Arizona Kinship Support Services
Family Group Decision Making Project

Formative Evaluation Report – FY1 2015-2016

April 2017

LeCroy & Milligan
ASSOCIATES, INC.

Arizona Kinship Support Services Family Group Decision Making Project: Formative Evaluation Report

FY1 2016-2016 - April 2017

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Founded in 1991, LeCroy & Milligan Associates, Inc. is a consulting firm specializing in social services and education program evaluation and training that is comprehensive, research-driven and useful. Our goal is to provide effective program evaluation and training that enables stakeholders to document outcomes, provide accountability, and engage in continuous program improvement. With central offices located in Tucson, Arizona, LeCroy & Milligan Associates has worked at the local, state and national level with a broad spectrum of social services, criminal justice, education and behavioral health programs.

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Executive Summary

This Executive Summary highlights the key findings and recommendations of the Formative Evaluation conducted for the Arizona Kinship Support Services - Family Group Decision-Making Project (AKSS-FGDM). The overall purpose of the AKSS-FGDM project is two-fold: (1) to conduct a FGDM program that effectively supports family connections and engages family members in ways that achieve positive outcomes for the target population of children who are in, or at risk of entering, foster care and their families; and (2) to analyze the implementation, impact, and cost of the FGDM program through a rigorous local evaluation and cross-site evaluation participation and produce high-level evidence of what worked and why in order to contribute to the evidence base for FGDM practice.

The following data was collected in FY1, during the time frame of 9/30/2015- 10/31/2016. This time frame encompassed three activities: (1) pilot testing of the project, including testing and refining project implementation and evaluation data collection protocols; (2) evaluation of project implementation (after the pilot testing phase); and (3) evaluation of the treatment condition's fidelity to the FGDM model (after the pilot testing phase). Key findings and recommendations are presented for the seven Formation Evaluation questions examined during this phase of the project.

1. What are the characteristics of the children and families in the control and treatment groups?

Key Findings

- During the formative evaluation period, the AKSS-FGDM project provided Information, Referral, and Connection (IRC) services to 770 kinship caregivers. A total of 35 eligible clients consented to participate in the study and none refused to consent.
- 35 caregivers caring for 78 kinship children enrolled in the study, of which 40% (14 adults caring for 40 children) were randomly selected into the treatment group and 60% (21 adults caring for 38 children) were randomly selected into the control group.
- Two cases in the treatment group and one case in the control group closed before completing the study condition.

Key Recommendations

- AKSS-FGDM staff will continue to recruit and invite eligible clients to consent to participate in the study. Our target number for the sample size is 300 caregivers. This study will measure outcomes at the caregiver level, as well as at the child level.
- Staff will also more formally track in the study database the clients who are invited to participate in the study but refuse to consent to participation.
- To minimize attrition, the evaluation team will work with AKSS-FGDM staff to develop a re-engagement protocol for clients who still have children in their care but who have

discontinued services before study completion, for reasons of not being located by staff or withdrawal from services.

- Regardless of case closure reason, the evaluation team will still attempt to complete the follow-up survey with clients 6 months post closure date.
- The evaluation team will continue to monitor the randomization process performed by staff and monitor the percentage distribution of cases randomly selected to each study group. As the sample size increases, the evaluation team will monitor baseline equivalency for the study groups according to key demographic characteristics (e.g., gender and age if caregiver, etc.). This process will ensure that there is no statistically significant difference between study groups by key characteristics.

2. How is the Project Implemented?

How are clients referred to the project? What is the distribution of eligibility criteria?

Key Findings

- 31% of study referrals came from DAP, 31% from DCS, 16% from the AKSS IRC client pool, and 20% from other sources, such as behavioral health or other community-based services.
- 88% of families met the study eligible criteria of being in poverty and having a higher level of basic needs, however meeting this criteria alone is not enough to warrant a case opening. In 63% of cases, the caregiver is caring for three or more kinship children and/or the caregiver is having difficulty establishing a legal relationship with the child or children in care. In 43% of cases, the family has DCS involvement.

Key Recommendations

- The project will continue to solicit referrals for study eligible cases from our project and community partners. Our target number for the sample size is 300 caregivers. This study will measure outcomes at the caregiver level, as well as at the child level.
- Through use of the Referral Form, staff and the evaluation team will continue tracking eligibility reasons for clients invited to participate in the study.

What Navigation Services are Provided?

Key Findings

- Navigation only clients received a total of 303 navigation services and FGDM + Navigation clients received a total of 231 services. The most commonly provided navigation service for both study groups is an office visit, with 26 instances averaging 51.5 minutes for the control group, and 30 instances averaging 57.2 minutes for the treatment group. No significant differences were observed in comparing the average duration of navigation services by study group.

- Other services utilized by study participants include attending Guardianship Clinics, topical education, special events, and Children of Incarcerated Parents programming.

Key Recommendations

- The evaluation team will continue to track the "dosage" of navigation and other services provided to clients, including the total number and duration of services, by service type. We will continue to perform statistical tests to ensure that navigation services, which is the base study condition, is equivalent for each study group.
- Navigators will continue to support all clients in meeting the goals of their family plan/navigation plan, as this milestone indicates that a client has fully participated in services.

What FGDM Services are Provided?

Key Findings

- During the formative evaluation phase, FG Coordinators engaged family members in 89 instances of preparation activities, averaging 21 minutes and ranging from one minute (such as a phone call or voice message) to 160 minutes.
- A total of three FGCs were held during this time frame, with an average duration of 203 minutes or just over three hours. The shortest FGC was 165 minutes (2.75 hours) and the longest was 240 minutes (4 hours).
- At the end of the formative phase, FG Coordinators had just begun to carry out FGC review and follow-up activities, which includes sending the approved family plan to all parties involved and monitoring the family plan progress by checking in with the family at least every 30 days.

