National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)

NDACAN Dataset Number 260
USER'S GUIDE

National Data Archive on Child Abuse and Neglect

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National Quality Improvement Center for Adoption and Guardianship Support and Preservation

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PREFACE

The data for *National Quality Improvement Center for Adoption and Guardianship Support and Preservation* have been given to the National Data Archive on Child Abuse and Neglect (NDACAN) for public distribution by Nancy Rolock and Rowena Fong. Funding for the project was provided by U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number(s): 90CO1122).

ACKNOWLEDGEMENT OF SOURCE

Authors should acknowledge the National Data Archive on Child Abuse and Neglect (NDACAN) and the original collector(s) of the data when publishing manuscripts that use data provided by the Archive. Users of these data are urged to follow some adaptation of the statement below.

The data used in this publication were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with permission. Data from *National Quality Improvement Center for Adoption and Guardianship Support and Preservation* were originally collected by: Nancy Rolock and Rowena Fong. Funding for the project was provided by U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (Award Number(s): 90CO1122). The collector(s) of the original data, the funder(s), NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

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PUBLICATION SUBMISSION REQUIREMENT

In accordance with the terms of the *Data License* for this dataset, users of these data are required to notify the National Data Archive on Child Abuse and Neglect of any published work or report based wholly or in part on these data. A copy of any completed manuscript, thesis abstract, or reprint should be emailed to NDACANsupport@cornell.edu . Such copies will be used to provide our funding agency with essential information about the use of NDACAN resources and to facilitate the exchange of information about research activities among data users and contributors.

ABSTRACT

The Children's Bureau, Administration for Children and Families, Department of Health and Human Service established the National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG). In October 2014, the QIC-AG was awarded to Spaulding for Children in partnership with The University of Texas at Austin, The University of Wisconsin at Milwaukee, and The University of North Carolina at Chapel Hill. The QIC-AG was designed to promote permanence, when reunification is no longer a goal, and improve adoption and guardianship preservation and support.

For five years, the QIC-AG team worked with eight sites across the nation, with the purpose to implement evidence-based interventions or develop and test promising practices which, if proven effective, could be replicated or adapted in other child welfare jurisdictions. However, for the NDACAN archive, data from only 6 of the sites are included. These sites are from the following jurisdictions: Catawba County (NC), Illinois, New Jersey, Tennessee, Vermont and Wisconsin.

The six sites included in the NDACAN archive all served the following broad TARGET POPULATION, defined by the funder as: "Children and youth and their adoptive or guardianship families who have already finalized the adoption or guardianship and for whom stabilization may be threatened will also be targeted for support and service interventions. The children and youth in this target group may have been adopted through the child welfare system or by private domestic or intercountry private agency involvement."

The primary RESEARCH QUESTION was: Do families with a finalized adoption or guardianship have increased post-permanency stability and improved well-being if they receive post permanency services and support compared with similar families who receive services as usual?

The THEORY OF CHANGE suggests that predictors of post-permanency instability can include: (1) caregivers' assessment of child or youth behavior problems and (2) caregivers' self-report of their caregiving commitment (Testa, et al, 2015). Site-specific interventions should target families most at risk of post-permanency instability. Post-permanency stability can be maintained by checking-in with families after finalization to identify needs and assess permanency commitment. By providing post-permanency services and support, the capacity of caregivers to address the needs of the children in their care will increase and reduce the needs of these children. Families who are provided with services and support will have increased capacity for post-permanence stability and improved well-being.

The project's short-term outcomes varied by site and included, for example, increased level of caregiver commitment; reduced levels of family stress; improved familial relationships; and reduced child behavioral issues. The project had three long-term outcomes: increased post-permanency stability, improved behavioral health for children, and improved child and family well-being.

STUDY OVERVIEW

National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG)

Principal Investigator(s):

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Funded By:
U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau

Award Number(s):
90CO1122

Purpose of the Study

The QIC-AG was designed to promote permanence, when reunification is no longer a goal, and improve adoption and guardianship preservation and support.

The primary research question was: Do families with a finalized adoption or guardianship have increased post-permanency stability and improved well-being if they receive post permanency services and support compared with similar families who receive services as usual?

The project's short-term outcomes varied by site and included, for example, increased level of caregiver commitment; reduced levels of family stress; improved familial relationships; and reduced child behavioral issues. The project had three long-term outcomes: increased post-permanency stability, improved behavioral health for children, and improved child and family well-being.

Study Design

The study design varied by jurisdiction, and in Illinois varied by site within the jurisdiction. Each site design will be described below.

