowa	62.5	93	94	91	1
Kansas	67	91	92	88	1
Kentucky	67.5	87	87	90	1
Louisiana	70	84	91	80	1
Maine	72.5	94	83	72	1
Maryland	75	77	91	69	1
Massachusetts	65	96	79	86	1
Michigan	75	89	82	71	1
Minnesota	75	86	80	84	1
Mississippi	57.5	74	88	67	1
Missouri	70	88	71	82	1
Montana	72.5	95	76	79	1
Nebraska	67	77	77	70	1
New_Hampshi	80	92	98	82	1
New_Jersey	77.5	83	92	69	1
New_York	87.5	88.5	94	86	1
North_Dakota	85	95	98	84	1
Ohio	77	87.5	84	85	1
Oklahoma	68	83	91	78	1
Pennsylvania	69	82	80	71	1
Rhode_Island	80	87	90	76	1
South_Carolin	57.5	86	82	77.5	1
South_Dakota	77.5	97	96	88	1
Tennessee	67.5	83	91	63	1
Texas	75	97	83	68	1
Utah	47.5	88	92	91	1
Vermont	75	88	89	72	0
Virginia	82.5	83	94	87	0
Washington	77.5	80	92	77	1
West_Virginia	65	83	79	73	1
Wisconsin	70	88	89	70	0

### Round 3

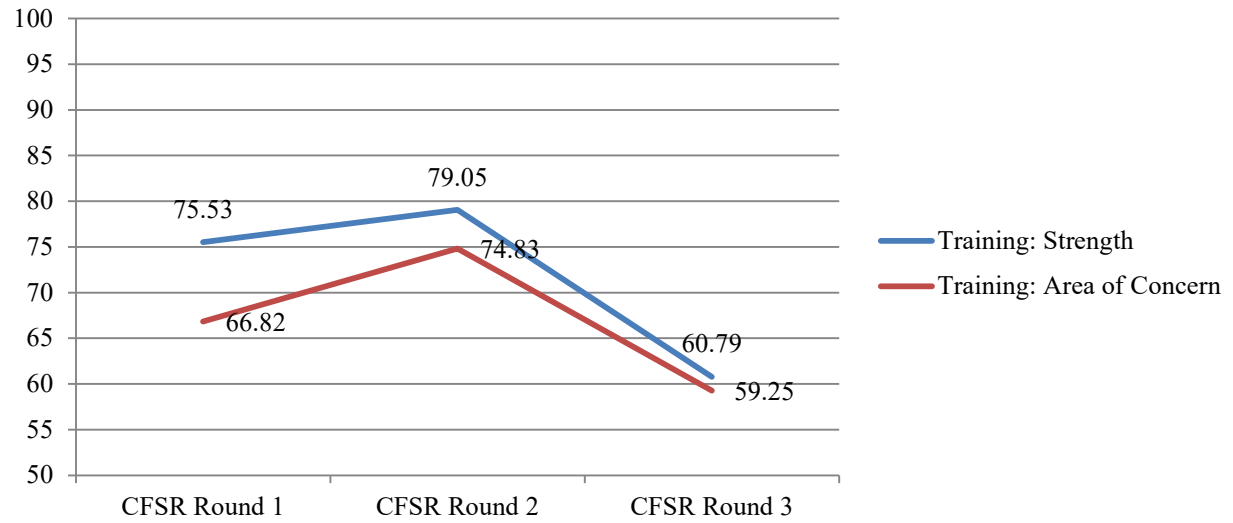
State	Stability_Pla3	Education3	Phy_Health3	Men_Health3	Training3
Alaska	80	85	68	45	0
Arizona	83	95	54	76	1
California	63	69	54	45	0
Colorado	73	90	92	63	1
Connecticut	86	85	62	45	0
Florida	82	92	85	72	0
Georgia	68	54	49	29	0
Hawaii	74	78	53	56	0
Idaho	78	95	90	84	0
Illinois	75	83	63	66	1
Indiana	78	74	69	68	1
Iowa	80	84	59	56	0
Kansas	70	91	81	78	1
Kentucky	68	77	76	63	1
Louisiana	88	77	36	36	1
Maine	75	95	64	67	0
Maryland	75	79	81	51	0
Massachusetts	80	90	85	62	0
Michigan	78	69	62	51	0
Minnesota	65	70	48	56	0
Mississippi	88	71	63	49	0
Missouri	88	83	66	72	0
Montana	78	84	62	59	0
Nebraska	80	90	85	65	1
New_Hampshire	73	87	78	62	0
New_Jersey	80	89	80	83	0
New_York	75	87	79	68	0
North_Dakota	88	98	86	86	1
Ohio	76	85	80	79	1
Oklahoma	58	59	37	16	1
Pennsylvania	78	91	71	74	0
Rhode_Island	78	80	69	59	0
South_Carolina	56	68	64	25	0
South_Dakota	70	90	76	66	1
Tennessee	60	55	59	33	1
Texas	77	91	88	79	1
Utah	48	82	73	60	1
Vermont	75	88	87	74	1
Virginia	70	86	82	51	1
Washington	68	94	59	60	1
West_Virginia	55	73	75	59	1
Wisconsin	88	87	72	55	0

## APPENDIX H

### VARIABLE AND TRAINING MEANS



## Mental Health



## Physical Health

