Arizona Kinship Support Services
Final Progress Report
October 2012-September 2015

December 2015

LeCroy & Milligan
ASSOCIATES, INC.

Report Contents

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List of Exhibits

LeCroy & Milligan Associates, Inc.

I. Executive Summary

Arizona Kinship Support Services (AKSS), a project of the Arizona's Children Association (AzCA), is a Kinship Navigation program that was federally funded by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2012-ACF-ACYF-CF-0510, through the Fostering Connections to Success and Increasing Adoptions Act of 208 (P.L., 110-351).

AKSS target population included 3,000 grandparents or other relatives, and the children they are raising—who cannot be raised by their biological parents—residing in Maricopa, Pima, Pinal, and Cochise counties in the state of Arizona. The program's overarching goal was to contribute to the increased safety, permanency, and well-being of youth in formal and informal kinship care. More specifically, the goals of AKSS are to: (1) ensure kinship families have access to benefits which they are eligible; (2) provide linkage to needed legal services; (3) navigate existing community support systems; (4) strengthen Kinship families involved with child welfare system; and (5) enhance other community-based and government responses for kinship families.

From September 30, 2012 through September 29, 2015, AKSS served 4,845 caregivers and 8,280 children in kinship care. The typical kinship caregiver served by AKSS is a grandmother in her 50s raising two grandchildren on $20,000 per year with no legal relationship to the children in her care. A slight majority of AKSS children (47%; n=3,907) were in formal kinship care at intake to AKSS, in which the children are legal wards of the state and placed in kinship care by DCS. On the other hand, 40% (n=3,267) of children were in an informal kinship placement at intake, which refers to care provided for children who are not formally involved with the state child welfare system.

Kinship Navigators across four counties provided caregivers with information and referrals and internal services. Services most commonly utilized by caregivers, given their unique needs include: Guardianship Clinics (informal); Kinship Information Sessions (formal); and Weekly, bi-weekly, or monthly peer-led support groups (both). Comparing service utilization/receipt by placement type, informal caregivers are significantly more likely to participate in support groups and the Children of Incarcerated Parents programming; receive more navigation services; participate in more AKSS celebratory events; and receive more total AKSS service counts overall. Formal caregivers were significantly more likely to have attended a Kinship Information Session and receive basic needs support.

A more intensive service offered by Kinship Navigators is Open-Case Navigation. Based on family needs, Navigators encourage kinship families to access resources, assist caregivers with transportation needs or accompany kinship families to meetings, such as Individual Education Plans (IEP), Child Family Team (CFT) meetings, and court appointments. The Navigator's role

is to assist caregivers in understanding the process and advocating for the youth's needs, with the goal of enabling caregivers to effectively utilize existing community resources. Clients with full navigation cases were invited to participate in the longitudinal evaluation of AKSS. A total of 79 follow-up surveys were completed; 47 caregivers completed one follow-up and 16 completed two follow-ups. In total, 63 caregivers who were caring for 134 children participated in both the baseline and follow-up data collection.

Children of caregivers in the study experienced safety and stability in placement. At post assessment (6 to 24 months post case opening), 87% (n=117) of children in the study remained in the care of their original kinship caregiver (76%, n=102) or were reunified with their biological parent(s) (9%, n=12). During this time frame, 93% (n=125) of children had no subsequent allegation or report filed with DCS on their behalf.

Follow-up survey results show five items had a statistically significant decrease in need from pre to post: "Paying for utility bills like water, electricity, and AC/heat"; "Getting special travel equipment for your child or children;" "Having time to take care of yourself"; "Getting short term or temporary relief (i.e. respite care) from caring for your child or children"; and "Finding future care for your child or children." The one area that remained a high need from pre to post was "Saving money for the future." Additionally, caregivers reported a high level self-efficacy from pre to post, with average post scores ranging from 2.93 to 3.40, however one item showed a statistically significant increase: "You can remain calm when facing difficulties because you can rely on your coping abilities."

A key systems change was observed in analyzing AKSS caregiver receipt of TANF Child-only cash assistance, according to DES/FAA administrative data records. Results showed a statistically significant increase in AKSS caregiver receipt of TANF-Child only cash assistance on an annual basis, from 6% (n=97) receiving TANF Child-only in FY1, 12% (n=198) in FY2, and 20% (n=322) in FY3 (x^2=140.728; p=.000).

II. Overview of Community, Population, and Needs

Grantee Organization

Arizona Kinship Support Services (AKSS), a project of the Arizona's Children Association (AzCA), is a Kinship Navigation program that was federally funded by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #HHS-2012-ACF-ACYF-CF-0510, through the Fostering Connections to Success and Increasing Adoptions Act of 208 (P.L., 110-351). AzCA has had extensive experience in serving both the formal and informal kinship population in Pima County, Arizona. AKSS has been available through the Kinship and Adoption Resources & Education (KARE) Family Center, (a partnership between AzCA and Casey Family Programs) in Tucson, Arizona since 2001. The KARE Family Center- Tucson was the first such "kinship and adoption" center in Arizona, and one of only a handful of multi-service kinship centers in the country.

AKSS target population included 3,000 grandparents or other relatives, and the children they are raising—who cannot be raised by their biological parents—residing in Maricopa, Pima, Pinal, and Cochise counties in the state of Arizona. The program's overarching goal was to contribute to the increased safety, permanency, and well-being of youth in formal and informal kinship care. From September 30, 2012 through September 29, 2015, AKSS served 4,845 caregivers and 8,280 children in kinship care.

Community/State Environment

Arizona's statistics for child welfare and wellbeing are dismal compared to other states. According to the Annie E. Casey Foundation's 2015 *KIDS COUNT Data Book*, out of all 50 states (50 representing the worst ranking) Arizona ranked 46th in overall child well-being. Other child well-being rankings for Arizona in 2015 include: 42nd in economic well-being, 44th in education, 42nd in health, and 46th in family and community. Exacerbating this situation, Arizona's child welfare system has operated in a state of crisis over the past ten years. Arizona's Department of Child Safety (DCS) (2015) has experienced a significant increase in caseloads over the past ten years and the number of children entering foster care continues to outpace those achieving permanency. The response time of DCS has grown from 63 hours to 249 hours in the past four years.

The Arizona DCS *Semi-Annual Report* (2015) for the time frame of October 2014 through March 2015 stated that the number of reports received by the statewide Child Abuse Hotline over the past eight reporting periods (from April 2011 through March 2015) has increased steadily to a high of 25,508 logged in March 2015. This increase has resulted in more children entering out-of-home care and a greater need for kinship care.

Exhibit 1. Number of Arizona DCS Child Abuse Hotline Calls Received by Reporting Period
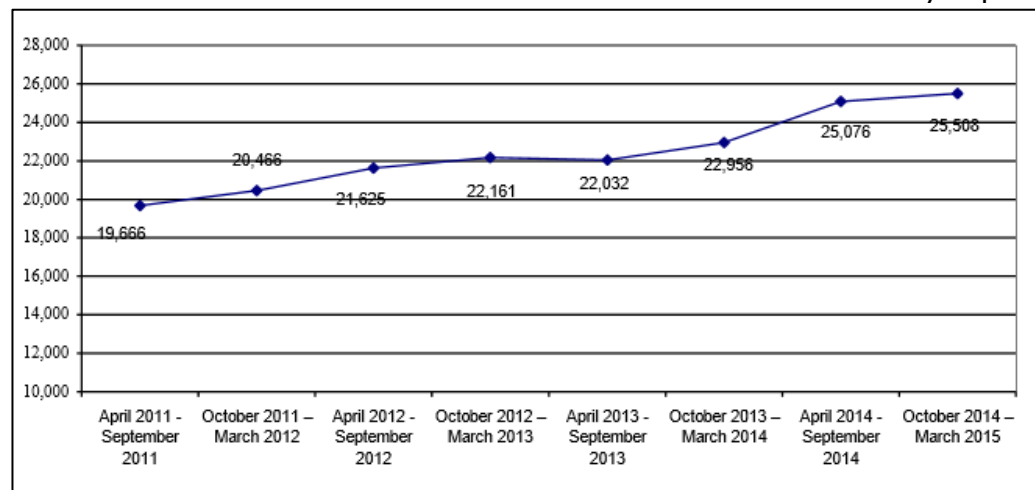
Exhibit 2 shows the number and percentage of reports received by DCS by category of maltreatment for the past eight reporting period (from April 2011 through March 2015). A notable and consistent trend is that the majority of calls to the Child Abuse Hotline were reports of neglect (72% in March 2015), followed by reports of physical abuse (25% in March 2015). For FY 14-15, approximately 12% (n=5,954) of statewide investigated reports resulted in removal of 12,351 Arizona children from their homes, and placement into out-of-home care.

Exhibit 2. Number and Percentage of Reports By Time Frame and Maltreatment Type, 2011-2015

	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Total
April 2011 – September 2011	13,158 66.8%	5,615 28.6%	739 3.8%	154 0.8%	19,666 100.0%
October 2011 – March 2012	13,369 65.3%	6,198 30.3%	739 3.6%	160 0.8%	20,466 100.0%
April 2012 – September 2012	14,722 68.1%	5,974 27.6%	764 3.5%	165 0.8%	21,625 100.0%
October 2012 – March 2013	14,916 67.2%	6,263 28.3%	815 3.7%	167 0.8%	22,161 100.0%
April 2013 – September 2013	15,560 70.6%	5,607 25.5%	731 3.3%	134 0.6%	22,032 100.0%
October 2013 – March 2014	15,766 68.7%	6,248 27.2%	772 3.4%	170 0.7%	22,956 100.0%
April 2014 – September 2014	18,022 71.9%	6,074 24.2%	847 3.4%	133 0.5%	25,076 100.0%
October 2014 – March 2015	18,338 71.9%	6,254 24.5%	787 3.1%	129 0.5%	25,508 100.0%

Exhibit 3 shows that the number of children in out of home care (as of the last day of each reporting period) has steadily increased over the past eight reporting period (from April 2011 through March 2015), to an all-time high of 17,529 as of March 31, 2015. Despite the potential benefits of and preference for kinship placement, less than half (45.3%, n=7,981) of these youth were placed with a relative caregiver who was not a licensed foster care provider. The report does not separate licensed kinship foster care from other licensed foster parents. However, an

earlier DCS (2012a) report suggests that only 10% of kinship foster care placements are with a licensed kinship foster home.

Exhibit 3. Number of Children in Out of Home Care, by reporting period, 2011-2015
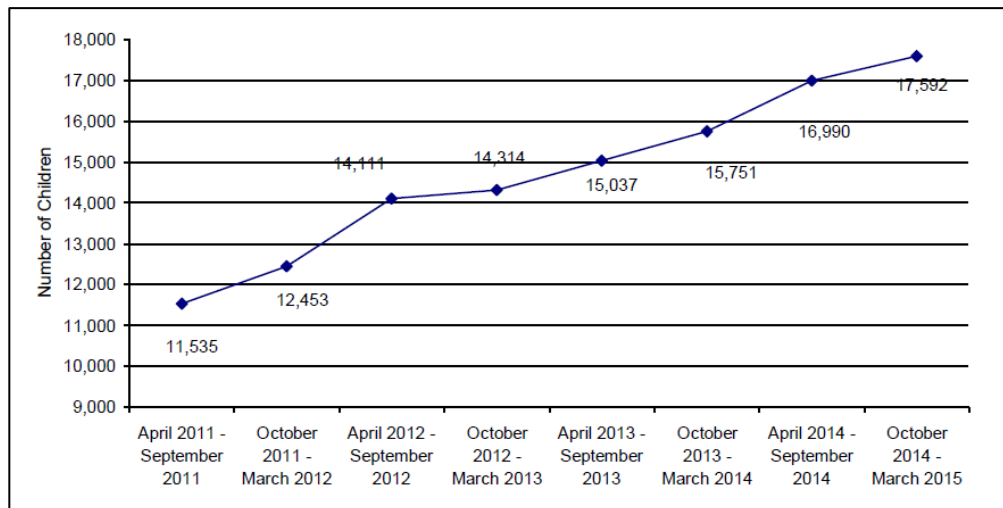
Given the crisis of the child welfare system in Arizona, it is not surprising that rates of both formal and informal kinship care have been on the rise. United States Census Bureau (2015) data shows that 161,514 Arizona children under the age of 18 live in homes in which the householders are grandparents or other relatives. It is estimated that 58,764 children live in households headed by grandparents as primary caregivers, of which 25.5% live in poverty. DCS estimates that while 5%-20% of kin families are involved with the child welfare system, the other 80%-95% who live with kin caregivers are not in the child welfare system (AECF 2014). Compared to the general population of children, those in informal kinship care tend to have higher poverty rates, are less likely to be covered by health insurance, and are more likely to have physical and mental disabilities. This group represents a growing number of youth at-risk for involvement with the child welfare system.

During the height of this growing crisis in 2013–2014, systemic change and public sector child welfare reform greatly impacted Arizona. Due to practices within the Arizona Department of Economic Security's (ADES) Child Protective Services (CPS) unit, 6,554 cases were uncovered as "not investigated" cases. In late 2013, Arizona Governor Jan Brewer formed the Child Advocate Response (CARE) Team to look into the policies and practices within the ADES's CPS unit. The CARE Team taskforce's final report provided insight as to the various issues and concerns that have plagued CPS for many years and highlighted the immediate need for child welfare reform in Arizona (AZ CARE Team, 2014). During the State of Arizona State address in January 2014, the Governor announced that she had abolished the state's CPS unit and replaced it with a new cabinet level Department of Child Safety (DCS). Legislators officially pledged to revisit the budget needs of DCS with the intent to create a successor agency.

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For many years, Arizona has been plagued by a lack of resources, education, advocacy, and general support services for kinship caregivers who were left to navigate this daunting system alone. As of June 30, 2012, only 18% of children in kinship placement were recipients of funds from the federal Temporary Assistance for Needy Families (TANF) program. This percentage represents a 56% decrease in TANF assistance from 2010, when 28% of kinship children received TANF. Of the children who are not eligible for TANF benefits, 68% were denied due to reaching a benefit cap, a policy specific to Arizona (ADES, 2012b).

During the October 2014 through March 2015 reporting time frame, DCS (2015) documented that 17,592 children were placed in out-of-home care, which is a 4% increase over the 16,990 children in the prior reporting period (April 2014 - September 2014) and a 12% increase over 15,751 children reported in October 2013 through March 2014 (DCSFS, 2014). Forty-four percent (n=7,536) of these youth were placed with a relative caregiver who was not a licensed foster care provider; 37% (n=6,284) were placed in licensed foster care; and 17% (n=2,845) were placed in a shelter for an average of 90 days, a group home, an independent living setting, or a residential treatment facility. The average number of placements for children in out-of-home care was 2.3, with a range from 1 to 43 placements and 94% of youth were in out-of-home care for 31 days to more than 24 months.

In addition to this documented high demand for child welfare services in Arizona, DCS (2015) identified the following workload and process challenges of the state's child welfare system in meeting the needs of those served by the child welfare system: an increased number of children in out-of-home care; significant backlog of overdue investigations; complex family situations, as noted by investigating and case worker staff; improving the hiring and training of qualified DCS staff; the need to recruit foster and adoptive homes for youth ages 12-18 years old and sibling groups; and a high prevalence of substance abuse among adult clients, which exacerbates client problems. The AKSS project and kinship care is a significant piece of the solution to this child welfare crisis.

Population Served

AKSS has Navigators in four counties: Maricopa (located in the city of Phoenix), Pima (in Tucson), Pinal (in Casa Grande), and Cochise (in Sierra Vista). Maricopa and Pima counties are mostly urban; Pinal and Cochise Counties are more rural, with the population dispersed over a wide geographic spread. All four counties are multicultural, with Mexican, Native American, and Anglo influences, which reflect the diversity of caregivers served (see the evaluation section of this report for more detailed information on caregiver and child demographics). The AKSS program recognizes the importance of cultural diversity and sensitivity with regard to all of the children and families that receive services.

The typical kinship caregiver served by AKSS is a grandmother in her 50s raising two grandchildren on $20,000 per year with no legal relationship to the children in her care. A slight majority of AKSS children (47%; n=3,907) were in formal kinship care at intake to AKSS, in which the children are legal wards of the state and placed in kinship care by DCS. On the other hand, 40%(n=3,267) of children were in an informal kinship placement at intake, which refers to care provided for children who are not formally involved with the state child welfare system. The remaining 13% (n=1,106) had an unknown or not reported DCS status at intake. Of the kinship children with an informal placement (N=3,267), 60% (n=1,974) have never had DCS involvement and 40% (n=1,293) had previous DCS involvement. A unique subset of AKSS clients served are kinship children (1,533, or 19%) who have at least one parent who is incarcerated.

Primary Caregiver Needs Addressed by AKSS

Kinship Navigators across four counties provided caregivers with information and referrals. Services most commonly utilized by caregivers, given their unique needs include attending:

- Guardianship Clinics to receive assistance from a lawyer in completing guardianship packets for the court;

- Kinship Information Sessions that provides formal families with information on the child welfare dependency process, permanency options; and

- Weekly, bi-weekly, or monthly peer-led support groups.

A more intensive service offered by Kinship Navigators is Open-Case Navigation, generally offered to caregivers who received two or more AKSS services. Other indicators that a family could benefit from Open-Case Navigation include: inconsistency in caregivers; complications related to obtaining title 14 guardianship; desire to file a private dependency; previous DCS involvement indicating risk of re-entry; difficulties that may disrupt living situation (e.g., caregiver health, child behavioral health issues); and incarceration or pending incarceration of a biological parent or pending release of incarcerated parent.

III. Overview of Program Model

Project Goals

The overarching goal of AKSS is to contribute to the increased safety, permanency and well-being of youth in formal and informal kinship care. More specifically, the goals of AKSS are to:

1) Ensure kinship families have access to benefits which they are eligible.

2) Provide linkage to needed legal services.

3) Navigate existing community support systems.

4) Strengthen Kinship families involved with child welfare system.

5) Enhance other community-based and government responses for kinship families.

AKSS Logic Model

ACTIVITIES	OUTPUTS	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES	GOALS

CLIENT-LEVEL CHANGE →

Activities:
Enroll kinship families in FAA benefits, cash assistance, medical (AHCCCS), and SNAP

FAA will flag kinship families and refer to Kinship Navigator program

Troubleshoot difficult eligibility kinship cases

Implement & market toll-free number & website

Hire & train navigators

Continue Guardianship Clinics in Tucson & Phoenix

Establish Guardianship Clinics in Cochise & Pinal

Legal Clinic in Tucson

Collaboration with Children's Law Center in Phoenix for private adoptions and difficult Guardianship cases

Establish linkages to legal aid providers in Cochise & Pinal Counties

Outputs:
Referrals/Information
- # of families called/walked-in
- # of follow-ups made
- # of referrals made (by type) and region
- informative materials provided (by type
- referrals made to Ombudsman for advocacy assistance
- organization referring
- client satisfaction
- families connected w/ peer support buddy and satisfaction w/ service

Family Circumstances
- legal relationship of children
- number of families with prepared guardianship documents
- number of families receiving personalized legal assistance

Intermediate Outcomes:
Kinship families have access to benefits for which they are eligible.

Kinship families have access to necessary legal services.

Kinship families that are currently utilizing the child welfare system are supported.

Long-Term Outcomes:
Kinship caregivers are able to meet their families' needs.

SYSTEM-LEVEL CHANGE →

Activities:
Coordinate with FAA to identify an Ombudsman

Coordinate partnership with FAA for referrals

Maintain connections with CPS-Tucson & Phoenix

Establish relationship with CPS-Cochise & Pinal

Continue Children of Incarcerated Parents program in Tucson

Establish Children of Incarcerated Parents program in Phoenix

Continue CPS CORE trainings

Continue Kinship Information sessions in Tucson

Establish Kinship Information sessions in Phoenix

Continue CPS Community Partnership meetings in Phoenix

Continue quarterly meetings with ACYF Assistant Program Manager

Establish coordination of services in Cochise & Pinal Counties

Continue to meet with Coalition members, identifying system issues and gaps

Continue to support Arizona Grandparent Ambassadors for statewide advocacy

Outputs:
Coordination/Collaboration w/Partnership Agencies
- formal agreement with TANF
- number of partners (by type)
- number/type of referrals from partners
- interactions w/ partner agencies
- Advisory Board attendance

Advocacy
- clients assisted/workload of Ombudsman and Navigator
- client satisfaction

Training/Tools
- positions created
- clients assisted (by level of service)
- perception of navigators
- number/type/effectiveness of trainings
- number/type/effectiveness of tools

Outreach
- website "hits"/helpfulness of content
- # of chat-room users, topics, satisfaction
- # walk-ins and calls
- # user guides/outreach materials distributed and client satisfaction

Intermediate Outcomes:
The community kinship support system is strengthened.