CATAWBA COUNTY, NORTH CAROLINA

Reach for Success included reaching out to adoptive families through a survey, and then subsequently inviting subgroups of those who responded to the survey to participate in Success Coach services. After survey responses were returned for each cohort, an algorithm was applied

to responses. An algorithm classified respondents into either a high-score group or a low-score group, based on current family service needs and behavior issues of the focal child, which was the oldest adoptive child in the family (higher scores on the Behavior Problems Index [BPI] reflected more child behavior issues). Once respondents were assigned to one of the two score groups (i.e., high-score or low-score), the high-score group was randomly assigned to either the Reach for Success outreach group or to a no outreach group (the comparison group). All low-score respondents were allocated to a third outreach group. Thus, through this project three experimental groups were created:

- Group #1: High-score outreach group
- Group #2: High-score no outreach group
- Group #3: Low-score outreach group

Families assigned to the high-score outreach group or the low-score outreach group were offered the Success Coach services, and those assigned to the high-score no outreach group were not. This experimental design allowed the evaluation team to compare the intervention group of interest (Group #1) to two different comparison groups: a group that was similar in risk but did not receive the outreach intervention (Group #2) and a group that had lower risk than the intervention group but received the outreach intervention (Group #3). However, all families randomized into the comparison group could still access the Success Coach services if they requested the service or were referred by a professional.

ILLINOIS

In Illinois different randomization methods in the two Illinois sites: Cook County and Central Region. The decision to use different randomization approaches was based on prior research in Illinois where there was low uptake of the intervention, and the early experiences with the QIC-AG project.

CENTRAL REGION

In the Central Region, the evaluation team used a random consent design for assignment to the intervention or comparison group (Zelen, 1979, 1990). In this design, families were randomized into either the intervention or the comparison group by the evaluation team in advance of any outreach. Subsequently, only parents or guardians assigned to the intervention group received outreach.

This design builds on Zelen's argument that because a client's only legitimate expectation is to receive that best standard treatment, obtaining informed consent from clients who were randomized to receive services as usual, was not ethically necessary (Ellenberg, 1984) and is congruent with work done in other federal projects (e.g., Testa & White, 2014). Therefore, we asked for a waiver of consent to examine the administrative data for those assigned to the intervention but did not participate.

COOK COUNTY

In Cook County, a traditional random assignment protocol was used. Families were notified by mail about the study, and then an outreach worker followed up with a phone call. After describing the study the outreach worker asked families to consent to be part of the study. Once parents and guardians consented to participate in the study, the outreach worker used an online random assignment calculator to assign families to the intervention or comparison group, and families were informed of their assignment.

NEW JERSEY

An experimental design was used to determine whether TINT in New Jersey was effective in reducing post permanency discontinuity and increasing the well-being of parents and youth. All adoption and guardianship families who met the stated criteria for the target population were randomly assigned to either the comparison or intervention group and surveyed to collect outcome data. A randomized consent design (Zelen, 1979, 1990) was used (randomize then consent). In the randomized consent design, participants were randomized to the intervention or comparison conditions, and those in the intervention group were made aware of their assignment group prior to engaging in services. Families in the comparison group had the same eligibility and exclusionary criteria as those in the intervention group. The intervention group received an invitation to participate in the TINT program. The comparison group received services as usual. Families in the comparison group had access to Post Adoption Counseling Services (PACS), Adoption or KLG Subsidy (if applicable), Children's System of Care (CSOC), and any other service typically accessed by families post finalization.

TENNESSEE

A quasi-experimental group design was utilized to evaluate the QIC-AG initiative in Tennessee. Families served by ASAP in the East, Northeast, Tennessee Valley, Knox, Smoky Mountain, and Upper Cumberland regions of Tennessee were assigned to the intervention group. Families in the remainder of the state were assigned to the comparison group.

WISCONSIN

The evaluation design was a descriptive study to allow the project to learn from current and former AGES participants. The study used data collected by the program staff to understand where children were on key measures at baseline, and to assess adherence to the implementation protocol.

VERMONT

A descriptive cross-sectional design was conducted in the Vermont site to understand and gather information on the needs, risks, and strengths of families formed through adoption and guardianship.

Date(s) of Data Collection

Data collected periods varied by site, but were generally between October 2015 and September, 2019.

Geographic Area

Catawba County (NC), Illinois, New Jersey, Tennessee, Wisconsin, and Vermont.