Key Recommendations

- FG Coordinators will continue to engage clients enrolled in the treatment group, with the goal of them completing at least one FGC and developing a family plan. FG Coordinators will continue to track service provision in the project database, as well as by completing the FGDM Fidelity Checklist. Fidelity checklists will be submitted semi-annually to the evaluation team for review and analysis. Navigators will continue to support treatment group clients in meeting the goals of their family plan, as this milestone indicates that a client has fully participated in services.
- The evaluation team will continue to track the "dosage" of FGDM services provided to clients, including the total number and duration of services, by service type.

3. To what extent do staff implement FGDM services with fidelity to the Kempe Model?

Key Findings

- The results of the fidelity assessment performed during the Formative Evaluation phase demonstrates that the AKSS-FGDM project has maintained fidelity to the FGDM model and core elements 1-4 and 6 (element #5 was not measured as post-meeting follow-up did not occur during the formative phase. This element will be examined in the future).
    1. An independent coordinator is responsible for convening the family group meeting with agency personnel.
    2. The agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group (i.e. to seek out and prepare family members for their roles in the decision-making process).
    3. Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans.
    4. When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan.
    6. Referring agencies support family groups by providing the services and resources necessary to implement the agreed upon plans.

Key Recommendations

- Fidelity metrics will be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve fidelity. The project will also continue monitoring model fidelity at the case level through regular supervision of FGDM staff and Navigation staff.
- The evaluation team and program supervisors will collaborate to develop an FGC Record Review tool and protocol in FY2, as part of the expanded evaluation methodology.

4. How do staff successfully engage families to use the FGDM model?

Key Findings

FG Coordinators and Navigators identified the following strategies that they have implemented to successfully engage families to use the FGDM model:

- Listening well during the first interaction;
- Encouraging the caregiver to share their story;
- Asking open-ended questions;
- Culling and naming the family's strengths;
- Describing the FGDM meeting as a benefit for the family even if it initially feels like an imposition;

- Empowering and honoring the family's right to choose their own plan;
- Following up with families and assisting them in implementation their plan;
- Using motivational interviewing to engage families during times of crisis as well as times of calm.

Key Recommendations

- FG Coordinators and Navigators must receive initial and ongoing training, ensuring they are thoroughly trained in all aspects of the service process, not just their area of expertise.
- FG Coordinators and Navigators must embrace the premise that families can indeed formulate family plans and be well-versed in family engagement methods. Staff should be continually supported in developing their skills to engage families and promote the FGDM model as beneficial for families.

5. What are the strengths, facilitators, challenges, and barriers to model implementation?

Key Findings

- Key **strengths** of the project are the FGDM and Kinship Navigation models, staff capabilities, and use of the project's database as a data tracking tool.
- Key **facilitators** of the project are the need for services in the community, staff teams and collaboration, and staff skills and training.
- Key **challenges and barriers** of the project are family recruitment, engagement, and retention; utilizing an RCT study design; family engagement in the FGDM process; need for bilingual staff; staff collaboration, and managing project expectations.
- Contextual factors that **positively impact project implementation** include: the need for services in the community; support and enthusiasm of staff and project partners for this project and referring appropriate families; collaboration of staff teams (FGDM and Navigation staff) to support families; and staff learning that has occurred throughout the pilot and formative phase, through hands-on work, use of "practice cases," supervision, and training.
- Contextual factors that **negatively impact project implementation** include: staff turnover; adequately trained staff, even in times of turnover; project partners' limited understanding of AKSS-FGDM services; and low number of referrals from community partners.

Key Recommendations

FG Coordinators, Navigators, and Supervisors put forth the following recommendations as best practices that the AKSS-FGDM project should follow when implementing the FGDM model.

- FG Coordinators and Navigators must receive initial and ongoing training, ensuring they are thoroughly trained in all aspects of the service process, not just their area of expertise.

- FG Coordinators and Navigators must understand and respect each other's roles in the process; as a "staff team," FG Coordinators and Navigators must have continuous communication and collaboration to best support families throughout the FGDM process.
- FG Coordinators and Navigators must embrace the premise that families can indeed formulate family plans and be well-versed in family engagement methods.

6. What are barriers to permanence that affect families served?

Key Findings

- The baseline survey included a modified Family Needs Scale (FNS) to assess family needs specific to this project. A higher average score indicates that the area is a greater need for the caregivers surveyed. Four areas that produced the highest average scores (ranging from 2.7 to 3.0, out of 5.0 – representing always a need) are: financial security to pay for necessities, expenses for their child, and utility bills; and adapting their house to meet the needs of the child in care.
- 53% of caregivers reported on the baseline survey that they faced at least one barrier in the process of seeking custody, guardianship, licensure, or adoption of their kinship child or children. The most prominent barriers include:
    - Financial concerns over the cost of caregiving;
    - The biological parent(s) would not consent to this situation or could not be located to obtain consent; and
    - 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).

Key Recommendations

- The evaluation team will continue to track FNS items and barriers reported at baseline, and how these areas have changed by the 6-month post case closure survey.
- Navigation staff will continue to utilize the results from the baseline survey, in addition to other clinical assessments, to identify family needs and work with families to develop a plan for meeting these needs.
- AKSS-FGDM staff should receive additional training and supervision on how to use the baseline survey results in making informed decisions to customize family navigation.