Public/private partnerships in kinship care are established.

Long-Term Outcomes:
Community-based & government entities are more responsive to the needs of kinship families.

Goals:
Safety
- Increased # of children safely maintained in their homes

Permanency
- Increased # of children with permanency and stability of their living situations
- The continuity of Fam. Relations preserved

Well-Being
- Enhanced capacity of families to meet their children needs

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AKSS Service Model

Exhibit 4 shows the AKSS service model activities/curriculum, outputs, and expected outcomes.

Exhibit 4. AKSS Service Model, Outputs, and Outcomes

Activity / Curriculum and Purpose	Outputs	Expected Outcomes
Screening and Intake Identifies client needs. Outreach is provided by Kinship Navigators and kinship caregivers throughout their communities via ongoing collaborations, promotional materials, events, and websites. Upon first contact with the service site, kinship families are connected to a Kinship Navigator.	# of completed assessments	Client is identified as ICF or Open Navigation Case; Client's immediate needs are met; may re-contact much later before a Navigation case is opened, although occasionally the need for an open Navigation case is recognized immediately.
PATH ONE: Initial Contact Form (ICF) only (bulk of clients >3000) ICF acts as a screening tool for staff to identify areas of concern and strength. **ICF Navigation with correctional system added** Focus on assisting the family in understanding the criminal justice system.	# of referrals made # of referrals acted upon % of clients knowing who to contact for community assistance (FSP#2)	Kinship Families are referred to resources that will help the family become/remain stable
PATH TWO: Open Navigation Case	# of clients reporting: • Supportive relationships in their life • *Confidence in ability to parent* • Confidence in ability to take care of children • Someone to talk to when worried about child • Ability to meet family's needs with current resources • Ability to stand up for family's needs • Ability to make choices about activities that reduce stress • *Improved parenting skills* • Reduced stress • Feeling heard • Feeling respected Progress towards goals	Client receives additional supports specific to their needs

Activity / Curriculum and Purpose	Outputs	Expected Outcomes
Guardianship Clinics Assistance from an attorney (MOUs with SALA and Children's Law Center) in completing the Title 14 packet for the court. The goal is to support informal families reach a sense of permanency but supporting them through the Guardianship Process. Kin caregivers obtain legal guardianship of a child to be able to provide basic needs (school, medical, etc.).	# seeking guardianship # achieving T14 guardianship within 3 months % feeling supported throughout the process	Caregivers are served throughout the guardianship process Caregivers achieve a permanent legal relationship with the child or children in care.
Kinship Information Session *(Formal families only)* Guides kinship caregivers to understand what to expect from the dependency process and what resources to be aware of to assist them to provide safety, permanence, and well-being for children in their care. Content includes information from Kinship Support Services and information/representation from partnering agencies in DCS, CMDP (health), FAA (TANF etc.), foster care licensing, and juvenile courts. Goal is to provide immediate guidance and direction to formal kinship as they navigate the various systems.	# of clients reporting: Better understanding of DCS/CMDP/FAA/Juvenile Court systems Ability to navigate DCS/CMDP/FAA/ Juvenile Court systems	Families have better understanding and can navigate DCS/CMDP/FAA/Juvenile Court systems.
Adoption and Guardianship (Title VIII) Training *(Formal families only)* Formal families going to severance learn the differences between, including benefits, tax issues, etc., allowing the family to make an informed decision on path to take. All Formal families on DCS list are offered the option of attending Adoption and Guardianship Training.	A) # of formal families going to severance B) # of (A) choosing to attend; #of (B) reporting: understanding of choices; successful completion of Adoption or T8 Guardianship	Formal families will receive information allowing them to make an informed decision regarding permanency options.

AKSS Intervention and Activities

AKSS services are provided to any kinship caregiver who requests services, either by phone, walk-in, or website/e-mail contact. Bilingual (English/Spanish) Navigators complete an Initial Contact Form (ICF) with kinship caregivers, either in person or by phone. Through this process, Navigators identify and refer caregivers to community resources to meet their needs. To ensure accessibility of services, AKSS has relationships with translation services to accommodate other language needs and auxiliary aids are available to serve participants with hearing or visual impairments. Furthermore, all program offices are handicap accessible and meet ADA guidelines.

Based on family needs, Navigators encourage kinship families to access resources, as needed, such as physical, mental, and dental health care, substance abuse treatment, and domestic violence services. Navigators may also assist caregivers with transportation needs or accompany kinship families to meetings, such as Individual Education Plans (IEP), Child Family Team (CFT) meetings, and court appointments. The Navigator's role is to assist caregivers in understanding the process and advocating for the youth's needs, with the goal of enabling caregivers to effectively utilize existing community resources. Caregivers that utilize multiple services are opened for full navigation services. Clients with full navigation cases are invited to participate in the longitudinal evaluation of AKSS, which includes completing baseline and follow-up surveys (at six and 12 months).

Exhibit 5 shows a summary of AKSS services by county.

Exhibit 5. Summary of AKSS Services by County

Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
Navigation	Any caregiver can request services by calling the toll free phone number. Kinship caregivers will be transferred to the appropriate Navigator based on region. Caregivers can also request services from the website through a fillable form or they can call or walk in to any of the four locations directly. Through a data sharing agreement with DCS, AKSS receives a monthly list of DCS cases where placement is with a kinship care provider. Navigation services include: - Information and referral; - Assist caregivers in understanding the local dependency court process and the process for establishing a legal relationship with the child in care; -Assist caregivers in working with CPS and their processes; - Connect caregivers to DES to access TANF Cash Assistance, TANF Child Only Cash Assistance, health insurance, or other types of assistance available; - Provide caregivers with donated goods, such as diapers or other household goods; - Connect caregivers to community service providers for assistance with other financial needs, such as rental or fuel assistance; - Advocacy and support services (such as attending court; child and family team meetings; connections with school IEP; and connections with mental health providers). The purpose of this advocacy and support is to ensure that caregivers understand these services and are able to advocate for themselves (vocalize the needs of the child).	All	x	x	x	x
Guardianship Clinic/ Clinca de Tutela Legal	Caregivers receive assistance from a lawyer in completing the Title 14 Guardianship packet for the court. Through this grant, the forms are now available in both English and Spanish. This clinic is conducted through MOU with Southern Arizona Legal Aid for Pima, Pinal, and Cochise Counties, and through MOU with Children's Law Center in Maricopa County. Frequency of classes held is based on demand; conducted monthly in Pinal, Cochise, and Maricopa Counties (offered in both English and Spanish in Maricopa County.); offered four times per month in Pima County, in both English and Spanish.	Informal	x	x	x	x
Legal Clinic	Monthly legal clinics with volunteer attorneys, providing 30 minute individual appointments to caregivers around issues related to family law. In Pima County, this clinic is provided through MOU with Southern Arizona Legal Aid. In Maricopa County, a private law firm provides this service at Golden Gate Community Center on a weekly basis.	All	R	R	R	R

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Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
DES Clinic for FAA Assistance (TANF, AHCCCS, SNAP)	Clinic to provide caregivers with assistance in applying for state and federal benefits.	All	R	R	R	R
Referral to DES-contracted community provider for assistance	As part of Navigation services, Navigators connect families to DES-contracted community agencies to provide assistance in applying for and accessing benefits. Navigators also coordinate with CPS Specialists to ensure they are providing this assistance to DCS-involved cases.	All	R	R	R	R
Kinship Information Session (KIS)	This training is a basic orientation for families involved with DCS to understand the dependency process, home evaluation, option of becoming a licensed foster care provider, and orientation to other kinship support services.	Formal	x	x	I	I
Adoption and Guardianship Training	Training helps families involved with DCS to understand permanency options (permanent guardianship Title 8 versus adoption) in the case of severance.	Formal	x	x	I	I
PS-MAPP: Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting	State of Arizona training required to become a licensed foster care provider. Training provided by a foster care licensing agency. Kinship Support Services provides a location and onsite childcare. Families receive services of a Navigator and a Licensing Worker to coordinate their care.	Formal	x	R	R	R

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Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
KARE College	Monthly, two hour class that covers various topics driven by caregiver requests and interests. This class is facilitated by community experts. Topics have included: tax preparation related to kinship care, creating a will, dealing with trauma, and participating in Individual Education Plans through the school system.	All	x	x		
CIP Corrections Systems Navigation	Kinship Navigators assist families with incarceration issues to navigate federal, state, and local corrections systems.	All caregivers of youth affected by parental incarceration	x	x	x	x
CIP Adult Group	For caregivers of children affected by parental incarceration. A bi-monthly, 3 hour support and education group. Caregivers are given education to support youth and teen programs using the Botvin Life Skills Training; an evidence-based program aimed at lowering risk factors and raising protective factors.	All caregivers of youth affected by parental incarceration	x	x		
CIP Teen Group	Group run concurrently with adult group, uses the Botvin Life Skills Training.	Teens ages 12-18 years whose parents are incarcerated	x	x		
CIP Youth Group	Group run concurrently with adult group, uses the Botvin Life Skills Training.	Youth ages 7-12 years whose parents are incarcerated	x	x		

Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
CIP Prison Visitation Program	Provides transportation or a gas card to families, so the youth may visit and maintain a healthy relationship with their incarcerated parent. Navigators trained in CIP provide education to caregivers to facilitate discussion with inmate about transitioning of caregiving post release.	All caregivers of youth affected by parental incarceration	x	x		
Peripheral Services: Seeds of Hope Community Center Services	The Kinship Support Services program is co-located at Seeds of Hope Community Center in Pinal County. Therefore, our youth and caregivers have access to a variety of services beyond Navigation services: hot meals, respite, after school program, teen mentorship, adult education, gardening, health screening and education, etc.	All			x	
Special Events	Special events that are celebratory in nature for holidays or other occasions (e.g., Grandparent's day, back to school)	All	x	x	x	x
General Outreach Events	Elder's Luncheon at Desert Diamond Casino; South Tucson Healthy Habits Health Fair; AGA Events	All	x	x	x	x
Caregiver Information Gathering Focus Groups	Utilized focus groups with caregivers to determine family needs and interests; Conducted at start-up of Kinship Support Services locations, CIP programming, and KARE College topics, etc.	All				
Arizona Grandparent Ambassador's Advocacy Events	Kinship Support Services trained the AGA on advocacy skills; the AGA has since expanded from Tucson to statewide. Provides peer support, advocacy, and outreach events.	All	x	x	x	x

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Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
Support Groups						
Grupo de Apoyo	Bi-monthly support group for caregivers conducted in Spanish language in Pima County.	All	x			
Monday Night Support Group	Bi-monthly support group for caregivers conducted in English language in Pima County.	All	x			
Tuesday Morning Support Group	Weekly support group for caregivers conducted in English language in Pima County.	All	x			
Support Group - Cochise County Sierra Vista	Monthly, 90 minute support group for caregivers that includes a Navigator provided education component, conducted in rural Cochise County.	All				x
Time to Share/Tiempo de Compartir - Cochise County, Douglas	Monthly, 90 minute support group for caregivers that includes a Navigator provided education component, conducted in rural Cochise County. Offered Bilingual as needed.	All				x
Marana Support Group	Monthly, two hour support group for caregivers held in rural Pima County.	All	x			
San Xavier Support Group	Monthly, two hour support group for caregivers held on the Tohono O'Odam Nation Reservation.	All	x			
Green Valley Support Group	Monthly, three hour support group for caregivers that includes educational guest speakers, held in rural Pima County. This service is a hybrid of support groups and KARE College to meet the needs of the rural community.	All	x			

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Service	Description	Type of Caregiver Targeted	Pima County	Maricopa County	Pinal County	Cochise County
County Column Key: x = Service was offered in county during AKSS funding; I = Group-based service not offered; service was provided individually by Navigators; R = Service was provided to clients by referral to available community resource.						
Time to Share Support Group	Monthly, two hour support group for caregivers that includes education guest speakers. This service is a hybrid of support groups and KARE College to meet the needs of the rural community.	All		x		
Tiempo de Compartir Grupo de Apoyo	Monthly, two hour support group in Spanish language for caregivers that includes education guest speakers. This service is a hybrid of support groups and KARE College to meet the needs of the rural community.	All		x		
Enhanced Childcare	Monthly, two hour group for youth and teens of caregivers that attend Time to Share or Tiempo de Compartir.	Youth ages 6-12 years and teens 13+ meet separately		x		
Support Group - Pinal County-Casa Grande	Monthly, 90 minute support group for caregivers that includes educational guest speakers, conducted in rural Pinal County. This service is a hybrid of support groups and KARE College to meet the needs of the rural community.	All			x	
Support Group - Pinal County-Coolidge/Florence/Apache Junction	Monthly, three hour support group for caregivers that includes educational guest speakers, conducted in rural Pinal County. This service is a hybrid of support groups and KARE College to meet the needs of the rural community.	All			x	
Vida Saludable Grupo de Apoyo	Weekly, two hour support group with a focus on health and wellness. This group is held in Spanish language. Weekly training is provided by a public health educator.	All	x			

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IV. Collaboration

AzCA collaborated with the following partners of AKSS, as described in Exhibit 6.

Exhibit 6. Summary of AKSS Collaborative Grant Partners

Partner	Partner Type	New or Existing Relationship	Data Sharing Agreement	MOU
Arizona Department of Child Safety (DCS)	Child Welfare Agency	Existing	Yes • Provided a monthly list of statewide kinship placements to target AKSS outreach efforts. • Provided a semi-annual list of kinship placements to DES-FAA to cross check with TANF receipt status. • Received a list of AKSS children served and provided data on DCS involvement post project intake.	Yes
Arizona Department of Economic Security (DES) Family Assistance Administration (FAA)	TANF Agency	Existing	Yes • Received a semi-annual list of statewide kinship placements from DES-FAA; cross checked and provided data on kinship placements and TANF receipt status. • Received a list of AKSS children served and provided data on TANF receipt post project intake.	Yes
Southern Arizona Legal Aid (SALA)	Legal Services in Pima, Pinal, and Cochise Counties	Existing	Yes • Provided semi-annual aggregated, de-identified data on clients served and status of legal outcomes.	Yes
Children's Law Center (CLC)	Legal Services in Maricopa County	Existing	No	Yes
DES Division of Aging and Adult Services Caregiver Resource Line (CRL)	Advocacy, resource, and referrals	Existing	Yes • Provided total number of monthly calls received from kinship caregivers to CRL.	Yes
Arizona Grandparent Ambassadors (AGA)	Advocacy, resource, and referrals	Existing	Yes • Provided total number of monthly calls received from kinship caregivers to CRL	Yes
LeCroy & Milligan Associates, Inc.	Project Evaluator	Existing	All parties with data sharing agreements provided data to LMA.	Yes

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Department of Child Safety

DCS provided a monthly list of new kinship placements and their contact information to the grant. DCS staff presented at monthly Kinship Information Sessions and participated at grant partner meetings.

Systems Level Change and Collaboration

The DCS representative identified having had impact on a few grant areas but qualified that some of what she does in those areas comes about as a part of carrying out her regular job duties and sometimes is dependent on relationships with agencies that she has spent years building. For example, she arranged with an agency that provides services in people's homes with whom she has a strong relationship to have its staff distribute brochures to kinship caregivers about how to apply for cash assistance (i.e., Temporary Assistance for Needy Families).

The DCS has a strong collaborative relationship with the Department of Economic Security's Family Assistance Administration (FAA). The representative from DCS reported that the FAA representative to the grant has talked with attendees at the kinship caregiver information sessions about how to apply for Temporary Assistance for Needy Families (TANF) benefits and has followed up on cases of kinship caregivers facing challenges in getting benefits that she has referred to him. She emphasized that it would not be Accurate to give credit for an increase in the number of kinship caregivers receiving TANF benefits only to the efforts of the grant as other factors also would have contributed – e.g., the information packets she has arranged to be distributed in kinship caregivers' homes, improved training of DCS workers). Similarly, in the area of advocacy the DCS representative is part of a grandparent advocacy group but stated that her involvement was related to her regular work rather than something connected to the grant.

In regards to the grant's training outcome area, kinship information sessions are the only grant-related training in which the DCS representative has been involved. However, as part of her normal work duties she has done a lot of training of DCS staff during Year 2. She rated these trainings as being the aspect of her work that has been the most effective in serving kinship caregivers directly or strengthening the services that support kinship caregivers, with her involvement with the kinship information sessions being the second most effective aspect. She rated her collaboration with grant partners and non-partners as the third most effective aspect of her work that has positively impacted kinship caregivers.

According to the DCS representative, within the agency there have not been major changes that improve services to kinship caregivers. Rather, the grant may make existing services more available, with the kinship navigators increasing Access by providing needed information. The DCS representative did note, however, that during the last year she had collaborated with one

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of the FAA representatives to revise a guidance sheet for DCS staff about the process for applying for TANF benefits. She distributed the guidance sheet via e-mail to all DCS staff. In addition, she has invited DCS staff to attend a kinship information session through notification of assistant program managers and in section meeting trainings. To her knowledge, none have attended a session.

The DCS representative identified additional systems-level changes that would improve services for kinship caregivers: 1) The FAA could simplify the process kinship caregivers must use to apply for cash assistance. 2) The DCS could reinstate a kinship caregiver information component to the training of its new workers. 3) The grant could post a videotaped kinship information system on YouTube so that those who cannot attend a session in-person can have Access to its information. 4) Community agencies could begin providing supports for kinship caregivers in areas of the state where such supports are currently lacking.

Regarding the strengths of the AKSS partnership, the DCS representative noted that "the right people are the table." The main way the grant has benefited her agency has been the provision of kinship information sessions in the Phoenix area. She identified two main challenges/issues she thinks the partners face in collaborating with each other: 1) The partners have somewhat differing goals which they would like to see realized through the grant. 2) Allocation of resources has not always followed geographical needs, with more attention being given to southern Arizona. As an example of the latter, she noted that a southern Arizona office was quickly relocated when such a need arose while the Phoenix office has for several months been operating out of a temporary location lacking space to implement all project activities in a single location. She suggested that a more major issue related to resource allocation is that navigators are not deployed based on population needs. That is, Tucson has the same number or more navigators than Phoenix although metro-Phoenix has a much larger population of kinship caregivers.

The DCS representative would like to see some new strategies adopted to strengthen the partnership. She suggested that the partnership should have regular meetings with an agenda and meeting minutes be disseminated. Moreover, there needs to be more follow-up on and Accountability for actions approved at meetings. She also felt like more attention should be given to listening to the views of all partners and valuing their input.

DES Family Assistance Administration

Two representatives of the FAA are a part of the grant partnership. FAA's main role is to provide support to the grantee to help their families know about and obtain state economic assistance involving cash assistance (TANF), nutrition assistance, and medical assistance (AHCCCS Health Insurance). The TANF program has a specific component for kinship care providers and its goal is to increase the number of kinship foster care providers that are applying for and receiving TANF cash benefits. The FAA has a staff member in each of three counties available to providing assistance to Kinship Navigators and to kinship care providers. An FAA representative also works directly with kinship care providers to answer questions and to help expedite eligibility decisions; they also review denials and attempt to resolve them. One of the FAA representatives personally tracks an application if a Kinship Navigator contacts him and hasn't heard back or doesn't know why an application was denied; he reviews the case and contacts the eligibility staff or their supervisor as needed. The FAA also participates in the Kinship Information Sessions in both Pima and Maricopa Counties, where they provide information about the kinds of assistance that are available to families.

Systems Level Change and Collaboration

The FAA representatives reported a very close working relationship with AzCA (AKSS) that began in the first year of the grant, and has expanded to involve more communication and contact due to more personal familiarity among the partners. This successful working relationship had resulted in AzCA now having people at the FAA that they can contact directly instead of calling the assistance hotline or being sent to a local office to get help. The FAA has also worked closely with DCS as a part of this project. In the TANF cash assistance program, there is a role specified for the DCS case manager and a special case referral application process for TANF. Together they are looking for ways to simplify this process "to make things easier for everybody." The FAA representatives reported that their collaboration and communication with DCS and AzCA about "what we can help them with" has been effective; they are more familiar with each other and with the issues this year, which has improved their effectiveness.

FAA works with grant partners to make sure they have the training they need to serve kinship families, such as making sure the Kinship Navigators have the skills they need to assist kinship families in completing the application for assistance (which applies for multiple programs). An FAA representative will contact the DCS case manager and review cases with them if they get confused with the application referral process. For example, it can be confusing as to what information to include on the application when the family is only requesting TANF benefits. This year the FAA also met with directly with DCS to smooth out the process of identifying, referring, and processing cases for the TANF program.