Unit of Observation

Child-level

Sample

The sample varied by jurisdiction. Each will be described below.

CATAWBA COUNTY, NORTH CAROLINA

The target population for Catawba County, North Carolina included all children in the county whose parents were receiving an adoption subsidy. At the time the project began, Catawba County, NC did not have a subsidy for guardianship, and thus, guardianship was not included as part of the target population. Adoptive families were excluded from the target population if: 1) children and youth were not currently residing in the home of their adoptive parent, 2) families had ever received Success Coach services.

ILLINOIS

The target population in Illinois was children and youth between the ages of 11 and 16 who exited foster care through adoption or guardianship. The initiative was implemented in two sites in Illinois:

- Cook County, IL (Chicago area)

- The following counties in the Central Region of Illinois: Champaign, Christian, DeWitt, Ford, Fulton, Knox, Livingston, Logan, Macon, Marshall, Mason, McLean, Menard, Peoria, Sangamon, Stark, Tazewell, and Woodford.

NEW JERSEY

The target population in New Jersey was children and youth between the ages of 10 and 13 whose caregivers were receiving an adoption or Kinship Legal Guardianship (KLG) subsidy and were not open for services with the Division of Child Protection and Permanency (CP&P), and met one of the following criteria: two additional factors associated with an increased likelihood of experiencing post permanency discontinuity were identified:

• At the time of finalization were between the ages of 6 and 13

• Were placed in a shelter, treatment home, or congregate care (i.e. group care) while in out of home care. Children and families who met any of the following criteria were excluded from the study:

• A family with a child identified in open child protective service (CPS) and child welfare service (CWS) case.

• The identified child was not living in their adoptive or guardianship home.

• The primary language spoken at home was not English.

The intervention was held in strategically targeted communities across the State. Community locations were selected based on where the largest proportions of families resided or the experienced the greatest needs. A deliberate attempt was made to offer the intervention across the state, in locations accessible to families formed through adoption and guardianship.

TENNESSEE

The target population in Tennessee was adoptive families served by Adoption Support and Preservation Program (ASAP) program. Children under the age of 18, who were adopted, through Tennessee's Department of Children's Services, a public child welfare system in another state, or internationally, via intercountry, or private domestic adoption are eligible to receive ASAP services. Families served by ASAP in the East, Northeast, Tennessee Valley, Knox, Smoky Mountain, and Upper Cumberland regions of Tennessee were in the intervention group. These regions were served by Harmony Family Center. Families in the remainder of the state (served by Catholic Charities) were assigned to the comparison group. Families who were not eligible to participate in the evaluation included:

• Adoptive families who received case management only services from ASAP. These families are provided referrals, linkages, phone, and email support, but are typically not in need of, or desire, in-home services.

• Adoptive families who begin in-home services and then stop engaging within 90 days. This includes, for instance, families with a child who is hospitalized or in residential treatment, and therefore closed for services from ASAP.

• Families who obtained permanence through Subsidized Permanent Guardianship.

WISCONSIN

The target population for the AGES project was families in the Northeastern Region with a finalized adoption or guardianship who requested services. Families adopting through public, tribal, private or intercountry providers, and families who assumed guardianship were all included in the target population. Participation was voluntary and included 17 counties (i.e.,

Brown, Calumet, Door, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marinette, Marquette, Menominee, Oconto, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, and Winnebago) and three sovereign tribal nations (i.e., Oneida, Menomonee, and Stockbridge-Munsee Native Americans). Adoptive and guardianship families were not eligible if their needs exceeded the scope of the program such as if the family requested the child be removed, felt they could not manage the child's behavior or that others in the family were in danger.

VERMONT

All families with children in the state of Vermont whose parents or guardians received an Adoption or Guardianship Assistance Agreement Subsidy were included in the target population. These families were identified using the Vermont Adoption and Guardianship Assistance Subsidy Database. Families formed through non-subsidized guardianship were excluded from this study. Families identified in Vermont who adopted a child through a private agency, either domestically or intercountry, were included as a sub-population of this study; however, they were considered a separate population. These families were recruited through agencies and organizations who served families formed through private domestic or intercountry adoption.

Data Collection Procedures

Data collection procedures varied by jurisdiction, and are described below.

CATAWBA COUNTY, NORTH CAROLINA

Catawba County staff who sent out surveys to the target population, with a request to return the surveys to the Survey Research Lab (SRL) at the University of Illinois Chicago. SRL data-entered the responses and provided data sets to the QIC-AG evaluation team.