7. To what extent are families satisfied with the AKSS services received?

Key Findings

- A total of 279 AKSS caregivers completed a Perception of Care Survey developed by AzCA's Compliance, Performance, and Quality Improvement Coordinator for Performance Evaluation. This instrument is available in both English and Spanish and may be administered online or on paper to caregivers, two months post receipt of services.
- Areas that received the highest percentage of agreement ratings are that caregivers feel their ideas and opinions are welcomed and included in kinship services, and that services have helped them reduce their stress levels.
- Retrospective pre/post intervention measures assessed caregiver rating of agreement or disagreement across seven areas. Statistically significant improvement was observed in all areas:
    1. I have relationships with people who provide me with support when I need it.
    2. I know who to contact in the community when I need help.
    3. I have confidence in my ability to parent the child(ren) in my care.
    4. When I am worried about the child(ren) in my care, I have someone to talk to.
    5. I know how to meet my family's needs with the money and resources I have.
    6. I can stand up for what my family and children need.
    7. I make choices that reduce family stress.

Key Recommendations

- Satisfaction areas will continue to be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve programming to better meet clients' needs.

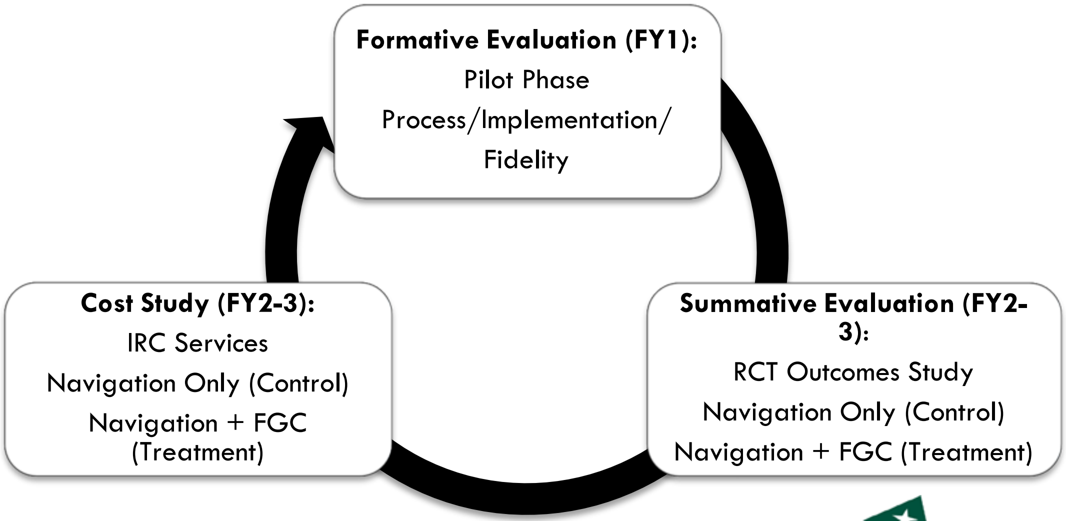
Introduction

LeCroy & Milligan Associates, Inc., in partnership with Arizona's Children Association (AzCA), presents this Formative Evaluation Report for AzCA's **Arizona Kinship Support Services - Family Group Decision-Making Project (AKSS-FGDM)** to the Children's Bureau (CB), Office of Data, Research and Evaluation (ODARE), and the Office of Planning, Research, and Evaluation (OPRE). The time frame of the Formative Evaluation Reporting period is from **9/30/2015 to 10/31/2016**.

The purpose of the AKSS-FGDM project is two-fold: (1) to conduct a FGDM program that effectively supports family connections and engages family members in ways that achieve positive outcomes for the target population of children who are in, or at risk of entering, foster care and their families; and (2) to analyze the implementation, impact, and cost of the FGDM program through a rigorous local evaluation and cross-site evaluation participation and produce high-level evidence of what worked and why in order to contribute to the evidence base for FGDM practice.

LeCroy & Milligan Associates, the evaluation partner of the project, is conducting a rigorous evaluation of the AKSS-FGDM project. This evaluation is three-fold, as illustrated in Exhibit 1, including: (1) a pilot, implementation, and fidelity study (completed in FY1); (2) an outcomes study utilizing a randomized controlled trial (RCT) design in which participants are assigned to a treatment or control group (to be completed in FY2 and 3); and (3) a cost study to determine the cost of providing three levels of services (to be completed in FY2 and 3). This rigorous evaluation design will assess the processes and progress towards the goals and objectives of the project, and whether the project is having the expected effects and impacts on the target population. This proposed evaluation design will yield findings to inform the field about what works and why in FGDM programs, and will help build evidence of effectiveness of FGDM as a child welfare intervention.

Exhibit 1. Three-fold Evaluation Design of the AKSS-FGDM Project



Arizona Kinship Support Services (AKSS) is a program of AzCA, providing assistance to families who are raising their relative's children (grandparents, great-grandparents, aunts, uncles, cousins, siblings and non-relatives/fictive kin). Many of these children come into the care of their relatives due to many different reasons including abuse, neglect, abandonment, drugs, incarceration, death, chronic illness, etc. The program is designed to provide these core services to help kinship caregivers navigate the various systems that they will encounter when raising their relative's children and effectively utilize available community resources. Please see the AKSS Implementation Manual (10/30/2016) for detailed information on implementation of the FGDM and Kinship Navigator Services.

Problem Statement

AKSS-FGDM is a program of AzCA, in partnerships with the **Pima County Juvenile Court Center (PCJCC)** and the **Arizona Department of Child Safety (DCS).** There are several systemic issues in Pima County's child welfare system that greatly impact children involved in or at risk of entering this system, as well as their kinship caregivers, that the AKSS-FGDM project seeks to address.

Arizona's <u>child welfare system</u> continues to operate in <u>crisis</u>. Arizona DCS 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 (DCS, 2015). Pima County represented 18% of reports to the statewide Child Abuse Hotline from October 2014 - March 2015 (N=25,508). Of these hotline reports, 13% of investigated reports resulted in the removal of 2,307 children in Pima County into out of home placement. Despite the potential benefits of and preference for kinship placement, less than half or 43% of these youth were placed with a relative caregiver who was not a licensed foster care provider. Although DCS currently utilizes the Team Decision Making (TDM) process as a means to address child safety and well-being, there is not a family finding or private family time component to this work and removal rates of children continue to hit an all-time high in Arizona.