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The FAA representatives reported that through the grant partnership, they have been able to identify barriers that families are encountering when navigating the system and eligibility and have been able to advocate for change. For example, one of the barriers to receiving assistance is a policy in state law that excludes children from receiving assistance and DES (FAA's agency) has proposed a change for the upcoming state legislative session that would exempt children in state foster care from that policy.

The FAA is successfully making more families aware of the availability of TANF, nutrition assistance, and medical assistance, even for other household members, and enabling families to apply on their own through presentations at the monthly Kinship Information sessions in Pima and Maricopa Counties. They find that many kinship care providers don't know they are eligible for FAA resources. In addition to information, the FAA also provides contact information at Kinship Information Sessions so families have a direct contact at the FAA. Some FAA offices are very large and busy and it can be hard to understand exactly what's going on with one's case. Families are also dealing with DCS and trying to access medical assistance (ACCCHS benefits), which also requires a lot of navigating the system, "so having a direct contact really simplifies things [for families]."

The FAA is also working with DCS to streamline the application process. DCS now has a better understanding of the application process, their role in making referrals, and what information is needed by the FAA. The FAA also expects to be working over the next year with DCS to try to address barriers that families and staff are encountering in the application process; they have already identified some changes they think would be helpful in simplifying the process and providing services, but no decisions have been made on the proposed changes.

The FAA representatives identified many strengths of the AKSS partnership. The evolving relationships among partners over the past grant year was clearly recognized. One of the partner representative said, "Even though we have several agencies and organizations working together, there seems to be a much more team environment." The other said he had "nothing but positives" to say about the partners, noting that the partners were motivated, cared about the families and what everyone could do to serve them better and were a "great group to work with." He noted that it was a group that was open, and where he felt free to discuss and provide input and ideas. Regular, bi-monthly meeting, where aspects of the program and the grant are reviewed, were also recognized as an asset and as something that "makes things a lot simpler."

Representatives of the FAA reported that the FAA benefits from the partnership. Recognizing that kinship families have met a tremendous need in Arizona by raising children that can't be with their parents, one representative felt that the FAA was committed to providing the support to families with the best possible care for the children they're responsible for, and that this project has enabled them to 1) to serve more foster care families efficiently, thereby meeting a very urgent need, and 2) provide assistance to more of these families because more families are aware that they may be eligible. The other representative, observing that the FAA does not always market opportunities actively, noted that involvement in this partnership had given them better knowledge of their client base, and led to the realization that there are more families out there who could be taking advantage of FAA services but who are not aware of them; now they know more about folks who don't know what is available.

The only challenges to the partnership that was identified by FAA representatives was limited resources available to the partners, not a challenge to the partnership functioning but rather to the efforts of the partners to provide as many benefits to as many people as possible.

The FAA representatives were able to identify additional work at the systems level still needed to continue to improve services for kinship caregivers, particularly as to DCS. One representative thought that the FAA has not been getting all the referrals it should from DCS, and suggested that DCS could still do a better job of making referrals to FAA for "folks who need their services." With the understanding that DCS has staffing issues, he still felt that DCS is not as active as FAA's standards say they should be and he assumes the policy is the same across the two agencies. Another area where additional work could further improve services for kinship caregivers [and facilitate sustainability] involves improving the data-sharing and information exchange capabilities between DCS' CHILDS system (which contains all the information relating to the placement of a child with a Kinship Navigator foster care provider) and FAA's data system (with information about systems benefits). If accomplished, the role of the Kinship Navigator could potentially be made smaller. Taking into account the many successes of the collaboration, one of the FAA representatives also recognized that planning for sustainability beyond the 3-years grant could strengthen the partnership to "make sure we're looking at continued success."

Southern Arizona Legal Aid (SALA)

Through the Volunteer Lawyers Program (VLP), SALA provided legal services to potential guardians. Most kinship clients are referred to SALA directly by AKSS, although about 20% apply directly. Staff at SALA complete intake interviews and decide the best placement for each client, either referral to a legal clinic conducted by a volunteer attorney or, in some cases, being assigned to an attorney to directly represent them. Follow-up clinics on guardianship issues are also available. For families who are not assigned an attorney and are representing themselves at the guardianship hearings in probate court, SALA provides them with the opportunity to have a law student or lawyer review their paperwork and attend the final hearing with them. In addition to legal expertise, SALA brings to the collaboration a long history of working with AKSS and experience with the target population.

Systems Level Change and Collaboration

SALA engages in both formal and informal collaboration with AKSS. In this grant year they met with and held formal trainings for AKSS staff on issues such as referral processes and legal ethics; the training in legal ethics covered, for example, the distinction between "providing information" and "giving legal advice." SALA also maintains ongoing, open communication with the grantee within a relationship characterized by camaraderie. The representative reported that this is the easiest partnership they work with and she enjoys the working relationship. She noted that "everyone is doing it for the right reasons," and they are reasonable and rational. The SALA representative reported only minor, normal challenges in the collaboration when a person is learning tasks that are new to them and it "takes a little time to catch up."

The SALA representative reported that SALA benefits from the collaboration because many of their clients need more than legal services and the collaboration allows them to provide more holistic services to their clients. It makes sure clients "are not falling through the cracks," and provides better overall services for clients.

The representative of SALA reported on changes with project partners and within the agency that had occurred in the past grant year and will help to better serve kinship families. This year SALA has become more efficient in working together with AKSS and currently there is great communication and they have contact people in place to solve any problems that arise. SALA also worked this past year to address low numbers of rural families receiving services. They engaged in outreach specifically to alert more rural families about legal services available to assist them with guardianship issues, by conducting outreach in Pinal and Cochise Counties with a focus on elementary school principals and social service agencies. Issues related to kinship guardianship come to the attention of school personnel during the summer when families are registering children for school. This outreach has resulted in a big increase in rural

kinship families seeking legal assistance, especially in Pinal County. AKSS accompanied SALA in some of these outreach activities and SALA provided pamphlets on other services, although their outreach primarily targeted legal help for kinship families. In another agency change, SALA enlisted a Spanish-speaking attorney this year to conduct clinics in Spanish; in the prior year they had relied on an English-speaking attorney with an interpreter, which was less effective.

SALA reported on one area that could be improved to better respond to the needs of kinship families seeking legal assistance: funded staffing. The grant pays for one full-time paralegal and this one position is responsible for all the paperwork, scheduling appointments with clients, traveling, conducting trainings, and reporting. The SALA representative reported that SALA not able to fully meet the demand for services because the program is growing but there has not been an increase in staffing to meet the increased workload created by the increase in demand for services. This is the only area that could be improved from SALA's perspective. The representative reported that, while difficult, they are able to recruit enough volunteer attorneys for the program through constant recruitment, including attorneys in rural areas to do clinics (the most difficult to identify).

Overall, the SALA representative was extremely pleased with the collaboration. She reported that there was "not much we could do to make it better." The only improvements she proposed involved expanding the program: getting more grants, expanding the service area and expanding the services. The "partnership is working really well," she said.

The Children's Law Center

CLC provides legal services to families in Maricopa County, Arizona. The CLC representative to the project reported that the agency's central role is to supply volunteer attorneys for a monthly Guardianship Clinic for kinship caregivers. Other CLC roles in the project remain the same as in Year 1.

- holding guardianship clinics (typically with grandparents);
- providing malpractice insurance for volunteer attorneys;
- covering costs to kinship care providers for necessary processes such as fingerprinting and obtaining birth certificates;
- staffing complex cases with an attorney who provides legal assistance at no charge in areas such as filing adoption/severance paperwork and requesting waivers of filing fees;
- providing in-house training for volunteer attorneys that are also open to navigators; and
- meeting with navigators to educate them about the larger services that CLC offers.

In Year 2, one law firm took responsibility for staffing the clinics so CLC was not as involved in recruitment. Each clinic is staffed by one attorney and one paralegal, at least one of whom is bilingual in Spanish and English. After giving a presentation, the attorney and paralegal provide one-one-one assistance to kinship caregivers in completing guardianship paperwork. The CLC representative noted that clients have the most trouble understanding the process related to notification of missing parents and that getting a deferral or waiver of fees can also be difficult. A CLC's volunteer attorney's goal is to help a client complete their paperwork in a single session, but if that is not possible and it appears that the client will not be able to do so after the session on their own, the attorney refers the case to the coordinator of the Children's Law Center for direct representation. Some volunteer attorneys may offer additional services for free after the initial meeting to help a client complete preparation for a court filing and some clients may come to another clinic to get their filing completed. The CLC's coordinator also tracks participation data for grant reporting and finds attorneys to fill-in on the rare occasion a scheduled attorney cannot attend. Overall, the CLC representative sees the agency as bringing legal knowledge and good scheduling skills to the project.

Systems Level Change and Collaboration

The CLC representative reported that the agency has been most effective in helping caregivers get the legal services they need, characterizing providing them an attorney as being "completely empowering." She has observed good collaboration in the grant from a variety of partners, including the law firm that mostly staffs the guardianship clinics and staff members at Golden Gate Community Center. A concrete sign of the strength of the project is that the CLC is able to reach more kinship caregivers in need of assistance; it has never had cancel a clinic due to lack of attendance. However, being part of the grant not only increases the CLC's public profile as a provider of legal help regarding kinship care but also other services offered by the CLC and its parent organization, Community Legal Services, Inc. Despite there being good collaboration amongst partners, the CLC representative mentioned that some people involved with the grant that she formerly communicated with had left their positions, making communication somewhat more difficult. She reflected that it might be beneficial, in such situations, for her to meet in-person with new staff at partnering agencies.

As a result of participation in the grant the CLC makes more referrals to outside agencies or other CLC programs, with the grant helping community agencies "know each other exist." The CLC has also provided training and information to staff at the Golden Gate Community Center. It is developing a PowerPoint about the difference between guardianship and adoption for presentation to staff at the community center and in other settings.

Regarding additional work at the systems level still needed to improve services for kinship caregivers, the CLC representative observed that too many obstacles remain to getting financial assistance for grandparents acting as kinship caregivers. She noted that as children grow into teens some grandparents find it increasingly difficult to cover even their food costs. If the grant continues to increase the number of referrals of kinship caregivers, the CLC representative would favor adding another monthly guardianship clinic. She also expressed a general desire to be kept more informed about grant matters.

DES Division of Aging and Adult Services/Caregiver Resource Line

DES DAAS, in partnership with the Arizona Caregiver Coalition, operate a Caregiver Resource Line (CRL) through which kinship caregivers who are 55 years of age or older who care for someone from birth to 22 years of age can request respite services. CRL acts as an intermediary in connecting a kinship caregiver with a navigator. CRL staff records a kinship caregiver's intake information, forwards the information to a navigator, and provides the kinship caregiver with a navigator's contact information.

Overall, the CRL brings a continuum of services to the project through its information and referral services. The organization currently has a list of 853 government and non-profit resources for kinship caregivers and continues to add for-profit resources to their list. That such services are of a high quality is indicated by the fact that CRL staff members have been tested by and received certification from the Alliance of Information & Referral Systems, the national membership and credentialing association for information & referral professionals.

Systems Level Change and Collaboration

The coalition has been working for systems level change both for the project and as an intrinsic goal of the organization. Her organization had impact in a few of the grant's outcome areas during Year 2: advocacy, training, and outreach. In the area of advocacy, the coalition has been working to educate the state legislature about the need to appropriate funds to sustain the organization, which was launched with funding from the National Lifespan Respite Program. This program provides respite to a variety of types of caregivers, including kinship caregivers. The state has a law in place that supports respite service, the Arizona Lifespan Respite Program, but due to the state's difficult economic situation during the recent recession funding and staffing provided under the law were eliminated.

The coalition has not participated in or provided any cross-agency training. However, the organization trains the volunteers who work on its phone line about how to record required information (e.g., the callers demographics, whether they are currently as a result of a Department of Child Safety investigation) for the navigators and how to transfer calls and send e-mail containing a caller's information to the navigators. The CRL representative characterized these volunteers, known as caregiver advocates, as being key to the organization's ability to effectively assist kinship caregivers. Having caregiver advocates on duty to answer calls allows a caller to immediately speak with someone who is trained in empathetic communication and can help connect them with kinship caregiver and other resources in their area rather than just getting a quick referral to another number or having to wait for a call back at a later time.

The organization initiated or took part in a two major activities related to outreach during Year 2. The coalition launched its new website, which includes a page of resources for kinship caregivers and directs them to call the CRL toll-free number. It also worked with some of its members to set up kinship care information tables at two City of Phoenix events held to publicize the Affordable Care Act.

During the last year the coalition has implemented or begun to implement changes to improve services for kinship caregivers. The main such change was a 20% increase in provision of respite services to kinship caregivers. A second important change to improve kinship caregiver services is the implementation of a large web-based data system called Aging Network. The system will soon become fully functional and its use will allow CRL to better track client needs and outcomes and, thereby, provide the grant with more complete and useful data.

The coalition has a good collaborative relationship with grant partners. Partners help each other by cross-promoting each other's events. An intern from another partner has visited the coalition to learn more about its services an intern was able to connect with programs of the Arizona's Children Association and collaborate in an event hosted by that organization. The coalition has benefited from being a partner in the grant by gaining a bigger voice for advocacy for kinship caregivers through its connection with the Arizona's Children Association.

Suggestions for improving collaboration centered on improved communication and financial support. She expressed a desire that navigator contact information be regularly checked and, as needed, updated to ensure the CRL volunteers are able to give Accurate information to callers. She gave the example of having recently updated her contact list when by chance, during a conversation with a Tucson kinship navigator, she learned that the Tucson office's extension

numbers had changed. She had to call the Tucson office to get current information for contacting navigators.

Another area of communication identified as needing strengthening concerns communication regarding data reporting. She noted that she would provide reporting data in a more efficient manner if a timeline with set reporting due dates on it was disseminated to partners rather than having to act on an e-mail reminders with short timelines. She also suggested that some financial support from the grant would help strengthen the partnership, pointing to the time and effort the agency devotes to training volunteers.

Arizona Grandparent Ambassadors (AGA)

The AGA is made up of kinship caregivers and works to promote the interests of kinship caregivers in Arizona. The representative of the AGA described their partnership role as informal, referring people to Kinship Support Services and promoting Navigator services at all events tabled by the AGA. Seeking to be a statewide organization, the AGA is making an extra effort to expand their outreach to Northern Arizona and rural areas.

With support of Kinship Support Services, the AGA successfully advocated for SB 1090, which provides a $75 stipend to the neediest grandparents caring for grandchildren. In this effort, Kinship Support Services provided a staff person, vehicle, and fuel cost to drive citizens to and from advocacy events with state legislatures. Additionally, in an effort to raise public awareness, the AGA is also advocating for time frames that officially recognize kinship caregivers/grandparents, such as Kinship Caregiver Month in February and 2014 as the Year of the Grandparent. Two AGA representatives helped design an affordable housing plan for kinship caregivers in the Tucson area. The AGA also offers computer literacy classes to kinship caregivers. The AGA representative reported that there is good communication between the Project Director and the organization. The project has provided printed material to AGA and assisted in recruiting grandparents to participate in the 2013 AGA Summit in Phoenix.

V. Sustainability

Kinship Navigation services has been sustained in Pima and Maricopa Counties, as additional grant and foundation funding has been secured. Information and referrals for caregivers in Cochise and Pinal Counties will continue to be available through the statewide Caregiver Resources Line, a relationship and service established through this grant, and the AKSS Website, which was also redesigned with funding from this grant. Clients can continue to access individual legal assistance through the local SALA office or the CLC office, relationships which were established through this grant. Additionally, because of this grant activity, Title 14 Guardianship packets for the court are now available in both English and Spanish. Furthermore, AzCA will continue to partner with the AGA on outreach, advocacy, and policy issues. A systems change observed during the three years of the grant was a statistically significant increase in the number of AKSS families referred to TANF Child-only, with incremental increases observed annually. Cross agency training between AzCA, DES/FAA, and DCS has helped educate staff about this type of cash assistance available to kinship families and helped staff to make more efficient use of existing policies and processes that expedite access to these funds for kinship families.

Kinship families seem to benefit from a variety of assistance, from material / financial assistance to advocacy and emotional support. Having an array of supportive services and resources that families can choose from seems to afford caregivers the ability to focus on self-care and experience the increased reliance on their own coping abilities. Increased outreach to provide this assistance to kin caregivers in turn seems to benefit the safety and stability outcomes for the children in their care.

Services commonly used by most to all AKSS caregivers include general navigation assistance with their caregiver; participating in AKSS special events to celebrate kinship families; legal services referral and support; caregiver support groups; and receipt of basic needs items. Clients self-select from an array of AKSS services based on their family's needs, thus service utilization trends suggests the types of supports that caregivers found beneficial for providing safety and stability for their family. Access to legal assistance is a critical service for informal kinship caregivers. Service utilization shows that 57% of caregivers, mostly informal caregivers, were provided legal services. As service utilization varies by placement type; with informal caregivers are significantly more likely to participate in support groups and the Children of Incarcerated Parents programming and formal caregivers were significantly more likely to have attended a Kinship Information Session and receive basic needs support; services should target these separate needs.

Cost study data suggest that 2/3 of navigator time is spent in direct service or administrative functions related to direct service provision (i.e. case notes) and the remaining 1/3 of their time was spent in project management related administrative activities and indirect service activities (i.e. meeting with partners not related to a specific case). Cost of sustaining kinship navigation programs needs to include support staff that provide direct services, (i.e. childcare and transportation staff) and those that serve an administrative function (i.e. program director and office manager).

By providing kinship support services, navigators are providing the support families need to keep the relative child safe in their home and avoid entry or expedite exit from the child welfare system. In addition to avoiding further trauma to the child, the cost savings to the child welfare system could easily pay the cost of navigation services.

VI. Evaluation

A. Evaluation Methodology

The evaluation team continued to collect information from clients, staff, and project partners to inform our process and outcome evaluation questions.

Process Evaluation

The purpose of the process evaluation is to document how the AKSS program is implemented and the extent to which the program is reflective of the original goals, philosophies, and practices (i.e. examination of program fidelity). The guiding questions for the process evaluation align with four areas:

1) **Examination and analysis of the AKSS program and processes at the Navigator and Systems Level.**

   a. What are the important features of the AKSS program at the Navigator and Systems level, in terms of services, processes, and collaborative efforts to serve kinship caregivers?

   b. In what ways has the program improved or changed over time to better serve caregivers, such as the transfer of learning across the four KARE Center sites?

   c. What aspects of the project are in need of improvement?

   d. What are critical successes and challenges of the AKSS project, in terms of replicating and expanding AKSS of the KARE Center in Pima County to Maricopa, Cochise and Pinal Counties? This includes: the transfer of learning across four KARE Center sites; training of Navigator staff; implementing the toll-free hotline and program website; and collaborating with project partners to enhance kinship services.

   e. What do staff, partners, and clients perceive as strengths of the program and barriers to program effectiveness at the Navigator and Systems level?

   f. What barriers or gaps in services for kinship caregivers are identified and how are they addressed?

   g. What do staff, project partners, and clients identify as best practices or lessons learned that may be used to inform program improvement and replication?

2) **Examination of model fidelity at the Navigator and Systems Level.**

a. To what extent has the AKSS program been implemented with fidelity to the intended model, in terms of:

1. Replication of the KARE Center model of Pima County across three additional counties, including the transfer of learning and training of Navigator staff;

2. Establishment of a toll-free phone number and grant website; and

3. Improvement of statewide outreach to kinship caregivers?

3) **Examination and analysis of <u>Navigator Level</u> activity.**

a. How many and what type of participants are served by the four KARE Center sites?

b. What services are used by caregivers at the four KARE Center sites?

c. What types of referrals are made at the four KARE Center sites?

d. To what extent are AKSS clients satisfied with the services and referrals received? How does client satisfaction change over time?

4) **Examination and analysis of <u>Systems Level</u> activity.**

a. To what extent does AKSS identify, coordinate, and collaborate with kinship serving agencies (e.g., public, private, community, tribal, and faith-based agencies)?

b. To what extent does AKSS develop and implement a kinship care advocacy plan across kinship serving agencies?

c. To what extent does AKSS ensure that staff from the four KARE Center sites and partner agency staff are provided with training to better serve kinship caregivers?

d. To what extent does AKSS develop and implement systems and practices that encourage kinship caregivers to access (and navigate through) information and services that may aid them?

Outcome Evaluation

The outcome evaluation of AKSS will assess progress toward outcomes at both the Systems and Navigator Levels. The three overarching evaluation questions and outcome areas include:

1) **Systems-Level: What systems changes occur as a result of the AKSS program across four systems-level outcomes?**

   a. **Coordination/collaboration**: Kinship serving agencies communicate/partner/ collaborate with each other to serve kinship caregivers and families.

   b. **Advocacy**: Kinship caregiver advocacy networks are strengthened.

   c. **Trainings/tools**

      1. Kinship serving agencies hold cross-agency staff trainings regarding advocating and serving kinship families.

      2. Kinship serving agency staff have the knowledge necessary to better advocate for and serve kinship families.

   d. **Outreach**

      1. Community events, activities, and trainings are held by project partners for kinship caregivers and kinship serving agencies.