The next part of Reach for Success was contacting the families who fell into one of the two outreach groups once an algorithm (based on survey responses) was applied. After applying the algorithm to survey responses, the evaluation team referred families who obtained a high score (and were assigned to the intervention group) and families who obtained a low score to the Reach for Success staff.

The Reach for Success staff (a Success Coach) contacted designated families, and tracked responses to the outreach.

ILLINOIS

Eligibility was determined at the child level's eligibility status, but outreach was conducted at the family level. In each family, one target child was selected, and parents or guardians were asked to respond to the surveys about that child.

In each Central Region and Cook Count, agency staff tracked data regarding contact and service receipt in REDCap (a secure web application) hosted at DCFS.

The QIC-AG contracted with an outside firm, The Survey Research Lab (SRL) at the University of Illinois at Chicago (UIC) to administer one-page questionnaires and primary outcome surveys to families in both the intervention and comparison groups. All surveys were administered to a parent or guardian.

A one-page questionnaire was sent prior to outreach by the program staff. These questionnaires began with Cohort 6 and continued through Cohort 19. Cohorts prior to 6 received the primary outcome survey only. The primary outcome survey was administered to all families assigned to both the intervention and comparison groups, in both Cook and Central, for all 19 cohorts.

In addition, administrative data, provided by DCFS to the evaluation team, was used to track post permanency discontinuity and to examine foster care experiences of the target population prior to adoption or guardianship.

NEW JERSEY

Eligibility was determined based on the child's eligibility status, but outreach was conducted at the family level. In each family, one target child was selected, and parents or guardians were asked to respond to the surveys about that child. Project staff recorded outreach activities, and intervention participation into a database.

Outcome data were collected at various points for different reasons. Some data were collected for the intervention participants only, in order to collect information on the intervention-specific outcomes (referred to as the TINT surveys). Other data were collected to measure the primary outcomes. Primary outcome data were sent to all families assigned to the intervention and comparison groups. In addition, a short questionnaire was sent to all families assigned to the intervention and comparison groups.

Pre and post TINT surveys (Intervention-Specific Outcomes Surveys) were provided by the purveyor and administered according to the protocol established by the purveyor. Intervention-specific surveys were distributed to the intervention participants only. Participants could complete the surveys via a web-based survey link or paper-based survey – depending on parent choice – prior to the start of the intervention and approximately one-year post-intervention.

Agency staff distributed the surveys as part of their recruitment process; also distributing the post-survey for consistency in the engagement process. The survey data were returned via mail or entered via the internet to the research team and were not directly accessible by the agency staff. Agency staff were notified regularly by the research team regarding completion of the surveys so that additional follow-up could occur. Anyone that did not complete the survey before the start of the intervention was asked to complete it within the first week of the intervention and provide a printed copy and self-addressed stamped envelope to the research team as a final effort to recruit families into the research.

Parents were asked to complete the pre and post-intervention surveys and to ask the child selected for the research to also complete a pre and post-survey.

The primary evaluation is the comparison between the intervention and comparison groups. Data for the primary outcome analysis was collected through a survey (Primary Outcomes Survey) distributed to the intervention group four to six months after they were eligible to participate and at similar time-points for the comparison group. The QIC-AG contracted with an outside firm, The Survey Research Lab (SRL) at the University of Illinois at Chicago (UIC) to administer surveys to participants in both the Intervention and Comparison groups

To assess post permanency discontinuity, administrative data was used that included information about children who entered and exited foster care and tracked their experiences while in foster care. Administrative data were linked to program data in order to examine study participants who experience post permanency discontinuity.

TENNESSEE

Intervention-Specific Outcomes: Child Trauma Academy (CTA), the purveyor for the NMT assessment, has developed neuro-typical ratings on each of the constructs associated with the NMT Metrics. These ratings are used to assess how children and youth whose information is input into the NMT database compare to neuro-typical children and youth of the same age.

The Adoption Support and Preservation Program (ASAP) program's data collection system was used to collect information that allowed the evaluation team to examine pre and post intervention outcomes for all participants in the intervention and comparison groups. These data were gathered through questions asked by the ASAP staff and included measures of child behavior issues (as reported in the BPI); family functioning (as reported in the PFF); and caregiver commitment (as reported on the BEST-AG).

Pre and posttest measures were delivered by ASAP staff, as part of the intake procedures (pretests) and subsequently at the end of service (posttests). No incentives were paid to respondents. The same measurement procedures were used in the intervention and comparison regions

Administrative Data was obtained from Tennessee DCF. These data included information on the foster care experiences of children prior to adoption or guardianship, and data that allowed for the evaluation team to track post permanency discontinuity.