In Arizona, rates of formal and informal <u>kinship care have been on the rise</u>. U.S. Census Bureau (2013) data indicates that 160,008 Arizona children under age 18 live in homes where the householders are grandparents or other relatives. Of these children, 64,304 have no parents present in the home, and their grandparent(s) are solely responsible for them, and 26.4% of these children 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.

The **Dependency Alternative Program (DAP)** is a diversion program for kinship and other families involved in pending dependency cases with DCS. The PCJCC Dependency Diversion Work Group (which includes all partners of this grant) has estimated that approximately 200 kinship families will be identified annually by the court as appropriate for DAP. Families in the DAP program would utilize a significant amount of court time and resources prior to their case being closed upon completion of the diversion program; and yet, when a dependency is dismissed, the family's needs are often not met. The needs of these families' can be more effectively and efficiently met by connecting them through kinship navigation to community services for legal assistance in obtaining a legal status. Additionally, families involved with the KARE Center who become eligible for Open-Case Navigation Services will be targeted for inclusion in this project. These families are informal kinship families who are at risk of child welfare involvement and in need of more intensive services to ensure the safety and permanency of the children in their care. DCS may also refer families who are at risk of entering the child welfare system, but are serviced through DCS's in-home services program to help stabilize families.

Kinship care is a significant piece of the solution to this child welfare crisis. The AKSS-FGDM project is utilizing a RCT to rigorously test outcomes of kinship families that are randomly assigned to the treatment group – Open-Case Navigation Services plus Family Group Conferencing (FGC) – and the control group - Open-Case Navigation Services only. Both options will work to ensure the safety and permanency of the children in kinship care, utilizing a "services as usual" vs. "services enhanced" model. This evaluation design will test whether and to what extent use of FGC leads to better outcomes for the target population of children who are in, or at risk of entering, foster care and their families.

Methodology

Institutional Review Board Approval

ARGUS IRB, Inc., located in Tucson, AZ, was secured by the evaluation team in FY1 to oversee the project, and reviewed and approved the study protocol and related materials (recruitment materials, informed consent form, instruments, etc.) on 4/15/2016.

Research Questions and Hypotheses

The California Evidence-Based Clearinghouse for Child Welfare (CEBC) currently lists the FGDM model as a level 3 or a "promising practice." Through this rigorous evaluation process, a goal of this project is to produce evidence that moves the FGDM model to a level 2, which is a program that is "supported by research evidence." Exhibit 2 shows the research questions, data sources and collectors, frequency of data collection, and outputs measured as part of the formative evaluation of this project.

Exhibit 2. Formative Evaluation Questions, Data Collection, and Outputs Measured

Formative Evaluation Questions	Instruments/Data Sources	Data Collector	Collection Frequency	Outputs Measured
1) What are the characteristics of the children and families in the control and treatment groups?	Initial Contact Form Informed Consent Form	AzCA Navigators	At client intake	• Number of IRC services; • Number eligible for, consented, and randomized into study groups • Client demographics by study group
2) How is the project implemented? - How are clients referred to the project? - What is the distribution of eligibility criteria? - What Navigation services are provided? - What FGC services are provided? (Tx only) - What are the essential elements of the FGC Tx model?	Client Referral Form	Referring partner (DCS, PCJCC)	At client referral	• Referral Sources • Eligibility criteria met • Navigation services, referral log, and activity log • FGC data (Tx only): number held; stakeholders contacted and attended FGC; meeting locations/participation methods; length of meeting (in minutes). • Essential components of FGC; lessons learned
	Staff Interview Guide Partner Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	
	FG Coordinator Fidelity Tool/ Fidelity Checklist	FG Coordinator	Documentation throughout all stages of FGC process	
	Administrative/Program data	AzCA Database	Ongoing	
3) To what extent do staff implement the FGC with fidelity to the Kempe model?	FGC Fidelity Checklist FGC Pre/Post Survey: Staff Version	FG Coordinator	Documentation throughout all stages of FGC process	• Fidelity implementation of FGC Model per the Kempe FGDM Model
	FGC Pre/Post Survey: Participant Version	FGC Participant Self-Report	At completion of FGC or within two week of FGC	
	FGC Record Review Tool	FGC Supervisor and/or LMA	LMA will review 10% of all FGC records against Kempe Six Core Elements	
4) How do staff successfully engage families to use the FGDM model?	Staff Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	• Strategies to engage families in FGC • Lessons learned/best practices • Client case study data

Formative Evaluation Questions	Instruments/Data Sources	Data Collector	Collection Frequency	Outputs Measured
5) What are the strengths, facilitators, challenges, and barriers to model implementation? What contextual factors impact project implementation?	Staff Interview Guide Partner Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	• Strengths, facilitators, challenges, and barriers to implementation • Contextual factors • Lessons learned/best practices
6) What are barriers to permanence that affect families served?	Caregiver Survey (Self-Report)	AzCA Navigator LMA	Baseline 6-Month Follow-up	• Barriers experienced by kinship families
7) To what extent are families satisfied with the AKSS services received?	FGC Participant Survey	FGC Participant Self-Report	At completion of FGC or within two week of completion	• Client satisfaction • Client case study data
	AzCA Perception of Care Survey	KARE Center	Online survey collected 60 days post service receipt.	

Outputs Measured

Outputs are the activities that are completed in order to address our research questions. Exhibit 3 shows the output data fields that the evaluation team is collecting for AKSS-FGDM.