      2. The AZ-Link hotline and website are developed and maintained through project partnerships.

      3. The AZ-Link hotline and website are utilized by kinship caregivers to obtain information and services.

2) **Navigator-Level: To what extent has the AKSS program increased caregiver knowledge of and access to supportive services? Due to partnerships formed and cross-agency training performed:**

   a. Kinship caregivers access and use AKSS services that best meet their needs.

   b. Kinship families gain access to the benefits for which they are eligible (receipt or non-receipt of TANF by caregivers and family members is addressed by Navigators).

   c. Kinship families gain access to necessary legal and other advocacy services.

   d. Kinship caregivers report positive change in their self-efficacy and resourcefulness.

3) **Navigator-Level: To what extent has the AKSS program provided services resulting in child safety, permanent living situations, continued family relationships, and enhanced capacity of kinship families?**

   a. Kinship caregivers are able to meet their families' needs, as indicated by change in family needs scale scores, and access to education, health benefits, and health care.

   b. Kinship caregivers seeking to achieve a permanent relationship (including a legal relationship) with kinship children receive needed services.

   c. Youth in kinship care are maintained in safe and permanent living situations.

   d. Youth maintain relationships with their biological parents and siblings, when possible and appropriate.

   e. Kinship caregivers report positive change in their well-being, physical and mental health, and access to social supports.

Evaluation Design

Our evaluation design includes process and outcome components and utilizes a pre-post, longitudinal strategy and comparison of clients served with state agency data sets. The population of AKSS clients was examined in the following ways:

- All clients that received navigation services completed an Initial Contact Form to collect their demographic data, and information about the kinship children in care or seeking to be in care. The larger pool of clients that received information and referral services were cross-matched with the Arizona Department of Economic Security's Family Assistance Administration (FAA) to determine their participation status with TANF Cash Assistance after their intake to the program. Additionally, clients that were informal kinship caregivers were cross-matched with the Department of Child Safety CHILDS database to determine if these cases remained informal or if DCS opened an investigation, if a case was substantiated or unsubstantiated, and if the investigation resulted in a removal of the child from the kinship caregiver's home.

- Clients with an open navigation case were invited to participate in the full evaluation and surveying. Participant outcomes were examined longitudinally at intake and at two follow-up data points, ranging from 6 months to 24 months post baseline survey administration.

Institutional Review Board (IRB) Approval

Argus IRB, Inc. reviewed and approved the study protocol and related materials (recruitment materials, informed consent form, instruments, etc.) during the first year of the grant and prior to data collection. Protection of risk included informed consent, explanation of the study procedures, risks, benefits, and alternatives to kinship families, staff certification of human subjects training, data monitoring, and reporting of any adverse events.

Evaluation Participants

There are six participant unit of analyses engaged in this study:

1. Kinship caregiving households are the primary service recipient for this project. Caregiving households may include family members, kin, fictive kin, foster parents, or other significant adults. Caregivers may or may not have a legal relationship established with the kinship child or children in their care. These caregivers have completed an Initial Contact Form (ICF) and primarily receive information and referral services.

2. Evaluation participants are a sub-group of #1 and include kinship caregiving households for which their Navigator opened a case file and the participant completed the informed consent process and baseline survey. Typically these clients have received two or more service types and receive a greater intensity of services that the general ICF population of #1.

3. Children in kinship care, defined as infants, children, or young adults up to age 18. The project tracks up to 10 kinship children per primary caregiver.

4. Project staff members, including the Project Director, Supervisors, and Navigation staff.

5. Project Partners, including Department of Child Safety (DCS); Department of Economic Security (DES) Family Assistance Administration (FAA); DES Division of Aging and Adult Services (DAAS); Southern Arizona Legal Aid (SALA); Children's Law Center (CLC); Arizona Grandparent's Ambassadors (AGA).

6. Attendees at advocacy events hosted by the AGA.

Data Collection

Exhibit 7 shows the list of primary and secondary data sources used in this evaluation.

Exhibit 7. Evaluation Data Sources

Measures	Treatment Group			
	Pre-test / intake data only	Post-test data only	Pre and post-test data	Pre / post-test + other data points
Child Measures				
Permanency				X
Child well-being, physical and mental health, access to medical care				X
Caregiver and child interactions				X
Child and biological family member interactions/caregiver monitoring of relationships (adapted from Vandivere et al., 2012)				X
Parent Measures				
Caregiver well-being, physical and mental health, social supports				X
Systems-level barriers				X
Financial resources, public assistance/TANF, services and supports				X
Supporting child's education (adapted from Vandivere et al., 2012)				X
Family Measures				
Family Needs Scale (Cohen et al, 2003; Dunst, Trivette, & Deal, 1988)				X
New General Self-efficacy Scale (Chen, Gully, & Eden, 2001; Sherer et al., 1982)				X
Caregiver Satisfaction		X		X
Community Advocacy Event Survey		X		
Demographic Data				
Initial Contact Form	X			
Secondary Data				
DCS data sets				X
TANF participation data sets				X
Organizational / Program Measures				
Systems and Outreach Activity Logs			Annually	
Client Activity Log – Access Database			Weekly	
Project Action Plans/Meeting Minutes			Monthly/Quarterly as Held	
Partner Interviews/Focus Groups			Annually	

Measures

The Family Needs Scale (FNS) and the New General Self-efficacy (NGSE) Scale were selected to collect data for the outcomes evaluation. The FNS used in this study is a 34-item self-report instrument, adapted from the original 41-item scale (Dunst et al., 1998), to measure a range of needs by caregivers. After piloting the original scale, the evaluators removed items that were not applicable to kinship caregivers in this study. The 34-item FNS demonstrated strong internal consistency, with a Cronbach Alpha score of .96 at baseline and .83 at follow-up, which is consistent with the original scale development (Dunst et al., 1998) and similar research on kinship caregivers (Lee, Choi & Clarkson-Henderix, 2016; Littlewood, 2015; Sutphin, 2015). Cronbach (1951) and Nunnaly (1978) report that a Cronbach Alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument. Each item is rated by the caregiver using a 5-point scale from 1 ("Never a Need") to 5 ("Always a Need"). Caregivers could also indicate that an item was "Not Applicable" to their situation. The NGSE scale is eight items self-rated on a 4-point scale from 1 ("Not at all True") to 4 ("Completely True") (Chen, Gully & Eden, 2001). This scale assesses caregiver's perceived self-efficacy, which the developers define as "beliefs in one's capabilities to mobilize the motivation, cognitive resources, and courses of action needed to meet given situational demands" (p. 1). This scale showed good internal consistency, with a Cronbach Alpha score of .84 at baseline and .87 at follow-up survey, which is consistent with findings reported by the scale developers (Chen, Gully & Eden, 2001).

Administrative data was collected from the Arizona DCS to determine placement stability outcomes. Safety was measured by whether or not AKSS study children had a substantiated child maltreatment report with DCS from the caregivers' case opening to study completion (09/30/2015). Permanence was measured by comparing caregiver self-report data with DCS removal records to determine if the child remained safely in kinship care or reunified with their biological parent(s) at the time of follow-up.

Data Collection Procedures

Key data collection procedures are outlined in Exhibit 8. All data collection tools were developed and pilot tested in Year 1 to ensure that they were clear, reliable, and that the phrasing of all items was appropriate for the study population. The study protocol approved by a local Institutional Review Board. The evaluator provided training and ongoing support to staff who administered the informed consent and client surveys. The evaluator checked in with the nine kinship navigation staff on a quarterly basis, individually or as a group, to discuss the informed consent and data collection process, field questions, and modify procedures to facilitate data collection from caregivers. This review process, along with administrative documentation of data collection, allowed the evaluator to monitor and ensure fidelity to the data collection protocol.

Exhibit 8. Data Collection Procedures

Instrument	Target Group	Frequency	Method	Collected by
Initial Contact Form	Caregivers	Once at intake, updated as needed	In-person/telephone interview, completed on paper or in database	Navigators
Baseline Survey	Caregivers with open case files, consented to study	Once at case opening	In-person/telephone interview, completed on paper or online	Navigators
Follow-up Survey	Caregivers with open case files, consented to study	6 and 12 months post baseline survey	Telephone interview	LMA
Client Activity Log	Activity participants	At time of event	Paper sign-in sheet/Access database	Navigators/ Event staff
Referred Services Log	Caregivers	At time of event	Documentation of referred services in paper record and Access database	Navigators
Systems and Outreach Activity Logs	Navigators	At time of event/submitted semi-annually	Excel file	Navigators
Partner Interview/Focus Group Guide	Project Partners, Director, Navigators	Annually	In-person/telephone interview	LMA
Cost Study Time Tracking Log	All Staff	FY3, Semi-Annually	Excel File	Project Staff
Action Plan/Meeting Minute Review	Project Partners, Director, Coordinator	Quarterly or as collected	Electronic or paper records	Project Partners/Director /Navigators
Perception of Care (satisfaction) Survey	Caregivers	Semi-Annually	Self-administered paper survey	Navigators
Community Advocacy Event Survey	Event attendees	Once at event	Self-administered paper survey	Event staff

Initial Contact Form

Demographic data was captured at a caregiver's intake to the program using the Initial Contact Form. This form collects data on the primary caregiver's: contact information; gender; age; race/ethnicity (including Tribal affiliation); employment status; annual household income; benefits received (e.g., TANF, WIC, etc.); spouse/partner information, and child information. Data was also collected for up to 10 kinship children, including: the caregiver's biological/kinship relationship to the child; current and sought legal relationship; reasons why the child's biological parents are not the primary caregiver; DCS involvement; education status; access to health insurance; special needs status; and age, gender, race/ethnicity (including Tribal affiliation). The Initial Contact Form was completed by Navigators through an interview process (in person or by telephone) with the caregiver. A total of 4,845 kinship caregivers completed an Initial Contact Form across the four county sites since the start of the grant. These caregivers are caring for 8,280 kinship children.

Baseline and Follow-up Evaluation Survey

Kinship navigators initiated and completed the informed consent process (in English or Spanish) with caregivers at their case opening. Navigators administered the baseline survey (in English or Spanish) at the time of consent or within two weeks. Navigators could complete this structured interview with caregivers by telephone or in person at an office or home visit, recording responses on paper or an online survey collector. A total of 98 caregivers consented to and completed the baseline survey (a 68% participation rate of 145 open navigation cases).

The evaluation team conducted the follow-up survey (in English or Spanish) starting at six months post the caregiver's baseline completion. The evaluation team attempted to survey caregivers every six months, for up to 24 months post- baseline. A total of 79 follow-up surveys were completed; 47 caregivers completed one follow-up and 16 completed two follow-ups. In total, 63 caregivers who were caring for 134 children participated in both the baseline and follow-up data collection and are the focus of this paper. Follow-up surveys were completed a mean of 13.7 months (4.0 SD) post baseline (range of 6 to 24 months post).

Staff and Partner Interviews/Focus Groups

On an annual basis project staff and partners were invited by members of the evaluation team to participate in individual and/or group-based interviews to document project implementation. Interviews took place in person or by telephone and lasted 30 to 60 minutes in duration.

Tracking of Client Activities and Referred Services

Project staff documented all client interactions, including navigation services, attendance and participation in events, classes, and workshops, and referrals made to community service providers. These data were entered by staff into the project's Access Database on a weekly basis.

Systems and Outreach Activity Logs

The evaluation team provided project staff with a customized Excel spreadsheet to document system-level activities over the course of the grant as well as outreach events. Information collected on systems-level activity included: the event date, county location, event title, description, outcome, partner organizations, and grant goals addressed. Information collected on outreach events included: the event date, county location, type of event, name of event and event sponsor, number of attendees, number of fliers or written information distributed at the event, and hours of staff time to staff the event. Project staff submitted these spreadsheets to the evaluation team on a semi-annual basis for inclusion in the semi-annual reports.

Cost Study

The cost study was comprised of two separate data collections periods, in which all employees of Arizona Kinship Navigation Services tracked the activities they completed during their span of workday. During the first round of data collection, 14 staff persons collected data for a two-week time frame of their choice (consecutive or non-consecutive), beginning on 1/26/2015 and ending 3/31/2015. The second round took place over a one week time frame from 9/21/2015 to 9/27/2015 and 11 staff collected this data. Staff were provided a cost study time log using an Excel spreadsheet. This time log contained four tabs, including instructions for completing the tool; a sample activity log completed during the pilot test; and blank activity logs for documenting each week. In the blank Activity Logs, staff were instructed to record their hours spent per day for each category, in no less than 15 minute increments. Staff used decimals to represent time that was less than a full hour (e.g., .25 = 15 minutes or .5 = 30 minutes). If an activity involved driving, staff included the driving time in the number of hours logged for that activity. Next to each daily column is a "notes" column and staff were asked to write a brief description in this column to help clarify tasks or specify "other" activities performed.

Data Analysis

Quantitative data was analyzed using the Statistical Package of the Social Sciences (SPSS 22). Analysis of quantitative data included the following, depending on variable and sample characteristics. Caregivers' pre and post responses to the FNS and SES were analyzed in a manner consistent with related research (Littlewood, 2015; Sutphin, 2015). Data were analyzed with the Statistical Package for the Social Sciences (SPSS) Version 22. The evaluators performed exploratory and univariate analyses to describe the variables, and clean and recode the data. Mean scores were computed for each FNS and SES item. A higher average score of the FNS indicates that the area is a greater need for caregivers; a higher average SES score indicates greater self-efficacy. Bi-variate analyses, including independent samples t-tests and chi square tests, were performed to determine significant relationships between kinship caregiving type (formal or informal) and services utilized, and child demographics and placement outcomes. A paired-samples t-test was performed for matched pre and post FNS and SES items to determine change over time. Results were deemed statistically significant when the p-value was ≤ .10.

Qualitative data was analyzed using a content and thematic analysis, using techniques associated with qualitative research (Glesne, 2010; Patton, 2005). Key concepts were coded based on the framework of the interview questions, themes from relevant literature, and patterns that emerged from the data. Depending on the extent of data collected, analysis was performed in Excel or manipulation of a Word document. Verification of codes and common and divergent themes was achieved through investigator triangulation and repeated review of field notes. Two researchers coded qualitative data independently and determined the most important themes based on compiled responses for each question asked and overall consistent or divergent findings. We performed a "member check" by emailing informants preliminary findings to ensure the content accurately reflected their interviews. Additional members of the evaluation team then reviewed the findings to verify the validity of the analysis.

Reporting and Dissemination

In addition to the semi-annual reporting, we have and will continue to produce reports for project staff and partners upon request, at monthly, quarterly, and ad hoc intervals. We have also attended staff and stakeholder meetings and provided updates on evaluation activities and results. We have and will continue to on present evaluation findings at local, statewide and/or national conferences or events. The following article was published: Treinen, J.R., Schmidt, M., & Espino, C. (2014). Arizona Kinship Support Services: A Program of Arizona's Children Association. In G. Wallace, L. Hernandez, & J. Treinen (Eds.), *Kinship Navigators: Profiles of Fostering Connections Projects from 2012 to 2015*. Washington, DC: Child Welfare League of America Press. We plan to publish additional articles in peer-reviewed journals.

B. Process Evaluation Results

Number of Participants Served

The Arizona Kinship Support Services (AKSS) project served a total of 4,845 kinship caregivers across the four sites, since the start of the grant. These caregivers are caring for 8,280 kinship children. Exhibit 9 displays the number of participants served by this project, semi-annually and in total.

Exhibit 9. Number of Participants Served

Timeframe	Participant Unit #1A Kinship Caregiving Households – ICF/Basic services and evaluation	Participant Unit #1B Kinship Caregiving Households – Intensive services, full evaluation (this count is included in 1A total)	Participant Unit #2 Children of families receiving KN-TANF services	Participant Unit #3 Agency Staff	Participant Unit #4 Project Partners	Participant Unit #5 Advocacy Event Attendees Surveyed
Total Number Served (unduplicated)	4,845	98	8,280	18	9	109

Service Location

More than half of kinship families served (59%, n=2,863) reside in Pima County, the original location of the KARE Center upon which expanded services are based (see Exhibit 10). Over a quarter (28%, n=1,359) of families live in Maricopa County, the site that was expanded with this grant funding. Pima and Maricopa County combined (87%, n=4,222) represent the urban counties served under this grant. The rural counties represent 12% (n=577) of all families served. A total of 9% (n=419) of clients served live in Pinal County and 3% (n=158) live in Cochise County. A very small portion of kinship families live outside of this service area (1%, n=46); these families received information and referral services only. Please note that, throughout this report, percentages greater than 1% are rounded up.

Exhibit 10. County Distribution of Caregivers

County	Percent
Pima County	59%
Maricopa County	28%
Pinal County	9%
Cochise County	3%
Out of Service Area	1%
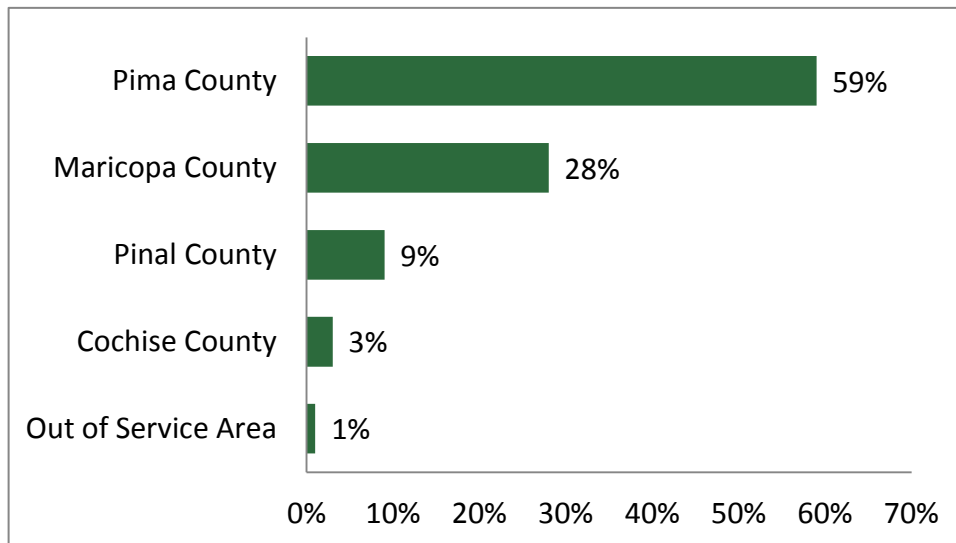
Participant Demographics

Adult-Level Demographics

Unless otherwise noted, N=4,854 adults, which includes participant units #1A (receiving information and referral and other basic services) and #1B (receiving intensive services).

Age
- Age range: 18 years to 92 years
- Average age: 50.4 years
- Median: 52 years
- Mode: 53 years
- n=4,812 (excluding 33 clients with missing date of birth data)

The majority of primary caregivers for whom demographic data was collected on the ICF are female (87%) (see Exhibit 11).

Exhibit 11. Gender of Caregivers

Gender	Percent	N
Female	87%	4,201
Male	13%	644
Total	**100%**	**4,845**

Almost half of caregivers (48%) identify as Hispanic/Latino ethnicity and over a third (34%) identify as white/Caucasian (see Exhibit 12). The percentages for Race/Ethnicity total over 100% because people could indicate multiple options.

Exhibit 12. Race/Ethnicity of Caregivers

Race/Ethnicity	Percent	N
Hispanic/Latino	48%	2,339
White/Caucasian	34%	1,655
African American/Black	9%	436
American Indian/Alaska Native	4%	215
Multi-Race	1%	35
Native Hawaiian/Pacific Islander	1%	34
Asian	.5%	24
Other, not specified	.4%	19
Refused	.1%	6
Missing Data	3%	151
Total	**100%**	**4,845**

A total of 4% of caregivers (n=215) self-identified as Native American, of whom 182 provided a tribal affiliation. The percentages, shown in Exhibit 13, are based on a total n of 182. Caregivers served by AKSS represent 38 different Native American Tribes. The three most prominent tribes are Tohono O'odham (30%, n=54), Pascua Yaqui (18%, n=33), and Navajo (12%, n=22).