WISCONSIN

The assessment data was completed by families, and data-entered by project staff into an excel sheet.

VERMONT

The Vermont site chose to implement the survey over four recruitment cycles (Cycles 2-5) where each cycle occurred approximately six months apart. The survey data was entered by trained staff, and uploaded for the evaluation team.

Administrative Data was obtained from the Vermont Department for Children and Family Services. These data included information on the foster care experiences of children prior to adoption or guardianship, and data that allowed for the evaluation team to track post permanency discontinuity.

Response Rates

The response rates are provided by site.

CATAWBA COUNTY, NC: 240 families were sent surveys, and 53% (128) returned valid surveys.

ILLINOIS: 2,731 families were sent surveys and 1,293 (47%) responded

NEW JERSEY: 1,212 families were sent surveys and 514 (42%) responded.

TENNESSEE: Intervention data from 184 of the 215 families assigned to the intervention group were submitted to the evaluation team (86%).

WISCONSIN: Data was collected for all 77 families who participated in the intervention.

VERMONT: 1,470 families were sent surveys and 809 (55%) responded.

Sources of Information

Primary data was collected in all sites. This includes data on services received and survey data collected, in some sites. In addition, administrative data provided by the following sites is also included: Illinois, New Jersey, Tennessee, and Vermont.

Type of Data Collected

Survey data and programmatic data.

Measures

Caregiver Strain Questionnaire-Adoption/Guardianship Form

The Caregiver Strain Questionnaire-Adoption/Guardianship Form (CGSQ-FC/AG22) is an adapted version of the Caregiver Strain Questionnaire (Brannan, Helfinger & Bickman, 1997). This 22-item measure is a self-report measure that assesses the extent to which caregivers experience additional demands, responsibilities, and difficulties as a result of caring for a child who is in foster care, legal guardianship, or who was adopted. The scale includes two subscales that measure objective and subjective strain. Higher scores indicate higher levels of strain.

Brannan, A. M., Heflinger, C. A., & Bickman, L. (1997). The Caregiver Strain Questionnaire: Measuring the Impact on the Family of Living with a Child with Serious Emotional

Disturbance. *Journal of Emotional and Behavioral Disorders*, *5*(4), 212-222. doi: 10.1177/106342669700500404

Adverse Childhood Experiences (ACE)

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, *14*(4), 245-258. Retrieved from: https://doi.org/10.1016/S0749-3797(98)00017-8

Belonging and Emotional Security Tool - Adoption and Guardianship (BEST-AG)

The BEST, developed by Casey Family Services (Frey et al., 2008), was originally designed to help social workers guide conversations around emotional and legal commitment with foster parents and youth who are unable to reunify with their family of origin. For this study, the BEST was adapted and used with families formed through adoption and guardianship in Catawba County (NC), Illinois, New Jersey, Tennessee, and Wisconsin. The BEST-AG includes two subscales: The Emotional Security Subscale (13 items; measures the shared sense of family belonging) and the Claiming Subscale (7 items: measures the degree to which the caregiver claimed their child either emotionally or legally).

Frey, L., Cushing, G., Freundlich, M., & Brenner, E. (2008). Achieving permanency for youth in foster care: Assessing and strengthening emotional security. *Child & Family Social Work*, *13*, 218-226. doi: 10.1111/j.1365-2206.2007.00539.x

Belonging and Emotional Security Tool - Adoption and Guardianship (BEST-VT)

The BEST, developed by Casey Family Services (Frey et al., 2008), was originally designed to help social workers guide conversations around emotional and legal commitment with foster parents and youth who are unable to reunify with their family of origin. For this study, the BEST-VT was adapted and used with families formed through adoption and guardianship in Vermont. The BEST-VT includes two subscales: The Emotional Security Subscale (13 items; measures the shared sense of family belonging) and the Claiming Subscale (7 items: measures the degree to which the caregiver claimed their child either emotionally or legally).

Frey, L., Cushing, G., Freundlich, M., & Brenner, E. (2008). Achieving permanency for youth in foster care: Assessing and strengthening emotional security. *Child & Family Social Work*, *13*, 218-226. doi: 10.1111/j.1365-2206.2007.00539.x

Behavior Problems Index (BPI)

Peterson, J. L. & Zill, N. (1986). Marital disruption, parent-child relationships, and behavioral problems in children. *Journal of Marriage and the Family*, *48*, 295-308.