Exhibit 3. Project Outputs Collected for the Formative Evaluation

Project Implementation Outputs	Treatment Group (Navigation + FGC)	Control Group (Navigation only)
Referral Form completion (by referral source)	x	x
Initial Contact Form completion	x	x
Informed consent completion (total completed and consented)	x	x
Baseline Survey completion	x	x
Types of barriers faced by kinship families	x	x
Random selection completion	x	x
6-Month Follow-up Survey completion	x	x
Perception of Care/Satisfaction Survey completion	x	x
Navigation Services (other than initial information and referrals)	x	x
Navigation – Case Opening	x	x
Navigation – Court Attendance	x	x
Navigation – Office Visit	x	x
Navigation – Home Visit	x	x
Navigation – Staffing	x	x
Navigation – Communication on behalf of client	x	x
Navigation – Communication with client	x	x
Caregiver education (KARE College)	x	x
Caregiver Support Groups	x	x
Guardianship Clinic (SALA)	x	x
CIP Programing	x	x
Resources and Referrals	x	x
Legal Services (e.g., SALA, private attorney, Title 14 Guardianship Clinic/packet)	x	x
Services for Formal Families (e.g., Foster Care Licensing Agencies, PS-MAPP, KIS)	x	x
Basic Needs (e.g., WIC, food bank, clothing, diapers, housing, utility)	x	x
Title 8 Guardianship and Adoption Services	x	x
DES/FAA/TANF	x	x
Health Care/Health Services for Adult and Child	x	x
AGA Summit/Advocacy	x	x
Respite, Child Care, Recreation, and Socialization	x	x
Education System for Child	x	x
Caregiver Education	x	x
Casey Family Services	x	x
Caregiver Resource Line/Senior Aging Services	x	x

Project Implementation Outputs	Treatment Group (Navigation + FGC)	Control Group (Navigation only)
Family Group Conference		x
Number of conferences held (total events and total unique families)		x
Length of FGC (in minutes)		x
Types of stakeholders contacted for FGC (relationship to child and family side)		x
Types of methods to contact FGC stakeholders		x
Types of stakeholders that attended FGC (relationship to child and family side)		x
Types of participation methods at FGC		x
Types of FGC meeting locations		x
Number of attendees at FGC (total attendees and total unique individuals)		x
Number of plans accepted at FGC		x
90-Day post FGC check-in with family		x
Family Group Conference Fidelity		x
FGC Participant Survey completion		x
FGC Coordinator Fidelity Checklist completion		x
FGC Coordinator Survey completion		
Supervisor and/or evaluator FGC record reviews of Kempe's Six Core Elements of FGDM		x
Number of FGC records that meet Kempe's Six Core Elements of FGDM		x

Data Collection Procedures

All data collection tools necessary to answer the research questions were developed and piloted during the pilot test phase of this project to ensure that they are clear, reliable, and that the phrasing of all items is appropriate for the study population. Data collection procedures are outlined in Exhibit 4. Key data collection procedures are described in more detail below.

Exhibit 4. Data Collection Procedures

Instrument	Target Audience	Frequency	Method	Collected by
Client Referral Form	Caregivers	At time of referral	Completed at time of referral, on paper	Referring parties
Initial Contact Form	Caregivers	Once at intake, updated as needed	In-person/telephone interview, completed on paper or in database	Kinship Intake Staff
Informed Consent Form	Caregivers with open case files	At case opening	Paper copy is agreed to and signed by participant and staff	Kinship Intake Staff
Baseline Survey	Caregivers with open case files, consented to study	At case opening	In-person/telephone interview, completed on paper or online	Kinship Intake Staff

Instrument	Target Audience	Frequency	Method	Collected by
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
Perception of Care Survey	Caregivers	Two months post service receipt	Self-administered paper or online survey	Navigators
Staff/Partner Data	Project Staff and Partners	Annually	Paper questions, or in-person/telephone interview	LMA

Client Referral Form

Staff from PCJCC, DCS, or other referral sources complete and submit the **Client Referral Form** to AKSS staff, tracking referrals to the program. This form collects basic information about the client, the referring party, and the client's identified needs that qualify them for Open-Case Navigation Services. This form is completed by the referring staff person using a paper document. The document instructs the referrer to submit the form to AKSS electronically, by mail, or hand delivery. Kinship Intake staff document this referral source on the clients Initial Contact Form and in the project's database.

Initial Contact Form

Kinship Intake staff complete the **Initial Contact Form** (ICF) at a client's enrollment to AKSS. The ICF collects client demographic data and staff enter this data into the project's database. 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 is collected for each child on 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; age, gender, and race/ethnicity (including Tribal affiliation).

Informed Consent Form

The evaluation team trained Kinship Intake staff in completing the informed consent process with eligible families. This process was pilot tested by staff and revised by the evaluation team prior to enrolling families. Kinship Intake staff initiate and complete the informed consent process with eligible families. The **Informed Consent Form** describes the study's experimental design and explains that evaluation data collection will take place with all qualified participants in the same time frame but that evaluation participants will be randomly chosen for inclusion in either the current program delivery or current program delivery plus the delivery of FGC. Intake staff provided the participant a copy of the signed informed consent form upon request.

Baseline Survey

After obtaining informed consent, the **baseline survey** is administered by a Kinship Intake staff person at the time of enrollment or within two weeks of enrollment. Baseline survey completion takes place before the participant was randomized into the treatment or control group. Baseline survey data is collected by staff in one of two ways: through an in-person or telephone interview where the staff enters the survey data directly into an online survey collector; or through an in-person or telephone interview where the staff completes the survey using a paper instrument, which is then submitted securely to LMA for data entry into the online data collector. This survey instrument is available in English and Spanish. All subject data is de-identified by using a unique study ID.