Exhibit 13. Tribal Affiliation of Caregivers

Tribal Affiliation	Percent	N
Tohono O'odham	30%	54
Pascua Yaqui	18%	33
Navajo	12%	22
Apache	5%	9
Gila River	5%	9
Pima	4%	7
Cherokee	3%	6
Hopi	3%	6
Creek	1%	2

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Tribal Affiliation	Percent	N
Oglala Lakota Sioux	1%	2
Potawatomie	1%	2
Shoshone	1%	2
Tiguan	1%	2
Abenaki	1%	1
Cheyenne River Sioux	1%	1
Choctaw	1%	1
Colorado River Indian	1%	1
Dine	1%	1
Isleta del Sur Pueblo	1%	1
Kickapoo Tribe of OK	1%	1
Lakota Sioux / Navajo	1%	1
Little River Band Pomo Indians	1%	1
Marshall Islands	1%	1
Mohawk	1%	1
Navaho	1%	1
Ojibwa	1%	1
O'Shay	1%	1
Paiute Shoshone	1%	1
Quechan	1%	1
Rosebud Sioux (Lakota)	1%	1
S'Klallam	1%	1
Swammpy Cree/Kaineawa	1%	1
Tongan	1%	1
Washoe	1%	1
White Mountain Apache	1%	1
Yankton Sioux	1%	1
Yavapai	1%	1
Zuni/Pueblo	1%	1
Total	**100%**	**182**

The primary language spoken by nearly three out of four caregivers is English (see Exhibit 14). A total of 13% speak Spanish as their primary language and 12% classified themselves as bilingual speakers of English and Spanish.

Exhibit 14. Primary Language Spoken by Caregivers

Primary Language Spoken	Percent	N
English	74%	3,585
Spanish	14%	697
Both English and Spanish	8%	382
Other: American Sign Language, Arabic, Chinese, Marshallese, Somali, Swahili, and Tagalog	.2%	13
Missing Data	4%	168
Total	**100%**	**4,845**

A total of 15% (n=749) of AKSS caregivers indicated that they speak a secondary language. Secondary languages spoken indicate that a person is proficient and/or fluent in the language, but it is not their primary language. Of those who provided a response to this question (n=749), 66% speak Spanish and 21% speak English as a secondary language (see Exhibit 15). Given the notable percentage of Native American caregivers served, caregivers speak native languages of Tohono O'odham (2%), Marshallese (1%), Navajo (1%), and Pascua Yaqui (1%).

Exhibit 15. Secondary Language Spoken by Caregivers

Secondary Language Spoken	Percent	N
Spanish	66%	497
English	21%	160
Other, not specified	2%	17
Tohono O'odham	2%	13
German	1%	11
Marshallese	1%	9
American Sign Language	1%	8
Navajo	1%	5
Pascua Yaqui	1%	5
Philippine	0%	3
Tagalog	0%	3
Tongan	0%	3

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Secondary Language Spoken	Percent	N
French	0%	2
Korean	0%	2
Swahili	0%	2
Arabic	0%	1
Bulgarian	0%	1
Chinese	0%	1
Hebrew	0%	1
Indic	0%	1
Japanese	0%	1
Milanese	0%	1
Pakistani	0%	1
Somali	0%	1
Total	**100%**	**749**

Caregivers' relationship to the kinship child or children in their care is reported as a percentage of the children served (N=8,280) because this project collects data on up to 10 kinship children per family. Of the children in kinship care, 58% are with a grandparent, 19% are with an aunt or uncle, and 6% are with a non-relative (see Exhibit 16).

Exhibit 16. Relationship of Caregiver to Child in Care

Caregiver's Relationship to Child in Care	Percent	N
Grandparent	58%	4831
Aunt/Uncle	19%	1543
Non-Relative	6%	494
Sibling/Step Sibling	4%	292
Great Grandparent	3%	250
Great Aunt/Uncle	3%	221
Cousin	2%	202
Biological Parent	1%	75
Step Parent	.8%	64
Foster Parent	.6%	47
Adoptive Parent	.6%	47

Caregiver's Relationship to Child in Care	Percent	N
Other (Adoptive Grandparent, In-law relative, Other, etc.)	.5%	43
Information not reported/child not yet in care	2%	171
Total	**100%**	**8,280**

Likewise, caregivers' <u>legal relationship at intake</u> to the kinship child or children in their care is reported as a <u>percentage of the children served</u> (N=8,280) because this project collects data on up to 10 kinship children per family. Of the 8,280 children in kinship care, 35% of them did not have a legal relationship to the person caring for them at intake, 34% were unlicensed DCS placements, and 7% had a Title 14 Guardianship (see Exhibit 17).

Exhibit 17. Legal Relationship to Child in Care at Intake

Legal Relationship to Child in Care (Intake)	Percent	N
None	35%	2,868
DCS Placement, unlicensed	34%	2,778
Title 14	7%	558
Adoption	4%	352
Licensed Foster Parent	4%	336
Power of Attorney	4%	293
Title 8	3%	229
Other	1%	53
Title 25	.2%	16
Information not reported, child not yet in care, unknown status	10%	797
Total	**100%**	**8,280**

A total of 85% (n=4,104) of caregivers had 1 to 12 kinship children living in their home at intake to the program, while 9% (n=444) did not have kinship children at home and 6% (n=297) did not report this information at intake (see Exhibit 18). AKSS tracks demographic information on up to 10 children in care.

Exhibit 18. Number of Kinship Children in the Household Under 18 Years of Age

Number of Kinship Children in Household <18 years	Percent	N
None	9%	444
1	42%	2,045
2	23%	1,103
3	11%	553
4	5%	222
5	2%	118
6	1%	35
7	0%	17
8	0%	5
9	0%	5
12	0%	1
Information not reported at intake	6%	297
Total	**100%**	**4,845**

Half of caregivers reported having a spouse or partner, while 44% do not (see Exhibit 19). The relationship status of 7% is unknown or not reported.

Exhibit 19. Relationship Status of Caregiver

Status	Percent	N
Spouse/Partner	50%	2,431
None	44%	2,216
Unknown/Not Reported	6%	288
Total	**100%**	**4,845**

Data on education was only collected from clients during the participant baseline survey (N=96). Almost half (47%, n=45) of caregivers participating in the baseline survey have a high school education or less (see Exhibit 20). The remaining 52% (n=50) have some college or more education. One person did not respond to this question.

Exhibit 20. Highest Level of Education Completed by Baseline Survey Respondents

Highest Level of Education	Percent	N
8th grade or less	11%	10
9th-12th grade no diploma	18%	17
High school graduate or GED	19%	18
Vocational, trade, or business program	8%	8
Some college credit but no degree	21%	20
Associate degree	16%	15
Bachelor's degree	4%	4
Master's degree	2%	2
Doctorate degree	1%	1
Not reported	1%	1
Total	**100%**	**96**

Caregiver employment data collected on the ICF shows that over a third of clients are employed full-time, followed by 11% who are retired, and 10% who work part-time (see Exhibit 21). A total of 20% (n=982) are unemployed for various reasons.

Exhibit 21. Employment Status of Caregiver

Employment Status	Percent	N
Full-Time 30+ hours/week	35%	1,711
Retired	11%	538
Part-Time <30 hours/week	10%	503
Full-Time Caregiver	10%	465
Unemployed, disabled	9%	444
Unemployed, looking for work	7%	334
Unemployed by choice	4%	178
Other, not specified	1%	41
Student	1%	40
Unemployed, volunteer	1%	26
Missing	12%	561
Refused	.1%	4
Total	**100%**	**4,008**

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More than half (57%, n=2,748) of caregivers reported earning an annual household income of $30,000 or less at intake (see Exhibit 22). **A total of 65% (n=3,166) of caregivers have an income and family size that places them at or below 200% of the 2015 Federal Poverty Level.**

Exhibit 22. Annual Household Income of Caregiver

Annual Household Income	Percent	N
No Income	2%	119
< $10,000	12%	583
$10,001-$20,000	23%	1134
$20,001-$30,000	19%	912
$30,001-$40,000	11%	525
$40,001-$50,000	6%	309
$50,001-$60,000	4%	207
$60,001-$70,000	3%	149
$70,001+	6%	312
Unsure	2%	94
Refused to report	10%	501
Total	100%	4,845

The main benefits that AKSS kinship families reported receiving at intake are related to health insurance, various nutrition/meal programs, social security benefits, unlicensed foster care allowance from DCS, and TANF/Cash Assistance (see Exhibit 23). Regarding health insurance access, in general, 70% (n=3,385) of caregivers reported having access to health insurance.

Exhibit 23. Household Benefits Received

Benefits Received	Percent	N
AHCCCS/Medicaid	37%	1,802
SNAP Nutrition Assistance	29%	1,420
Free/Reduced Price Lunch	28%	1,378
Social Security	14%	656
WIC	12%	556
Unlicensed Foster Care Allowance	8%	393
TANF/TANF Child-only	8%	392
SSDI	6%	288

Benefits Received	Percent	N
SSI	5%	235
Foster Care Reimbursement	4%	188
Section 8/Housing Subsidy	3%	147
Veteran's Benefits	3%	136
Child Care Voucher	3%	120
Utility Assistance	2%	85
Adoption Subsidy	1%	55
DCS Childcare Subsidy	1%	50
Head Start	1%	44
Rental Assistance	1%	43
Title 8 Subsidy	.5%	25
AZ Grandparent's Stipend	.3%	15
CMDP	.3%	14
DCS Clothing Allowance	.1%	8
Total	**100%**	**4,845**

Child-Level Demographics

Exhibits 24 and 25 show the statistics for the age and gender of kinship children (N=8,280).

Exhibit 24. Age Statistics of Kinship Children

Statistic	
Age range	< 1 year to 26 years of age
Average age	9.1 years
Median age	9 years
Mode age	8 years
N	7,986 (missing data n=294)

Exhibit 25. Gender of Kinship Children

Gender	Percent	N
Male	51%	4,195
Female	49%	4,085
Total	**100%**	**8,280**

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More than half (51%) of kinship children were identified by their caregivers as Hispanic/Latino ethnicity and over a quarter (26%) were identified as White/Caucasian, as illustrated in Exhibit 26. "Mixed race" refers to children who are bi-racial, such as Black and White or Black and Asian. The percentages for Race/Ethnicity exceed 100% because people could select all that applied.

Exhibit 26. Race/Ethnicity of Kinship Children

Race/Ethnicity	Percent	N
Hispanic/Latino	51%	4,186
White/Caucasian	26%	2,126
African American/Black	9%	775
American Indian/Alaska Native	7%	567
Mixed Race	5%	450
Native Hawaiian/Pacific Islander	1%	60
Asian	.2%	20
Other, not specified	.2%	15
Not Reported/Missing Data	6%	886
Total	**-**	**8,280**

A total of 7% (n=567) of kinship children were identified by their caregiver as of American Indian/Alaska Native decent and 484 specified their tribal affiliation. These children represent **over 40 different Native American Tribes** (see Exhibit 27).The three most prominent tribes are Tohono O'odham (34%), Navajo (15%), and Pascua Yaqui (15%). The percentages for tribal affiliation do not total 100% because people could indicate more than one tribe.

Exhibit 27. Tribal Affiliation of Kinship Children

Tribe	Percent	N
Tohono O'odham	34%	165
Navajo	15%	74
Pascua Yaqui	15%	72
Pima Gila River	6%	28
Pima Salt River	5%	26
Hopi	4%	21
Apache	3%	13
Choctaw	3%	13
Rosebud Sioux/Lakota	2%	10
Marshallese	1%	6
Sioux	1%	6
Cherokee	1%	5

Tribe	Percent	N
Quechan	1%	5
Omaha	.8%	4
Pottawatomi & Ogallala Sioux	.8%	4
Shoshoni	.8%	4
Yavapai	.8%	4
Creek Nation	.6%	3
Eskimo	.6%	3
Samoan	.6%	3
White Mountain Apache	.6%	3
Colorado River Indian	.4%	2
Iroquois-Seneca	.4%	2
Isleta del Sur Pueblo	.4%	2
Mohawk	.4%	2
Samish Indian	.4%	2
Tigua	.4%	2
Blackfoot	.2%	1
Hoa	.2%	1
Miwok	.2%	1
Ojibwa	.2%	1
Onita (Wisconsin)	.2%	1
Pembina	.2%	1
Pueblo	.2%	1
San Carlos Apache	.2%	1
Seminole	.2%	1
Chippewa	.2%	1
Total	**-**	**484**

The population of kinship families with current DCS involvement (including those with both previous and current involvement) **increased from 38% in FY2 to 47% in FY3**. This increase is potentially due to the data sharing and outreach protocol set forth at the end of FY2 between DCS and Navigators. **In total, the percentage of kinship children in a formal placement at intake is 47% (n=3,907) and informal placement at intake is 40% (n=3,267). The remaining 13% (n=1,106) had an unknown or not reported DCS status at intake** (see Exhibit 28). Of the kinship children with an informal placement (N=3,267), 60% (n=1,974) have never had DCS involvement and 40% (n=1,293) had previous DCS involvement.

Exhibit 28. DCS Involvement Status

DCS Involvement	Percent	N
Current only (formal)	43%	3,566
Both previous and current (formal)	4%	341
Previous involvement only (informal)	16%	1,293
DCS never involved (informal)	24%	1,974
Unsure	2%	161
Missing Data/Refused	11%	945
Total	**100%**	**8,280**

The primary reasons (reported by 10% or more) why biological parents are not the primary caregivers of children in kinship care include: DCS removal, drug and alcohol abuse, one or both parents uninvolved, incarceration, abuse/neglect of the child, and housing issues/unsafe living environment (see Exhibit 29). Percentages exceed 100% because caregivers could select all the options that applied to the child or children in their care.

Exhibit 29. Reasons why Parent is Not Primary Caregiver

Reasons	Percent	N
DCS Removal	49%	4,077
Parent's Drugs/alcohol abuse	35%	2,913
One or both parents are uninvolved	24%	1,944
One or both parents incarcerated	19%	1,533
Abuse/neglect of child	15%	1,243
Housing issues/unsafe living environment	14%	1,186
Immigration/deportation of parents	9%	731
Financial issues	9%	729
Domestic violence	8%	692
One or both parents are deceased	7%	585
Parent's mental health issues	5%	442
Parent's health issues	2%	190
Parent is unable to care for child	1%	95
Preferred school location/to attend school in the United States	.8%	68

Other reasons why the biological parent is not the primary caregiver of the child include:

- Biological parents are out of the state/country
- Biological parents are deployed in the military
- Biological parents are seeking better employment, education, and/or housing
- Biological parent's choice to have kinship caregiver raise their child
- Biological parents are teenage parents
- Child's choice to live with kinship caregiver
- Cultural practice of biological parents leaving child with grandparents
- Conflict within biological family between family members
- Divorce or separation of biological parents

Almost a third (32%) of kinship children have been in the care of their caregiver for more than one year; whereas, over half (51%) have been in kinship care for up to 12 months (see Exhibit 30).

Exhibit 30. Length of Time in Kinship Care

Length of Time	Percent	N
< 1 Month	13%	1,076
1-6 Months	31%	2,552
7-12 Months	7%	553
More than 12 Months	32%	2,608
Not applicable, child not in care	4%	340
Missing Data	14%	1,151
Total	**100%**	**8,280**

Of those who reported that the child was in their care for more than 12 months, data on the number of years in kinship care includes:

- Range of years: 1 year to 18 years
- Average years: 5.2 years
- Median years: 4 years
- Mode years: 2 years (19%, n=476)
- n=2,504 (excluding the 104 youth who have been in in kinship care for more than a 12 months but did not report the specific number of years).

A small portion of the children in kinship care have special education (10%, n=859) and 18% (n=1,477) have chronic medical needs. Three quarters of children (76%, n=6,313) have access to health insurance. All of this information is per the self-report of their caregiver.

As reported by their caregiver at intake, 59% of kinship children were enrolled in school, while 31% were not enrolled, and 1% were not of school age (see Exhibit 31). Almost 1% of caregivers were unsure of this information and 8% did not report this information. The grades of children enrolled in school ranges from kindergarten to 12th grade (see Exhibit 33).

Exhibit 31. School Enrollment Status at Initial Contact

Status	Percent	N
Yes	59%	4,853
No	31%	2,567
Unsure	.6%	47
Not Applicable, Not of School Age	1%	120
Not Reported/Missing Data	8%	693
Total	**100%**	**8,280**

Exhibit 32 Grade of Child at Initial Contact

Grade	Percent	N
Preschool	3%	276
Kindergarten	6%	494
1	6%	504
2	6%	489
3	6%	463
4	5%	436
5	5%	378
6	5%	375
7	5%	436
8	5%	379
9	5%	387
10	4%	333
11	3%	215
12	1%	93
Other (College, Vocational/Technical School, Other, etc.)	0.1%	9
Not Reported	18%	1473
Unsure	1%	100
NA, not in school	17%	1440
Total	100%	8280

Key Services Provided to Participants

Exhibit 33 displays the key services provided to AKSS clients over the course of the grant. This table provides the total number of people who attended each event (a duplicated count of individuals that attended events offered more than once), the total number of individuals that attended at least one event (unduplicated), and the number of times the event was held. Aside from Information and Referral Services (a one-time event) and Navigation Services (ongoing services), the services that had the highest number of individuals attending over the course of the grant include: Guardianship Clinic (n=970), AKSS Special Events (n=886), Kinship Information Session (n=547), Support/ Support Education Groups (n=527), Guardianship and Adoption Training (n=269), KARE College/ Topical Education (n=221), and PS-MAPP (n=150) (see Exhibit 28). For PS-MAPP, attendance was tracked in Pima County only, where these sessions were hosted by the KARE Center and included on-site childcare.

Exhibit 33. Key Services Provided to Participants FY1-3, 9/30/2012 - 9/29/2015

Service	Intended Service Recipient	9/30/2012 to 9/29/2015		
		Total # Receiving Services (Dup.)	Total # of Individuals Receiving Services (Undup.)	Total # of Times Event Occurred
Navigation Services (other than initial information and referral)	Caregivers	12,284	5,619	12,284
Information and Resource Referrals	Caregivers	4,864	4,864	4,864
Guardianship Clinic	Informal Caregivers	1,041	970	189
Special Events	All	1,060	886	28
Kinship Information Session	Formal Caregivers	574	547	74
Support/ Support Education Groups	Caregivers	3,702	527	544
Guardianship and Adoption Training	Formal Caregivers	277	269	47
KARE College/Topical Education	Caregivers	348	221	54
PS-MAPP (attendance tracked in Pima County only)	Formal Caregivers	1,019	150	106
Legal Clinic (tracked by AKSS through 3/31/2013)	Caregivers	103	99	20

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Service	Intended Service Recipient	9/30/2012 to 9/29/2015		
		Total # Receiving Services (Dup.)	Total # of Individuals Receiving Services (Undup.)	Total # of Times Event Occurred
Pre-Employment	Youth <15	545	51	68
Focus Groups with Kinship Caregivers	Caregivers	55	50	8
Advocacy Events	All	29	27	12
Children of Incarcerated Parents programs*	Caregivers, youth, and families affected by parental incarceration	834 Adults 1,199 Youth	140 Adults 291 Youth	223
CIP Adult Group	Caregivers	769	119	67
CIP Prison Visitation Program	Families affected by parental incarceration	55	14	26
CIP Youth Group	Youth affected by parental incarceration	547	124	66
CIP Teen Group	Teens affected by parental incarceration	321	65	64
Total Number of Adults Participating in AKSS Activities (includes primary caregiver and secondary caregivers or other adults who attended events)	**Adults**	**21,229**	**9,412**	-
Total Number of Youth Participating in AKSS Activities (includes youth in AKSS hosted childcare during adult activities)	**Youth**	**5,034**	**2,951**	-

* **Evidence based or promising practice**

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Exhibit 34 shows the breakdown of navigation services in terms of number of services provided and duration of services in minutes. This aggregate data was determined by kinship navigator's self-reported activity logs for navigation services.

Exhibit 34. Navigation Services: Number and Duration in Minutes FY1-3, 9/30/2012 - 9/29/2015

Service	Number of Navigation Services	Average Duration (Minutes)	S.D.	Median Duration (Minutes)	Minimum Duration (Minutes)	Maximum Duration (Minutes)
Navigation - Case Opening	25	99.2	43.5	120	10	180
Navigation - Court Attendance	57	84.0	68.5	60	30	420
Navigation - Home Visit	289	63.4	44.9	60	1	260
Navigation - Office Visit	2,558	24.2	25.2	20	1	354
Navigation - Other	151	31.2	54.6	10	1	435
Navigation - Staffing (IEP,CFT,TDM, IFSP, FGDM, supervision)	292	44.2	42.9	42	1	210
Navigation - TC/VM/Email/Text about client/on behalf of client	333	7.0	7.2	5	1	60
Navigation - TCT/TCF/VM/Email/Text with client	7,506	10.4	12.0	5	1	180
Total	**11,211**	**16.5**	**23.8**	**10**	**1**	**435**

Outreach Activities

Exhibit 35 shows the total number of outreach activities completed over the duration of the grant. Please see the Excel file "Outreach and Systems Activity Log" for more detailed information on events by semi-annual reporting period.