Brief Resilience Scale (BRS)

Smith, B. W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P., & Bernard, J. (2008). The brief resilience scale: assessing the ability to bounce back. *International Journal of Behavioral Medicine*, *15*(3), 194-200. doi: 10.1080/10705500802222972

Parent Feelings Form (PFF)

Angold, A., Costello, E. J., Messer, S. C., Pickles, A., Winder, F., & Silver, D. (1995). The development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research*, *5*, 237-249.

Protective Factor Survey (PFS)

Counts, J. M., Buffington, E. S., Chang-Rios, K., Rasmussen, H. N., & Preacher, K. J. (2010). The development and validation of the protective factors survey: A self-report measure of protective factors against child maltreatment. *Child Abuse & Neglect*, *34*(10), 762-772.

Related Publications and Final Reports

Users are strongly encouraged to review published works, based upon these data, before doing analyses. To view a complete list of publications for this dataset, please visit our online citations collection called canDL (child abuse and neglect Digital Library): https://www.ndacan.acf.hhs.gov/candl/candl.cfm.

Analytic Considerations

Sites may have different sets of variables/questions asked. Users should refer to the respective site's Evaluation Plan for a copy of the measures and questions that correspond to the variables.

Some respondents from Tennessee completed more than one NMT assessment, up to 4 different times. Each assessment response is indexed in wide format, including dates for when the report was given.

Also, in Wisconsin, the project occurred in a relatively small community, and had a relatively small number of participants. The dates of service, in combination with the type of adoption or guardianship may be enough to identify a particular family. As such, the type of adoption or guardianship is not included in this data archive.

Note, that while a Winnebago Tribe of Nebraska site and a Texas site are included in the final report, the project does not have permission to archive their data, as such those data are not available to users through NDACAN.

Confidentiality Protection

This dataset has been de-identified by the data contributor, in consultation with NDACAN, prior to archiving. All primary identifiers have been removed and secondary identifiers have also been deleted or recoded to significantly reduce or eliminate disclosure risk. Users of this dataset are prohibited from attempting to re-identify any respondents.

Extent of Collection

This set of data contains a single User's Guide, and 6 Codebooks and Evaluation Plans for each of the 6 sites. Additionally, each site's data comes in a separate file formats native to SPSS (.sav), Stata (.dta), and SAS (.sas7bdat). There are also import program files for SAS (.sas), SPSS (.sps), and Stata (.do) to read in the text (.dat) data file, and comma-delimited (.csv) data file for use with spreadsheet programs.

The Evaluation Plans for each site provide more details about the sample and survey methodology, and copies of the site's measures. There is also a Final Evaluation Plan that has site-specific summary of methods and results.

Extent of Processing

Open-ended/text response questions were suppressed from the data for reasons of confidentiality. NDACAN created the User's Guide, Codebook, and data files formatted for SAS, SPSS, Stata, and a text and a comma-delimited data file.

DATA FILE INFORMATION

File Specifications

There are separate data files for each of the 6 sites: IL, NC, NJ, TN, VT, and WI. Data vary in number of observations and variables.

ACRONYMS AND ABBREVIATIONS

Commonly used abbreviations in the study documentation and data files:

AGES: Adoption and Guardianship Enhanced Support
ASAP: Adoption Support and Preservation Program
BEST-AG: Belonging and Emotional Security Tool – Adoption and Guardianship
BEST-VT: Belonging and Emotional Security Tool – Vermont
BPI: Behavior Problems Index

CB: Children's Bureau
CP&P: Division of Child Protection and Permanency
CSOC: Children's System of Care
CTA: ChildTrauma Academy
DCFS: Department of Children and Family Services
FGDM: Family Group Decision Making
IT: Implementation Team
KLG: Kinship Legal Guardianship
NIRN: National Implementation Research Network
NMT: Neurosequential Model of Therapeutics
PACS: Post-Adoption Counseling Services
PFF: Parental Feelings Form
PICO: Population, Intervention, Comparison Group, Outcome Framework
PMT: Project Management Team
PPD: Post-Permanency Discontinuity
SAT: Stakeholder Advisory Team
TARGET: Trauma Affect Regulation: Guide for Education & Therapy
TINT: Tuning In To Teens

Technical support for this dataset is provided by NDACAN.

Please send your inquiries to NDACANsupport@cornell.edu

Visit the User Support page of the NDACAN website for help documents and videos (https://www.ndacan.acf.hhs.gov/user-support/user-support.cfm).