Tracking of Client Activities and Referred Services

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

Perception of Care Survey

The **Perception of Care Survey** is a satisfaction tool developed by AzCA's Compliance, Performance, and Quality Improvement Coordinator for Performance Evaluation. This instrument is available in both English and Spanish and may be administered online or on paper to caregivers, two months post receipt of services. A summary of results is provided to the evaluation team from AzCA.

Staff/Partner Interviews

The evaluation team developed **Process Evaluation Questions** to collect data from staff and project partners, with questions aligned with the formative/process/implementation evaluation questions (e.g., their role in project implementation, and strengths, facilitators, challenges, and barriers to project implementation). Information from staff and project partners was collected at the end of the pilot phase and again at the end of the formative evaluation phase. Participants were invited to complete questions electronically, or take part in a 30 minute interview, in person or by telephone.

Fidelity Monitoring

The evaluation team developed and tested a fidelity monitoring system during the pilot phase of this project. The fidelity monitoring system is designed to assess whether or not the interventions of this project are delivered with fidelity to the intended model. The fidelity instruments selected for this study are instruments provided by the Kempe Center or developed by the evaluation team using the FGC standards provided by Kempe during the project team's training in January 2016. The fidelity monitoring processes are designed for reporting on performance indicators and to provide feedback to program staff for continuous program improvement. The goal of ongoing quality improvement is to attain an optimal, responsive, and inclusive environment for participants.

Family Group Conference Fidelity Checklist

The FG Coordinator completes the **FGC Fidelity Checklist** throughout the four stages of the FGC process(referral; preparation; conference; and post-conference) to document outputs completed related to the FGC. This checklist is submitted securely to the evaluation team for reporting at the time of a client's case closure.

Family Group Conference Pre/Post Fidelity Survey: Staff Version

The FG Coordinator and assigned Kinship Navigator (if they participate in the FGC) completes the **FGC Pre/Post Survey: Staff Version** before and after the FGC. Nine items measure the FG Coordinators level of agreement/disagreement with statements before the meeting and 17 items measure the FG Coordinators level of agreement/disagreement with statements at the meeting. The items are rated on a 7-point scale from strongly disagree to strongly agree, with an option for "don't know" or "not applicable." The pre/post surveys may be completed by staff online or paper surveys submitted to the evaluation team for data entry.

Family Group Conference Pre/Post Fidelity Survey: Participant Version

Participants of the FGC complete the **FGC Pre/Post Survey: Participant Version** before and after the FGC. The pre-survey can be completed anytime between the end of preparation and the start of the FGC. The post-survey can be completed by participants anytime between at the end of the FGC or up to two weeks post the FGC. The Pre and Post Surveys may be completed by participants on paper or an online survey collector, both available in English and Spanish.

Data Collection Monitoring and Quality Assurance

During FY1, the evaluation team took the following steps to monitor data collection and quality assurance of data integrity.

Data Collection Protocol Guide Development

The evaluation team, in collaboration with project staff, developed and distributed a Data Collection Protocol Guide to staff in FY1. This guide includes: instrument name (and last revision date), study group, collection timing, collection procedures, and storage/submission procedures for all AKSS-FGDM tools, including forms specific to AzCA's intake process.

Database Updates and Staff Training

LeCroy & Milligan Associates developed and tested a customized database to collect program data for AzCA, using Access 2010 as the front-end deployed to local computers and SQL Server 2010 to securely store program data on the back-end (this server is password protected on the AzCA server and access is limited to credentialed administrators). This database was modified in FY1 to accommodate data fields for AKSS-FGDM. Staff also received a "Database Dictionary" that describes each data element collected and practice tips for collecting this data from clients, using the appropriate instruments. This tool helps to ensure that staff and project partners have a shared understanding of all data elements and data are collected in a consistent manner, which is another potential pitfall in data collection. The data collection protocol includes instructions and time frames for entering case level data into the AKSS-FGDM Access Database in a timely manner (e.g., within one week of data collection). The evaluation team has provided ongoing training and technical assistance to staff and project partners during FY1, to ensure that they understand and are able to collect and enter data into the AKSS-FGDM Access Database in accordance with the data collection protocol.

Technical Support Options

As part of training and technical assistance, select staff have been identified and designated as local "data collection" leads, providing onsite support to other staff in using data collection systems and protocols. AzCA's Information Systems Database and Programming Supervisor has also provided support to staff in troubleshooting technology needs. Additionally, the evaluation team provides ongoing support to staff through email and telephone communication, in-person trainings, online webinars, and individual remote access of local computers. Having several types of assistance available minimizes staff wait time in receiving answers to their questions and minimize disruption in daily data collection and entry. By having these systems in place, the evaluation team, staff, and project partners have a strong capacity to collect data in a uniform and systematic manner for this project.

Use of Incentives and Development of 90-Day Post Case Closure Checklist

One obstacle anticipated in the collection of performance measures is attrition in follow-up data collection. Attrition may result from tracking issues. Efforts have been and will continue be made to minimize attrition at follow-up through engagement, incentives, and collecting contact information at both intake and post completion of the FGC. Contact information collected at intake and post completion of the FGC (treatment group) or Open-Navigation Case Closure (control group) includes phone numbers, email addresses, home and mailing address, as well as contact information of an emergency contact person. Regardless of study group, participants are provided a stipend for participation in all data collection periods. The total amount per family is $50, with increasing amounts received at completion of the baseline survey, the 90-day post case closure engagement contact with staff, and completion of the 6-month post case closure follow-up survey with the evaluation team. In FY1, AKSS staff and the evaluation team developed the **90-Day Post-Case Closure Checklist** to formalize the steps taken by staff at this time point to contact families. The checklist includes the following items:

☐ At check-in, remind family of $10 incentive for answering the update questions.

☐ The family's contact information was checked and updated in the database.

☐ The child/children are still living with the caregiver/s.