Exhibit 35. Total Outreach Activities of Arizona Kinship Support Services FY1-3, 9/30/2012 - 9/29/2015

Type of Event	# Held	# of attendees	# of Handouts Distributed
Community Organization Meetings/Events	47	4,029	2,752
Education, Health and Resource Fairs	45	13,804	5,306
Special Events	34	11,766	5,185
Organizational Meetings	21	606	601
Conferences	18	4,151	1,885
School Events	12	1686	1216
Medical Services	6	0	200

Families Linked to Other Social Services

Exhibit 36 shows that over the course of the grant, AKSS Kinship Navigators referred caregivers most commonly to legal services (20% of referrals), followed by services for formal families (17%), basic needs items (15%), Title 8 Guardianship and Adoption Services (10%), and FAA/TANF (8%).

Exhibit 36. Referrals to Other Social Services FY1-3, 9/30/2012 - 9/29/2015

Referred Service	Percent	N
Legal Services (e.g., SALA, CLC, private attorney, Title 14 Guardianship Clinic/packet)	20%	948
Services for Formal Families (e.g., Foster Care Licensing Agencies, PS-MAPP, KIS)	17%	813
Basic Needs (e.g., WIC, food bank, clothing, diapers, housing, utility)	15%	703
Title 8 Guardianship and Adoption Services	10%	471
DES/FAA/TANF	8%	376
Health Care/Health Services for Adult and Child	3%	160
AGA Summit/Advocacy	1%	31
Respite, Child Care, Recreation, and Socialization	1%	65
Education System for Child	1%	41
Caregiver Education	.5%	22
Casey Family Services	.3%	15
Caregiver Resource Line/Senior Aging Services	.3%	14
Total Families Referred (unduplicated)	**100%**	**4,819**

Arizona Kinship Support Services Website Analytic Data

Monthly visitation to the AKSS website, shown in Exhibit 37, was tracked from August 2013 through September 2015. During this time frame, the AKSS website had an average of 502 unique visitors per month and an average of 1,732 page views per month. Visitors viewed the site for an average of about 2 minutes and 15 seconds. The average percentage of new visitors was 76% and returning visitors was 24%.

Exhibit 37. Arizona Kinship Support Systems Website Analytics

Month and Year	Average Visit Duration	# of Unique Visitors	# of Page Views	% Returning Visitor	% New Visitor
August 2013	3:27	52	302	16%	84%
September 2013	1:42	3,707	13,534	19%	81%
October 2013	2:04	838	4,488	41%	59%
November 2013	2:16	792	2,625	50%	50%
December 2013	1:41	780	2,473	47%	53%
January 2014	2:29	582	2,241	40%	60%
February 2014	3:07	220	1,169	37%	66%
March 2014	2:40	300	949	28%	72%
April 2014	2:57	356	1100	32%	68%
May 2014	3:04	349	1045	26%	74%
June 2014	3:32	413	1396	24%	77%
July 2014	2:37	419	1165	24%	76%
August 2014	2:38	455	1276	30%	71%
September 2014	3:03	474	1347	23%	77%
October 2014	2:36	418	1245	18%	82%
November 2014	2:52	451	1320	22%	78%
December 2014	2:21	465	1262	26%	74%
January 2015	2:34	528	1545	27%	73%
February 2015	2:52	465	1383	21%	79%
March 2015	2:20	430	1251	21%	79%
April 2015	2:53	416	1,485	26%	74%
May 2015	2:55	110	417	31%	69%
June 2015	0:00	11	11	0	100%
July 2015	0:00	8	8	0	100%
August 2015	0:00	1	1	0	100%
September 2015	0:00	1	1	0	100%
Total Average	**2:15**	**502**	**1732**	**24%**	**76%**

Caregiver Resource Line Referrals

The kinship caregiver direct referral system through the DAAS's Caregiver Resource Line (CRL) toll free phone number officially started in September 2013. Volunteer call staff were trained on kinship caregiver issues followed a direct referral process to navigators, depending on the callers county location. Exhibit 38 presents the number of calls from kinship caregivers that were referred to Navigators from September 2013 through September 2015. The overall total number of calls from kinship caregivers to the CRL since the start of the grant is 671, with an average of 27 calls per month.

Exhibit 38. Number of Calls Received by Navigators from the Caregiver Resource Line

Month and Year	Caregiver Resource Line Calls from Kinship Caregivers
September 2013	117
October 2013	41
November 2013	23
December 2013	21
January 2014	33
February 2014	28
March 2014	15
April 2014	27
May 2014	33
June 2014	3
July 2014	32
August 2014	38
September 2014	23
October 2014	33
November 2014	26
December 2014	29
January 2015	16
February 2015	5
March 2015	7
April 2015	15
May 2015	9
June 2015	33
July 2015	25
August 2015	33
September 2015	6
Total	**671**
Monthly Average	**27**

C. Outcome Evaluation Results

The following narrative describes the key findings for our outcome measures. In total, 63 caregivers who were caring for 134 children participated in both the baseline and follow-up data collection and are the focus of this paper. Follow-up surveys were completed a mean of 13.7 months (4.0 SD) post baseline (range of 6 to 24 months post).

- **Child outcomes**—which may include improved safety, permanency, or well-being for children

- **Parent outcomes**—may include increased satisfaction about the case management and assessment

- **Family outcomes**—can include increased family engagement, families have enhanced capacity to provide for their children

- **Agency or system outcomes**—can include change in practice, culture change, system improvements.

Safety

The safety outcome measured in this evaluation is:

- *Children are safely maintained in their homes, as documented by follow-up evaluation survey data and DCS outcomes of AKSS informal children.*

DCS provided administrative data on child abuse and neglect reports, allegation findings, and removal dates for the 134 children in the pre/post study, over the course of time from their caregiver's case opening date to the study completion date (09/30/2015). This time frame ranged from seven to 32 months (mean 20.6 months, SD=5.3) post case opening. During this time frame, 93.3% (n=125) of children had no subsequent allegation or report filed with DCS on their behalf. In 6.7% (n=9) of cases, a DCS report was filed during the time frame: 3.7% (n=5) were unsubstantiated; 1.5% (n=2) were substantiated; and (1.5% (n=2) had results pending at the time of this report.

Permanency and Stability

The permanency and stability outcome measured in this evaluation is:

- *AKSS services support caregivers in reducing barriers to formal and informal processes.*

- *Caregivers report improved permanency and stability of kinship placements, as documented by follow-up evaluation survey data.*

- *Caregivers participate in Guardianship Clinic and achieve Title 14 Guardianship by filing a case with the Probate Court, as documented by Guardianship Clinic attendance records and data from. Southern Arizona Legal Aid.*

Barriers to Formal and Informal Processes Identified at Baseline

At the time of the baseline survey, 44% of caregivers surveyed (n=43) reported that they had not faced any barriers or difficulties in the process of seeking custody, guardianship, licensure, or adoption of their kinship child or children, but over half (56%, n=55) reported facing some type of barrier or difficulty in this process. Through Navigation services, AKSS sought to reduce these barriers. The types of barriers faced by caregivers are shown in Exhibit 39. Of those who experienced barriers (n=55), the **four most prominent barriers faced** include:

- The process seemed too difficult overall (e.g., the caregiver faced difficulties in completing the necessary paperwork; accessing transportation to/from court; working with the DCS case worker; working with a biological parent);

- The biological parent(s) would not consent to this situation or could not be located to obtain consent;

- The caregiver had concerns over financial costs of this process and/or caring for a child; and

- The attorney or social worker recommended against it.

Exhibit 39. Barriers in Seeking Custody, Guardianship, Licensure, or Adoption of Children in Care at Baseline

Barriers	Percent	N
Process seemed too difficult	33%	18
Biological parents would not consent/cannot be located to obtain consent	31%	17
Financial concerns	22%	12
Attorney or social worker recommended against it	13%	7
Caregiver has not completed foster parent training	5%	3
DCS/court refused to grant custody/guardianship	5%	3
Caregiver's home is not in compliance for DCS or licensure	5%	3
Difficulty in completing paperwork	5%	3
Adults in home cannot pass criminal background check/finger print clearance	4%	2
Caregiver or family member is undocumented	2%	1

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Barriers	Percent	N
Problems between child and other people in home	2%	1
Pets in home needed shots/vaccinations	2%	1
Caregiver's health or age	2%	1
Lack of transportation to/from court	2%	1

(n=55; Respondents could select all the options that applied to them.)

Child Permanency Status at Follow-up

At post assessment (6 to 24 months post case opening), 87% (n=117) of children in the pre/post study remained in the care of their original kinship caregiver (76%, n=102) or were reunified with their biological parent(s) (9%, n=12). In 2% of cases (n=2), the siblings children were placed into formal kinship care by DCS, the caregiver received AKSS services, then the siblings were reunified with their birth parents by DCS, and later removed again by DCS for subsequent maltreatment perpetrated by their birth parents. The placement of these children after their second removal was not provided to the evaluation team. In 7% (n=9) of cases, the kinship caregiver placement disrupted and the children were placed with a foster parent, a group foster home, or a non-relative caregiver. An independent-samples t-test revealed that children in disrupted placements were more likely to be older (mean of 12.1 years, 6.0 SD) compared to children who remained in stable placements or were reunified (mean 8.7 years, 4.4 SD) (t=2.204, p=.03). A few of the caregivers in the study (5%, n=6) never became the child's placement for various reasons (e.g., the caregiver could not pass a background check); however, when appropriate, AKSS supported these caregivers in maintaining relational permanency with the child.

Helpfulness of Kinship Navigators in Establishing Permanency

Exhibit 40 shows that 94% (n=32) of caregivers surveyed at follow-up rated their Navigator as helping them somewhat, a lot, or completely to understand all of the options for permanency as a kinship caregiver and take action based on information they received. Of the 25 caregivers that rated their kinship caregiver as helping them "a lot" or "completely" to take action based on information received, 48% (n=12) were seeking or had achieved Title 14 Guardianship, 36% (n=9) adoption, and 8% (n=2) each Title 8 Guardianship or DCS Placement (unlicensed). Of the nine people who rated their Kinship Navigator as "not at all" or "somewhat" helping in this regard, 67% (n=6) were seeking or had achieved adoption and one each were seeking or had achieved Title 14 Guardianship, Title 8 Guardianship, or DCS Placement (unlicensed). The two cases that rated their Kinship Navigator as "not at all" helping them to understand permanency options or take action based on information received both were in the process of adopting kinship children that were still in their care at the time of the survey.

Exhibit 40. Extent that Navigators Helped Caregivers with Permanency Goals at Follow-up

	Not at all	Somewhat	A Lot	Completely	N*
To what extent has your Kinship Navigator helped you to understand all of the options for permanency as a kinship caregiver?	6% (2)	18% (6)	38% (13)	38% (13)	34
To what extent has your Kinship Navigator helped you to take action based on information you received?	6% (2)	21% (7)	32% (11)	41% (14)	34

*Note that 29 people either skipped to this question because they did not have children in their care at the time of the follow-up survey (n=16) or responded "not applicable" because they had previously established permanency before working with their Navigator (n=13).

Open-ended comments from caregivers describe Kinship Navigators as providing a strong support system to caregivers, whether it was emotional support, advocacy, helping with basic needs and transportation, or referring them to other needed services. One caregiver explained, *"[My] Kinship Navigator was of great emotional support [for me]. She went to court [with me] and to other meetings. She had great suggestions and acted as an advocate at all times."* Another caregiver described her Kinship Navigator as *"very responsive"* and *"a positive support."*

Guardianship Clinics and Title 14 Guardianship

Over the course of the grant, a total of 970 kinship caregivers attended 189 Guardianship Clinics held by Southern Arizona Legal Aid's (SALA) Volunteer Lawyer Program (VLP), serving Pima, Pinal, and Cochise Counties, or the Children's Law Center (CLC) serving Maricopa County. Guardianship Clinics provided informal caregivers seeking to obtain a Title 14 Guardianship with information and legal assistance. The frequency of classes held was based on demand and was typically conducted monthly in Pinal, Cochise, and Maricopa Counties (offered in both English and Spanish in Maricopa County) and four times per month in Pima County, in both English and Spanish. During this clinic, caregivers received assistance from a lawyer in completing the Title 14 Guardianship packet for the court. Due to this grant, this packet is now available in both English and Spanish and has been adapted for use by the Pima County Probate Court.

Caregiver guardianship outcomes resulting from SALA services offered from 9/30/2013 to 9/29/2015 are shown in Exhibit 41 (caregiver outcomes were not provided by CLC). Due to privacy and legal rules, only aggregated data was provided to the evaluation team on a semi-annual basis. Thus the numbers may include duplicated counts of individuals that were served by SALA across multiple reporting periods. In order for a client to advance from an open SALA case to filing a case with the Probate Court, caregivers must have attended a Guardianship Clinic, completed the intake and application with SALA, and accurately filed the Title 14 Guardianship packet with the Probate Court. In summary, SALA opened a total of 1,004 cases for clients seeking to obtain a minor guardianship during the course of the grant. Of those, 523

attended a Guardianship Clinic and 134 filed a case in Probate Court. **Of those who filed a case in Probate Court, 40% (n=54) were awarded guardianship of a minor and 60% (n=80) were either awaiting a scheduled hearing date, were in the process of scheduling a hearing date, or were awaiting the outcome of a hearing.**

Exhibit 41. Guardianship Outcomes Reported by Southern Arizona Legal Aid

	9/30/2013-3/31/2014 FY2-1	4/1/2014 - 9/29/2014 FY2-2	9/30/2014-3/31/2015 FY3-1	4/1/2015-9/29/2015 FY3-2	Total FY2-3*
Number who Filed a case in Probate Court	41	39	34	20	134
Probate Court Outcomes					
Awarded guardianship of a minor	**18**	**15**	**17**	**4**	**54**
Court hearing is scheduled/waiting to be scheduled/waiting for hearing outcome	23	24	17	16	80

*The total numbers may include duplicated counts of individuals served by SALA over multiple reporting periods. Unduplicated counts were not available.

Well-Being

Well-being related outcomes measured in this evaluation, as documented by follow-up evaluation survey data, include:

- *Families can better meet their children's needs, as documented by change in the Family Needs Scale from baseline to follow-up survey.*

- *Caregivers report improved self-efficacy, as documented by change in the Self-Efficacy Scale from baseline to follow-up survey.*

Family Needs at Baseline and Follow-up

Using the FNS, caregivers rated the adequacy of their resources and the extent of their family's needs in the past six months as a kinship caregiver. Exhibit 42 shows the mean scores, standard deviations, and results of the paired samples t-test for each item. Higher scores indicate that the area is a greater need for the kinship family. Five items that showed a statistically significant decrease in need from pre to post include: "Paying for utility bills like water, electricity, and AC/heat"; " Getting special travel equipment for your child or children;" "Having time to take care of yourself"; "Getting short term or temporary relief (i.e. respite care) from caring for your child or children"; and "Finding future care for your child or children." The one area that remained a high need from pre to post was "Saving money for the future."

Exhibit 42. Means, Standard Deviations, and Paired Sample t-test for responses to the FNS

Item	Mean Pre (SD)	Mean Post (SD)	Paired t	n
1. Having food for at least two meals for your family.	2.05 (1.14)	2.21 (1.39)	-.894	58
2. Finding time to cook healthy meals for your family.	2.16 (1.28)	2.12 (1.37)	.168	58
3. Having enough food to feed your child or children.	2.02 (1.11)	2.12 (1.25)	-.585	57
4. Having clean water to drink.	1.44 (1.09)	1.29 (0.75)	.955	57
5. Finding or keeping a place to live.	1.54 (1.18)	1.68 (1.19)	-.715	57
6. Paying for utility bills like water, electricity, and AC/heat.	2.50 (1.20)	2.06 (1.23)	2.639***	53
7. Completing chores, home repairs or improvements.	2.62 (1.41)	2.43 (1.37)	1.055	51
8. Adapting your house to meet the needs of your child or children (e.g., handicapped accessible).	1.88 (1.23)	2.00 (1.47)	-.309	25
9. Having money to buy necessities and pay bills.	2.77 (1.14)	2.56 (1.34)	1.257	57
10. Budgeting the way you'll spend money.	2.08 (1.21)	2.13 (1.34)	-.290	58
11. Paying for any special needs of your child or children.	2.08 (1.21)	2.14 (1.34)	.296	27
12. Saving money for the future.	3.21 (1.56)	3.39 (1.58)	-.680	53
13. Planning for a future job for your child or children.	2.38 (1.61)	2.83 (1.66)	-1.036	24
14. Getting a job.	2.32 (1.76)	2.00 (1.12)	.753	19
15. Having a job that you enjoy.	2.06 (1.44)	2.40 (1.45)	-.734	15
16. Getting where you need to go.	2.17 (1.31)	1.93 (1.24)	1.491	58
17. Transporting your child or children.	2.00 (1.29)	2.04 (1.39)	-.202	57
18. Getting special travel equipment for your child or children (e.g., a car seat).	1.95 (1.39)	1.49 (.99)	1.960**	37
19. Paying for gas.	2.60 (1.27)	2.40 (1.40)	.919	55
20. Getting in touch with people that you need to talk to (e.g., a doctor, child's teacher, etc.).	2.12 (1.17)	2.17 (1.26)	-.242	58
21. Having someone to talk to about your child or children (e.g., friend, counselor, religious leader, etc.).	2.25 (1.31)	2.19 (1.27)	.285	57
22. Having someone to talk to, in general (e.g., friend, counselor, religious leader, etc.).	2.01 (1.27)	2.23 (1.25)	-1.448	57
23. Having medical and dental care for your family.	1.98 (1.39)	1.96 (1.26)	.073	57
24. Finding special medical and dental care for your child or children.	1.84 (1.04)	1.73 (1.11)	.559	49
25. Having time to take care of yourself.	3.14 (1.31)	2.50 (1.40)	3.176***	58
26. Having emergency health care.	1.61 (.94)	1.56 (.92)	.358	54
27. Planning for future health needs of you or your family.	2.14 (1.28)	2.10 (1.15)	.175	51

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Item	Mean Pre (SD)	Mean Post (SD)	Paired t	n
28. Managing the daily needs of your child or children.	2.21 (1.15)	2.18 (1.24)	.209	56
29. Caring for your child or children during work hours.	2.00 (1.29)	2.00 (1.20)	0.000	26
30. Having emergency child care when you need it.	2.40 (1.37)	2.11 (1.26)	1.007	46
31. Getting short term or temporary relief (i.e. respite care) from caring for your child or children.	2.85 (1.50)	2.40 (1.42)	1.774*	52
32. Finding future care for your child or children.	2.64 (1.49)	2.10 (1.19)	2.194**	50
33. Getting special equipment or therapy for your child or children.	2.14 (1.35)	2.46 (1.45)	-1.104	28
34. Having time to take your child or children to appointments.	1.73 (1.05)	1.64 (1.01)	.566	56

Caregiver Self-Efficacy at Baseline and Follow-up

Exhibit 43 shows the pre and post scores for items on the NGSE scale. Higher scores indicate greater perceived self-efficacy (i.e. belief in one's capability) in that area. Caregivers reported a high level self-efficacy from pre to post, with average post scores ranging from 2.93 to 3.40. One area that showed a statistically significant increase in score from pre to post is: "You can remain calm when facing difficulties because you can rely on your coping abilities."

Exhibit 43. Means, Standard Deviations, and Paired Sample t-test for Responses to the NGSE Scale

Item	Mean Pre (SD)	Mean Post (SD)	Paired t	n
1. You can always manage to solve difficult problems if you try hard enough.	3.33 (.74)	3.37 (.67)	-.314	57
2. You can find the means and ways to get what you want.	2.84 (.98)	3.00 (.85)	-1.242	57
3. It is easy for you to accomplish your goals.	2.77 (1.00)	2.93 (.68)	-1.102	57
4. You are confident that you can handle unexpected events well.	3.09 (.87)	3.21 (.79)	-.895	57
5. You can solve most problems if you invest the necessary effort.	3.38 (.78)	3.39 (.65)	-.145	56
6. You can remain calm when facing difficulties because you can rely on your coping abilities.	3.02 (.81)	3.23 (.68)	-1.804*	57
7. When you are confronted with a problem, you can usually find a good solution.	3.28 (.70)	3.40 (.56)	-1.224	57
8. You can usually handle whatever comes your way.	3.18 (.79)	3.18 (.72)	.000	55

*p≤.10

Access to Benefits and Resources

Outcomes measured in this evaluation regarding access to benefits and legal resources include:

- *Access of AKSS Children to TANF Cash Assistance, as reported by FAA/TANF data;*

- *Access of AKSS Caregivers to needed legal services, as reported by SALA open case and guardianship data; and*

Receipt of TANF-Child Only Cash Assistance

In total, 13% (n= 617) of AKSS caregivers (N=4,846) matched the DES/FAA data system for having at least one child receiving TANF Child-only at some point over the course of the grant (see Exhibit 44). A key systems change was observed in analyzing the percentage of AKSS caregivers that received TANF Child-only cash assistance year over year for the duration of the grant. Results showed a statistically significant increase in caregiver receipt of TANF-Child only cash assistance on an annual basis, from 6% (n=97) receiving TANF Child-only in FY1 of the grant, 12% (n=198) in FY2, and 20% (n=322) in FY3 of the grant (x^2=140.728; p=.000).