☐ The child/children are no longer living with the caregiver/s. Update in database and explain below and in case note.

☐ The caregiver/s was informed that they would be receiving a call from an evaluator from LeCroy and Milligan Associates, in 3 months, to complete a final evaluation survey of their experience with the FGDM process.

☐ The caregiver/s was informed that a $30.00 incentive would be provided for completing the survey when the evaluator calls.

☐ LeCroy & Milligan Associates was notified that this 90-day protocol was completed for this family, including the unique ID, date of completion (which will determine their follow-up survey date), and updated contact information.

☐ Sent $10 incentive to the family, noting same in progress note of chart.

A space for comments about this case is provided below this checklist.

Data Storage Protocol

Another potential obstacle in collecting and storing program data is loss of data integrity, such as accidental deletion of records. Use of a separate "back-end" SQL server with restricted, password protected access ensures data integrity because data is not stored locally on staff computers and therefore may not be easily deleted by a local user (i.e., staff). Additionally, when local users experience problems with their front-end user interface, the evaluation team or AzCA staff can easily remove the compromised file and reinstall the front-end system without impacting the back-end or other users.

Quality Assurance Data Checks and Cleaning

Another potential obstacle in evaluation is missing data, possibly due to client refusal to respond to a question, clients not understanding a question or not knowing the information being asked, or staff negligence to ask and/or enter in the data field. Client demographic data on the ICF is verified with clients once they are officially consented and randomly selected into a study group. The evaluation team also performs and engages staff in periodic checks of the AKSS-FGDM Access Database to monitor data and data entry, and identify and clean missing or erroneous data fields (based on staff records). Program supervisors, with support from the evaluation team, also conduct periodic case record reviews to ensure that data is accurately collected in a timely manner.

Data Analysis

Quantitative data presented in this report was analyzed using the Statistical Package of the Social Sciences (SPSS 22). The evaluators performed exploratory and univariate analyses to describe the variables, and clean and recode the data. Analysis of quantitative data includes the following, depending on variable and sample characteristics:

- Descriptive statistics, including percentages of categorical variables and measures of central tendencies for continuous variables.
- Cross tabulation and chi square test
- A means comparison and paired samples t-test
- Analysis of Variance
- Logistic and/or linear regression
- Results are deemed significant if the p value is .05 or less, indicating that the possibility of the relationship occurring by chance is less than 5%.
- N values are always presented.

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. Additional members of the evaluation team then reviewed the findings to verify the validity of the analysis.

Reporting and Dissemination

In addition to semi-annual reporting and reporting at the December 2016 grantee meeting, we have produced 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 presented on the AKSS model and FGDM evaluation at local, statewide, and/or national conferences or events. We also plan to publish articles in peer-reviewed journals about the implementation and outcomes of this study.

Conference Presentations

Conference presentations completed in FY1 that disseminated information on this project include the following.

Citation: Treinen, J., Brady, S., & Schmidt, M. (2016, July 20). *Kinship Navigation and Family Group Conferencing*. Child Abuse Prevention Conference. Glendale, AZ.

Presentation Abstract: Kinship Navigation and Family Group Conferencing is one strategy utilized by Arizona Kinship Support Services (AKSS) to support the safety, permanency, and well-being of kinship children and families. Kinship caregivers are family members who are raising children not born to them. Arizona's Children Association received a Children's Bureau grant (2015-2018) to compare outcomes of families who receive kinship navigation services (services as usual) and those who receive kinship navigation plus family group conferencing (FGC) (services enhanced), using a randomized controlled study design. This workshop will be facilitated by the AKSS Program Director, Program Evaluator, and the Supervisor of the Pima County Juvenile Court Center Mediation Program. The presenters will review the two program models and preliminary findings on how FGC may benefit kinship families involved with child welfare and/or the court system.

Citation: Treinen, J., Espino, C., & Schmidt, M. (2016, August 1). *Kinship Navigation Services: Diverting Youth Affected by Substance Abuse from Child Welfare to Kinship Care*. Child Welfare League of American 2016 National Conference: What Works for Families Affected by Substance Abuse. Orange County, CA.

Presentation Abstract: This workshop was co-facilitated by the Program Director and Evaluator of the Arizona Kinship Support Services (AKSS). The presenters reviewed how kinship navigation services are utilized by kinship caregivers caring for children affected by family substance abuse. These children are involved with the Arizona Department of Child Safety (DCS) or were placed in kinship care informally. We discussed cost savings to DCS by diverting older youth from foster/congregate care and keeping them in stable kinship care. We also discussed the AKSS Family Group Decision-Making program and provided an overview of this rigorous evaluation design. Attendees learned how they can apply our kinship navigation model and cost savings methodology to their own programs.

Citation: Schmidt, M. (2016, October 29). *Case Study of a Kinship Navigation Demonstration Grant in Arizona: Evaluating Family and Systems Level Change*. American Evaluation Association, Evaluation 2016. Atlanta, GA.

Presentation Abstract: Arizona Kinship Support Services (AKSS) was awarded a 2012-2015 Family Connections/TANF Kinship Navigation grant and a 2015-2018 Family Group Decision-Making (FGDM) grant, funded by the Children's Bureau. This project was a multi-sector collaboration of a non-profit agency, legal and advocacy services, and state TANF and child welfare agencies. The overall goal was to enhance community and government systems, improving service access and outcomes of children and their kinship caregivers. The evaluators developed a mixed methods evaluation design to assess project implementation and outcomes at both the family and systems level. The presenter provided an overview of the project, evaluation design, and data collection instruments developed: a caregiver pre/post survey; staff/partner interviews; an outreach and systems activity log completed by program staff; and collection of administrative data through data sharing agreements with state TANF and child welfare partners. The presenter reviewed project outcomes from data collected and discussed the current rigorous evaluation design of the AKSS-FGDM grant program.