Exhibit 44. AKSS Caregiver Receipt of TANF Child-only Funds Over Time

	FY1	FY2	FY3	Total
AKSS Caregivers received TANF/Child-only	6% (97)	12% (198)	20% (322)	13% (617)

Access to Legal Services

AKSS activity logs for Guardianship Clinics held by SALA or the Children's Law Center document that 970 individuals attended one or more of the 189 clinics held over the course of the grant.

SALA shared data with the evaluation team on legal services provided to caregivers served from 9/30/2013 - 9/29/2015. Due to privacy and legal rules, only aggregated data was provided to the evaluation team on a semi-annual basis. Thus the numbers may include duplicated counts of individuals that were served by SALA across multiple reporting periods. Exhibit 45 shows a summary of SALA services and outcomes achieved. In order for a client to advance from an open case to filing a case with the Probate Court, caregivers must have attended a Guardianship Clinic, completed the intake and application with SALA, and accurately filed the Title 14 Guardianship packet with the Probate Court.

Exhibit 45. Guardianship Outcomes Reported by Southern Arizona Legal Aid

	9/30/2013- 3/31/2014 FY2-1	4/1/2014 - 9/29/2014 FY2-2	9/30/2014- 3/31/2015 FY3-1	4/1/2015- 9/29/2015 FY3-2	Total FY2-3*
Number of Open Cases During Time Frame	201	304	265	234	1,004
Number Attending a Guardianship Clinic (SALA cases only)	95	184	90	144	513
Number who Filed a case in Probate Court	41	39	34	20	134
Probate Court Outcomes					
Awarded guardianship of a minor	18	15	17	4	54
Court hearing is scheduled/waiting to be scheduled/waiting for hearing outcome	23	24	17	16	80

*The total numbers may include duplicated counts of individuals served by SALA over multiple reporting periods. Unduplicated counts were not available.

In summary, SALA provided legal services for 1,004 clients seeking to obtain a minor guardianship during the course of the grant. Of those, 523 attended a Guardianship Clinic held by SALA and 134 filed a case in Probate Court. Of those who filed a case in Probate Court, 40% (n=54) were awarded guardianship of a minor and 60% (n=80) were either awaiting a scheduled hearing date, were in the process of scheduling a hearing date, or were awaiting the outcome of a hearing.

Of the 379 clients that attended a clinic but <u>did not file</u> a case with Probate Court, SALA monitored these cases through follow up clinics and individual legal assistance. Of clients with an open case who <u>did not attend</u> a Guardianship Clinic, possible outcomes include that they:

- Were in the application/intake process;
- Were scheduled to attend an upcoming clinic;
- Failed to attend a scheduled clinic and were sent a letter by SALA (SALA's protocol is to reschedule with the caregiver or close the case depending on the response from the caregiver to outreach efforts);
- Were conflicts of interest and could not be served by SALA (resulting in case closure); or
- Lost contact with SALA and never completed an intake despite letters sent by SALA (resulting in case closure).

D. Fidelity

a. List of fidelity instruments or data sources (e.g., interview protocol; checklist of tasks completed)

Exhibit 5 in this report describes the AKSS services and activities provided as part of the Kinship Navigator Program model. This description served as our fidelity measure to ensure that services were replicated across sites. Necessary local modification, especially for rural areas were made, as needed.

b. Timeframe for conducting fidelity (i.e., how often are you conducting fidelity assessments, and at what point in the case are you conducting these assessments)

Fidelity to the Kinship Navigation model was assessed semi-annually over the course of the grant.

c. # of fidelity assessments conducted by instrument

Fidelity was assessed a total of six times over the course of the grant (every six months).

d. Average score by instrument, if applicable

Not applicable

e. Describe fidelity results

We have successfully replicated urban services between Pima County and Maricopa County. However service utilization continues to be lower than expected in Maricopa County, given its the population base. Modifications have been made in the rural counties to successfully replicate applicable services on an individual basis.

f. Describe identified barriers to fidelity

In rural areas, geographically dispersed clientele does not allow for services to be held in a class format in a specific population center. The KARE Center in Tucson has a long-standing relationship in Pima County that the other counties are developing. This barrier resulted in the delayed start-up of Kinship Information Sessions and Adoption and Guardianship Training in Maricopa County.

g. Describe strategies developed to address fidelity barriers

Services provided to rural areas were modified to meet the needs of geographically dispersed clientele. Services are provided individually, in-home and on-site; groups are held in multiple communities across the county. Vans were utilized as mobile offices. We will continue to address the issue of service utilization in Maricopa County as one of scale and not fidelity to the intended model.

E. Cost Study

The cost study was comprised of two separate data collections periods, in which all employees of Arizona Kinship Navigation Services tracked the activities they completed during their span of workday.

Overall Average Time Allocations

On average, the majority of time expended by employees was on administrative activities directly related to service delivery (47%) (see Exhibit 46). Staff spent 27% of their overall time on administrative activities related to managing the project. Direct service activities that were performed with a kinship caregiver comprised 18% of overall employee time. Indirect service activities performed on behalf of a caregiver utilized the least amount of time at 7%.

Exhibit 46. Average Percent of Time Devoted to Areas of Activity (All Employees)
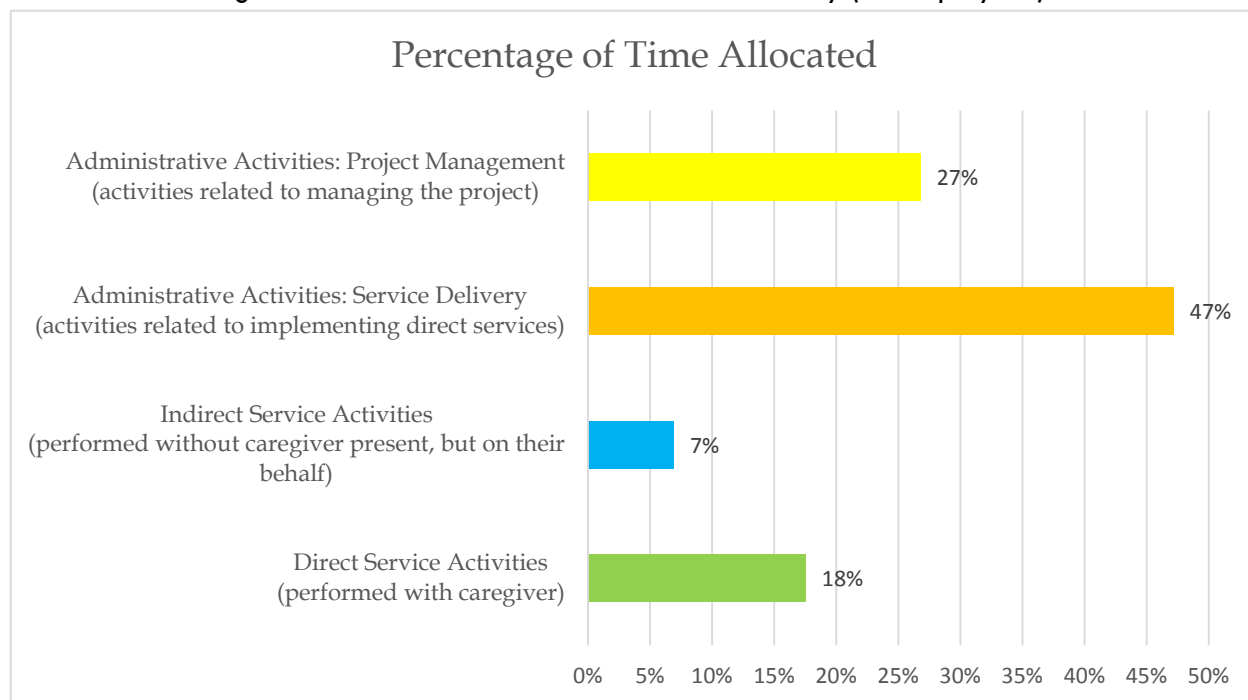
Average time spent by all employees at the individual activity level illustrates that the highest percentage of time is spent on "administrative activities: service delivery, other admin" at 30% of total time allocated (see Exhibit 47). Similarly "administrative activities: project management, enter data into Access database" holds the second largest percentage of time at 9% of total time allocated. All other activities range between less than 1% to 8% of total time allocated.

Exhibit 47. Average percent of time devoted to individual activities (all employees)

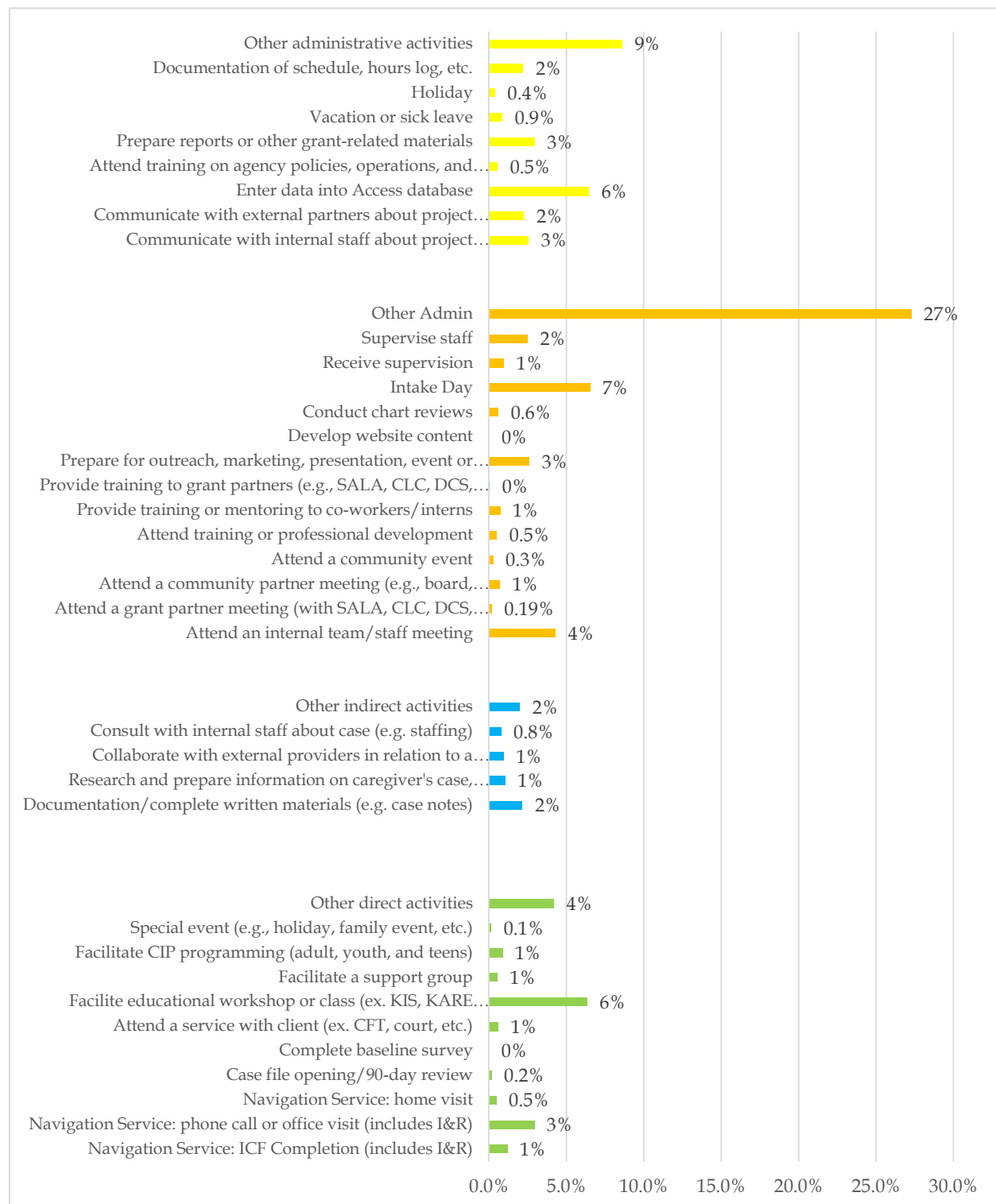| Activity	Percent
Other administrative activities	9%
Documentation of schedule, hours log, etc.	2%
Holiday	0.4%
Vacation or sick leave	0.9%
Prepare reports or other grant-related materials	3%
Attend training on agency policies, operations, and…	0.5%
Enter data into Access database	6%
Communicate with external partners about project…	2%
Communicate with internal staff about project…	3%
Other Admin	27%
Supervise staff	2%
Receive supervision	1%
Intake Day	7%
Conduct chart reviews	0.6%
Develop website content	0%
Prepare for outreach, marketing, presentation, event or…	3%
Provide training to grant partners (e.g., SALA, CLC, DCS,…	0%
Provide training or mentoring to co-workers/interns	1%
Attend training or professional development	0.5%
Attend a community event	0.3%
Attend a community partner meeting (e.g., board,…	1%
Attend a grant partner meeting (with SALA, CLC, DCS,…	0.19%
Attend an internal team/staff meeting	4%
Other indirect activities	2%
Consult with internal staff about case (e.g. staffing)	0.8%
Collaborate with external providers in relation to a…	1%
Research and prepare information on caregiver's case,…	1%
Documentation/complete written materials (e.g. case notes)	2%
Other direct activities	4%
Special event (e.g., holiday, family event, etc.)	0.1%
Facilitate CIP programming (adult, youth, and teens)	1%
Facilitate a support group	1%
Facilite educational workshop or class (ex. KIS, KARE…	6%
Attend a service with client (ex. CFT, court, etc.)	1%
Complete baseline survey	0%
Case file opening/90-day review	0.2%
Navigation Service: home visit	0.5%
Navigation Service: phone call or office visit (includes I&R)	3%
Navigation Service: ICF Completion (includes I&R)	1%

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Exhibit 48 shows that, overall, employees did not vary much over the two data collections in where they spent their time. There were small changes between percentage of time used for indirect service activities (-2%) and administrative activities related to service delivery (+1%).

Exhibit 48. Change in Average Allocations of Time between Data Collection Time-Points

Area	First data collection	Second data collection	Difference
Direct Service Activities	18%	18%	0%
Indirect Service Activities	8%	6%	-2%
Administrative Activities: Service Delivery	45%	46%	+1%
Administrative Activities: Project Management	28%	28%	0%

Overall Project Costs

Exhibit 49 shows the estimated cost by activity area, based on overall percentage of staff time allocated.

Exhibit 49. Estimated Cost by Area of Activity

Area of Activity	Cost Allocation by Percentage of Time Spent
Administrative Activities: Project Management	$178,464.06
Administrative Activities: Service Delivery	$69,402.69
Indirect Service Activities	$465,989.49
Direct Service Activities	$267,696.09
Total	**$981,552.33**

(Note: numbers may not be exact due to rounding)

Position-Level Time Allocations

Program Director

The program director spends the majority of their time on activities related to administrative services both for project management (54%) and service delivery (42%) (see Exhibit 50). Very little of time was used for indirect service activities (4%) and no time was used for direct service activities.

Exhibit 50. Overall Average Allocation of Program Director Time
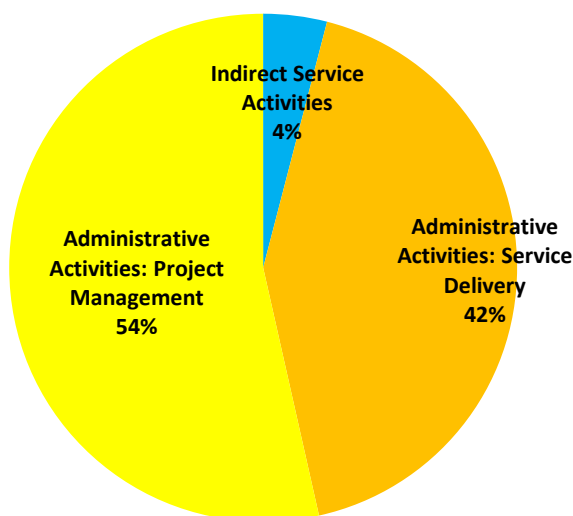

Exhibit 51 shows that the program director's use of time for activities related to direct and indirect service stayed relatively the same over both data collection periods, with no direct service activities occurring at either time as well as a slight 3% increase in indirect service activities. Notable was the 24% increase in administrative activities related to service delivery (from 31% to 55%) and the 21% decrease in administrative activities related to project management (from 63% to 42%).

Exhibit 51. Change in Program Director Allocations of Time between Data Collection Time-Points

Area	First data collection	Second data collection	Difference
Direct Service Activities	0%	0%	0%
Indirect Service Activities	6%	3%	-3%
Administrative Activities: Service Delivery	31%	55%	+24%
Administrative Activities: Project Management	63%	42%	-21%

The program director generally spends their time on administrative tasks related to project management and service delivery. Exhibit 52 shows that activities that use the largest percentage of time are other administrative activities related to project management (13%), preparing reports or grant-related materials (12%), communicating with external partners (11%), and supervising staff (11%).

Exhibit 52. Average Time Devoted to Individual Activities by Program Director
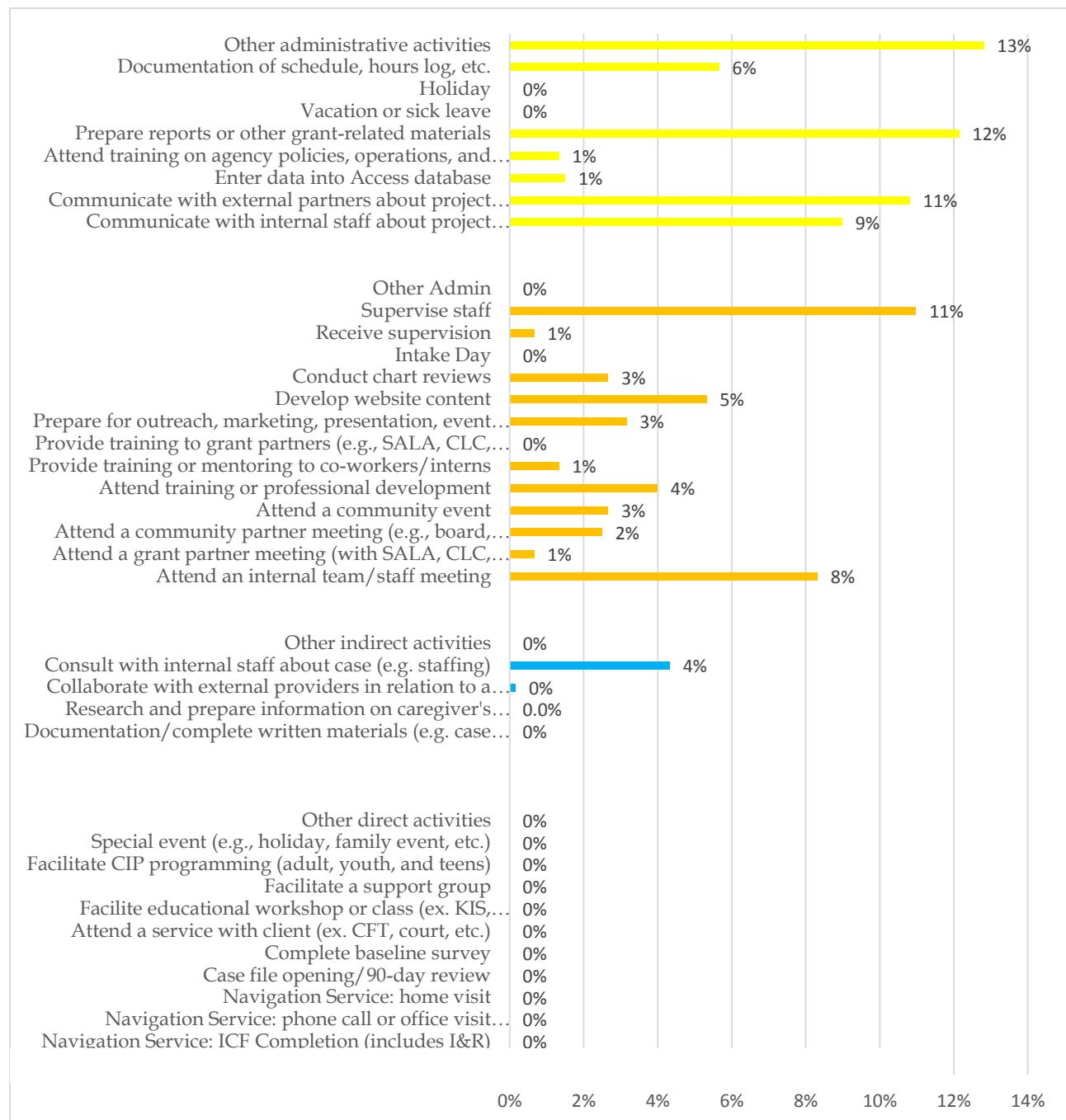
Program Coordinator

Exhibit 53 shows that the program coordinator spends the majority of their time on activities related to administrative services both for project management (35%) and service delivery (25%). In addition, the program coordinator allocated 40% of their time to direct service activities. No time was allocated towards indirect service activities.

Exhibit 53. Average Allocation of Program Coordinator Time
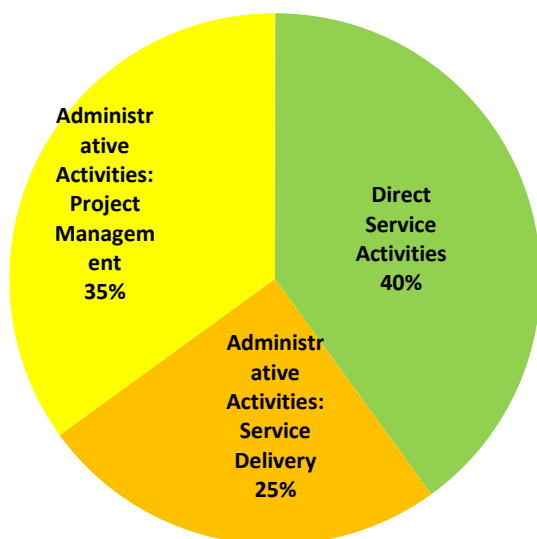
When examining comparisons between the data collections, Exhibit 54 shows that there was no change in percent of time spent by the program coordinator engaged in direct service activities (40%) or indirect service activities (0%). However, the amount of time spent completing administrative activities related to service delivery increased by 12%, while time allocated to project management decreased by 13% of total time allocated.

Exhibit 54. Change in Program Coordinator Allocations of Time between Data Collection Time-Points

Area	First data collection	Second data collection	Difference
Direct Service Activities	40%	40%	0%
Indirect Service Activities	0%	0%	0%
Administrative Activities: Service Delivery	13%	25%	+12%
Administrative Activities: Project Management	48%	35%	-13%

Exhibit 55 shows that the activity the program coordinator spends the largest percentage of time completing is facilitating educational workshops or classes (36%). The second largest percentage of time is associated with other administrative activities related to project management.

Exhibit 55. Average Time Devoted to Individual Activities by Program Coordinator
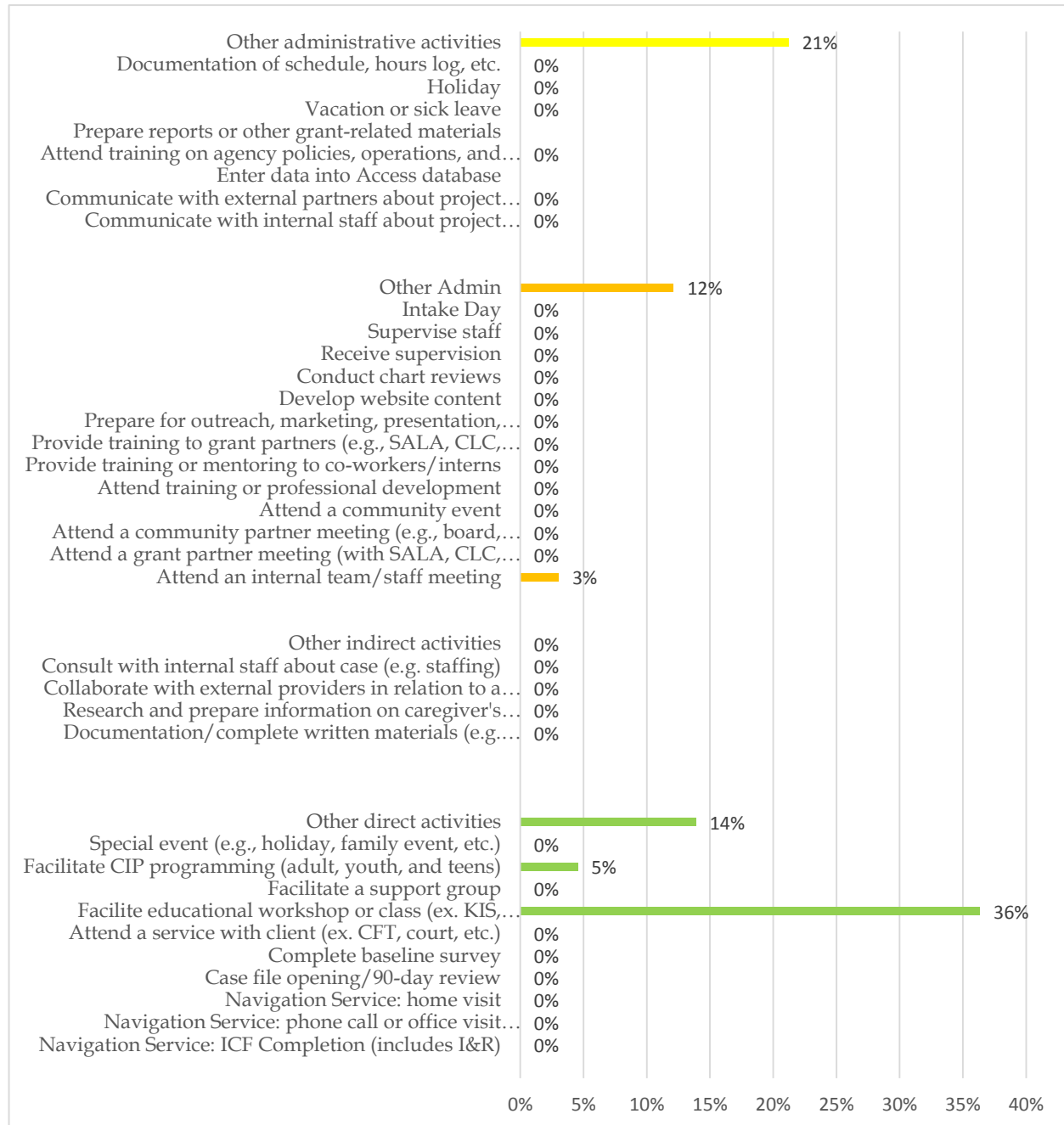
Kinship Navigator

Exhibit 56 shows that the kinship navigator position spends similar amounts of time devoted to each area of activity, with the most time spent on direct service activities at 29% of navigator total time. Twenty-eight percent of time was allocated to administrative activities related to service delivery and 28% of time was also spent on administrative activities related to project management. Indirect service activities are the smallest percentage of time at 15%.

Exhibit 56. Overall Average Allocations of Kinship Navigator Time
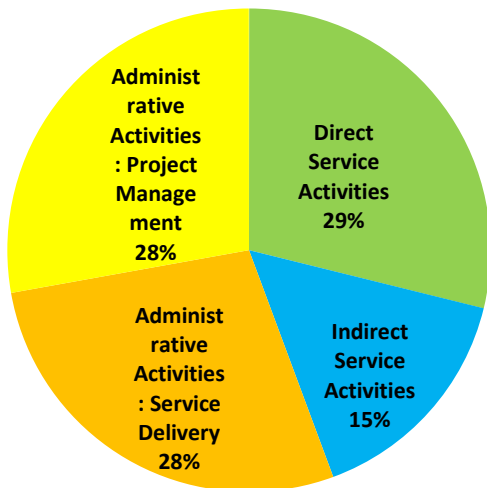
The navigators complete tasks in all four activity areas, unlike the other positions that tend to specialize in one or two main areas to complete their job duties. Exhibit 57 shows that the individual activity that takes up the largest percentage of their time is direct navigation services (10%). Other administrative activities related to project management took up the second largest percentage of navigator time (9%).

Exhibit 57. Average Time Devoted to Individual Activities by Kinship Navigator
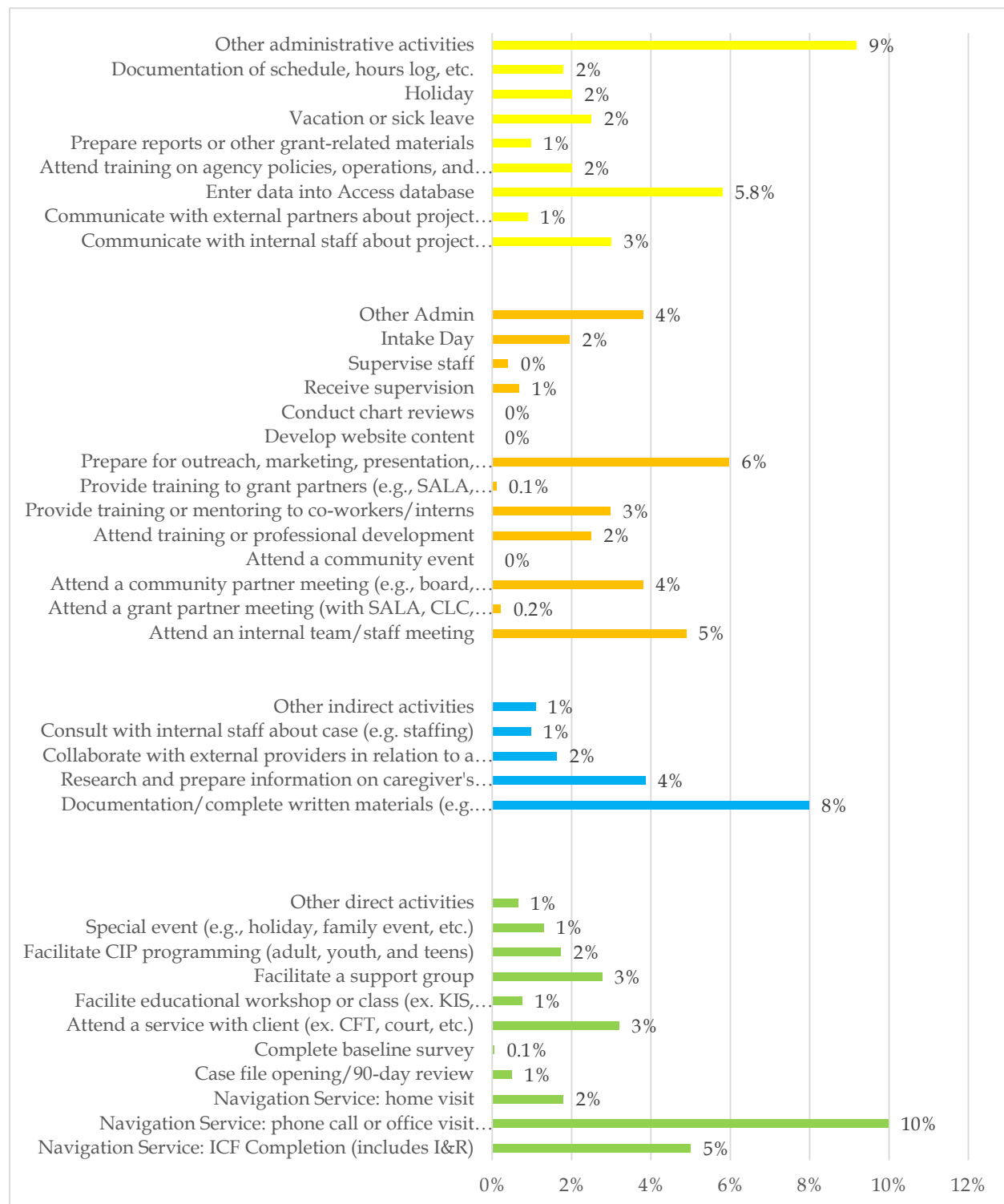
Modest changes were observed between the two data collection time points for kinship navigators (see Exhibit 58). Decreases in time allocated were seen with indirect service activities, decreasing by 1%, and administrative activities related to project management, decreasing by 2%. Increases in time allocation were observed for direct service activities (+ 1%) and administrative activities related to service delivery (+ 1%).

Exhibit 58. Change in Kinship Navigator Allocations of Time between Data Collection Time-Points

Area	First data collection	Second data collection	Difference
Direct Service Activities	28%	29%	+1%
Indirect Service Activities	16%	15%	-1%
Administrative Activities: Service Delivery	26%	27%	+1%
Administrative Activities: Project Management	29%	27%	-2%

Office Manager

The office manager spends 100% of their time on administrative activities related to service delivery. This percent allocation did not change between the periods of data collection. In the first data collection, the office manager spent 100% of her time related to "administrative activities: project management, other." In the second data collection, 96% of office manager time was spent on "administrative activities: project management, other," 3% was spent on internal team and staff meetings, and 1% was spent on training and professional development activities.

Interns

The interns spent the majority of their time on administrative activities related to service delivery (64%). Time spent on administrative activities related to project management (18%), indirect service activities (13%), and direct service activities (5%) made up the remainder of their time. This position had time data collected at the first data collection but not the second, making comparisons unavailable.

F. Evaluation Discussion

This study is limited due to the small number of participants. Additionally, this type of study design does not have another group to compare results objectively against. In this case, only kinship caregivers that received the open-case navigation services intervention is examined, so the researchers cannot be certain that changes and outcomes observed were caused by the intervention itself, as other factors may have caused the changes. Additional research on this study population is needed, such as comparing study outcomes with a matched comparison group, for example using statewide administrative data on outcomes of DCS formal kinship family placements. Additionally, a future study could utilize a randomized controlled trial design to assess the impacts of open-case kinship navigation services on a treatment group, compared to a control group that receives information and referral services only.

VII. Conclusions

Services commonly used by most to all AKSS caregivers include general navigation assistance with their caregiver; participating in AKSS special events to celebrate kinship families; legal services referral and support; caregiver support groups; and basic needs items. Clients self-select from an array of AKSS services based on their family's needs, thus service utilization suggests the type of supports caregivers found beneficial providing safety and stability for this family.

Caregivers utilized the assistance of their navigator an average of 29 times (range 2-88) to broker or assist in effectively utilizing available community supports. No significant difference was found in navigation service utilization and kinship caregiving status; informal caregivers received an average of 30 navigation events and formal caregivers received an average of 27 navigation events.

However, informal caregivers were significantly more likely than formal caregivers to participate in support groups, the Children of Incarcerated Parents (CIP) programming, and more AKSS celebratory events. Interestingly, informal caregivers were also significantly more likely to have received more total AKSS service counts overall (e.g., the combined total number of support groups, classes, events, etc. attended during their open case), receiving an average of 27 service counts compared to an average of 8 service counts received by formal caregivers. An independent samples t-test showed no significant difference in the length of time that caregivers had an open case; informal navigation cases were open for an average of 11 months and formal navigation cases were open for an average of 12 months. The difference in service counts can be attributed to informal caregivers taking greater advantage of services that are ongoing, such as weekly or monthly support groups or the CIP program, rather than one-time events. Further

exploration of the data or conversations with caregivers is warranted to understand how formal caregivers could benefit from the AKSS array of services available.

Formal kinship caregivers (with DCS involved children) were significantly more likely than informal caregivers to have attended a Kinship Information Session (KIS). KIS is a one-time training specifically for child-welfare involved families that provides information on the DCS dependency process, permanency options, and other support services (e.g., health insurance for the children and other benefits eligibility). Higher utilization of this service by formal caregivers shows their need for this uniquely tailored service to help them better understand the dependency process.

Participants receiving open-case navigation showed an increase from baseline in their ability to meet their families' immediate needs in several areas. A significantly decreased need was observed from baseline to follow-up in paying for utilities and obtaining travel equipment for a child (e.g., a car seat). As nearly 51% of caregivers in this study utilized basic needs services, navigators commonly refer caregivers to services and resources in the community for acquiring material goods and/or financial resources. An interesting finding is that formal caregivers were significantly more likely to receive basic needs support, such as food boxes and diapers, compared to informal caregivers. Financial assistance through state programs, such as TANF-Child Only, may be less or are not be available to caregivers who are already receiving a stipend as a licensed foster kinship care provider. It is also possible that the age of children in care impacts a formal caregiver's greater need for material goods, such as diapers. An independent t-test shows that formal caregivers are significantly more likely to be caring for younger children, at an average age of 7 years old, compared to informal caregivers who are caring for older children at an average age of 10 years old. Given these findings, caregivers' use of basic needs services may also need further exploration of the data or discussions with caregivers.

Caregivers also reported a significant decrease in the need to find time to take care of themselves, suggesting that caregivers have expanded their capacity for self-care over time. This finding is positive for promoting the overall health and well-being of caregivers. Similarly, caregivers reported a decreased need for obtaining temporary respite from caregiving, possibly related to 19% of caregivers taking advantage of respite, childcare, and family recreation activities (e.g., vouchers for community activities) available through navigation services.

One high needs area for which a lack of change was observed from pre to post is "Saving money for the future" (M-pre 3.21; M-post 3.39). This finding is not surprising given that almost three-quarters of caregivers have an annual household income of $30,000 or less and nearly 83% are considered at or below 150% of the FPL.

Another immediate need of kinship caregivers is to receive legal advice on establishing a legal relationship with the children in their care. Service utilization shows that 57% of caregivers

were referred to legal services or support, which includes referrals to the Volunteer Lawyers Program (a grant partner) as well as private attorneys). While type of kinship placement status did not show a statistically significant difference in using these types of services, a higher proportion of informal caregivers used legal services (63%) compared to formal caregivers (50%). Looking more closely at Title 14 Guardianship Clinics, where informal caregivers receive legal assistance toward becoming the legal guardian of the child in their care, nearly all attendees were informal caregivers, suggesting that this is a critical service need of these caregivers.

Placement stability results show that children in supported kinship care placements experienced greater stability, fewer disruptions, and increased safety by the end of the study. At post assessment (6 to 24 months post case opening), 87% of children in the study remained in the care of their original kinship caregiver (76%) or were reunified with their biological parent(s) (9%) These figures are compared with a low 7% disruption rate. Likewise, 93% of children had no subsequent allegation or report with DCS from the time of their case opening to the end of the study, which ranged from 7 to 32 months and averaged 21 months. The placement stability, permanency, and safety outcomes observed in this study may be related to greater caregiver stability, self-efficacy, and the ability to meet their family's needs, also observed in this study. Results suggest that the support provided to caregivers through open-case navigation may increase their own stability and perceived self-efficacy. Caregivers showed significant improvement in items from the FNS: "Having time to take care of yourself"(M-pre 3.14 M-post 2.50 p≤.01); "Getting short term or temporary relief (i.e. respite care) from caring for your child" (M-pre 2.85 M-post 2.40 p≤.10); and "Finding future care for your child" (M-pre 2.64 M-post 2.10 p≤.05). Although, caregivers in the study had high perceived self-efficacy in both pre and post-assessments, participants showed a significant increase for the item, "You can remain calm when facing difficulties because you can rely on your coping abilities," (M-pre 3.02 M-post 3.23 p≤.10).

VIII. Recommendations

Kinship Navigators need to have a wide range of knowledge on community resources and service available to meet the variety of needs presented by kinship families. Kinship families seem to benefit from a variety of assistance from material / financial assistance to advocacy and emotional support. Having an array of supportive services and resources that families can choose from seem to afford caregivers the ability to focus on self-care and experience the increased reliance on their own coping abilities. Increased outreach to provide this assistance to kin caregivers in turn seems to benefit the safety and stability outcomes for the children in their care. Access to legal assistance is a critical service for informal kinship caregivers.

In 6.7% (n=9) of cases, the kinship caregiver placement disrupted and the children were placed with a foster parent, a group foster home, or a non-relative caregiver. An independent-samples t-test revealed that children in disrupted placements were more likely to be older (mean age of 12.1, 6.0 SD) compared to children who remained in stable placements or were reunified (mean age of 8.7, 4.4 SD) (t=2.204, p=.029). This suggests that kin caregivers may need targeted assistance to improve their skill and perceived self-efficacy in caring for older children.

Twelve children (9%) initially in kinship care were reunified with their biological parent successfully and two were reunited and later removed again by DCS. The number of children reunited with their biological parents in the present study and their permanency outcomes is too small to reach any conclusions. Further research is needed to understand how to programming can help kinship families successfully transition back to parental care, when reunification is a goal.