Formative Evaluation Findings

Client Enrollment and Study Participation

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
What are the characteristics of the children and families in the control and treatment groups?	• Initial Contact Form • Informed Consent Form	AzCA Staff	At client intake	• Number of IRC services; • Number eligible for, consented, and randomized into study groups

IRC Services, Study Eligibility, and Informed Consent

During the formative evaluation period, from **9/30/2015 to 10/31/2016**, the AKSS-FGDM project provided **Information, Referral, and Connection (IRC)** services to **770 kinship caregivers** (Exhibit 5). These clients completed an ICF, however at the time of intake to the project their case did not present as eligible for study invitation. A total of 35 eligible clients consented to participate in the study and none refused to consent.

Exhibit 5. Number of Caregivers Receiving IRC-Only Services and Consented to Study

Formative Timeframe	Caregivers Receiving IRC-Only Services	Caregivers Consented to Study	Caregivers Refusing to Consent to Study
9/30/2015- 10/31/2016	770	35	0

Study Participation by Group

Exhibit 6 shows study participation data by study group. Of the 35 caregivers (caring for 78 children) who consented to be in the AKSS-FGDM study, 40% (14 adults caring for 40 kinship children) were randomly selected into the treatment group and 60% (21 adults caring for 38 children) were randomly selected into the control group. Two cases in the treatment group and one case in the control group closed before completing the study condition (the evaluation team will still attempt to contact them for a follow-up survey). At the end of the Formative Evaluation period, 32 cases remained active in the study, 12 in the treatment group and 20 in the control group.

Exhibit 6. Number of Caregivers Receiving IRC Only Services Only and Consented to Study

Study Participation Status at end of Formative 10/31/2016	Control Group (Navigation Only)	Treatment Group (FGDM + Navigation)	Total
Caregivers	21 (60%)	14 (40%)	35
Children	38 (49%)	40 (51%)	78
Case Closures (Caregivers)	1	2	3

Demographics by Study Group

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
What are the characteristics of the children and families in the control and treatment groups?	• Initial Contact Form	AzCA Staff	At client intake	• Client demographics by study group

This section presents the demographic breakdown of caregivers and children who are in the two study groups. Data on the IRC-only population is shown for adults only. Due to the small sample within each study group, this reporting is for informational purposes only and should not be used to compare the differences and similarities between the study groups.

Demographics of Caregivers

Unless otherwise shown, for adult demographics the control group N=21, treatment group N=14, and IRC-only population N=770.

Gender, Age, and Race/Ethnicity

Exhibit 7 shows the gender of caregivers in the two study groups and the IRC-only population. The majority, over 80%, of primary caregivers are female across all study populations.

Exhibit 7. Gender of Caregivers by Study Group

Gender	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
Female	81% (17)	86% (12)	86% (661)
Male	19% (4)	14% (2)	14% (109)
N	**21**	**14**	**770**

Exhibit 8 shows the age statistics of caregivers in the two study groups and the IRC-only population. With this current small sample size, compared to the control group, the treatment group has a somewhat higher average and median age of caregivers.

Exhibit 8. Age of Caregivers by Study Group

Age (in years)	Control Group (Navigation Only)	Treatment Group (FGDM + Navigation)	IRC Only
Range	25-73 years	20-68 years	19-100 years
Average	45.6	54.4	49.8
Standard Dev.	13.9 SD	13.6 SD	13.7 SD
Median	47	57	51
N	**21**	**14**	**770**

Exhibit 9 shows the race/ethnicity self-reported by caregivers in the two study groups and the IRC only population. The percentages for race/ethnicity may total over 100% because people could indicate multiple options. For the IRC only group, over half of caregivers in identify as Hispanic/Latino ethnicity and over a third identify as White/Caucasian. IRC only caregivers served by AKSS represent six Native American Tribes: Tohono O'odham, Pascua Yaqui, Navajo, Cherokee, and Apache. Percent distributions of the treatment and control groups follow a similar pattern to the IRC population. With this current small sample size, however, in comparison to the control group, the treatment group has slightly lower percentages of Hispanics and White/Caucasians and slightly higher proportions of African Americans and Native Americans.

Exhibit 9. Race/Ethnicity of Caregivers by Study Group

Race/Ethnicity	**Control Group (Navigation Only) % (n)**	**Treatment Group (FGDM + Navigation) % (n)**	**IRC Only % (n)**
Hispanic/Latino	62% (13)	50% (7)	53% (399)
White/Caucasian	29% (6)	21% (3)	34% (261)
African American/Black	10% (2)	14% (2)	8% (56)
American Indian/Alaska Native	0%	14% (2)	2% (16)
Asian	0%	0%	1% (8)
Native Hawaiian/Pacific Islander	0%	0%	.8% (6)
Multi-Race	0%	0%	.5% (4)
Refused	0%	0%	.5% (4)
Missing Data/Not Reported	0%	0%	3% (26)
N	**21**	**14**	**770**

Languages Spoken

Exhibit 10 shows the primary languages spoken by caregivers in the two study groups and the IRC only population. For the IRC only population, the primary language spoken by three out of four caregivers is English, followed by Spanish. With this current small sample size, there is a sizable difference in the primary language spoken compared by treatment and control groups.

Exhibit 10. Primary Language Spoken by Caregivers

Primary Language Spoken	**Control Group (Navigation Only) % (n)**	**Treatment Group (FGDM + Navigation) % (n)**	**IRC Only % (n)**
English	86% (18)	57% (8)	76% (584)
Spanish	14% (3)	43% (8)	21% (162)

Primary Language Spoken	**Control Group (Navigation Only) % (n)**	**Treatment Group (FGDM + Navigation) % (n)**	**IRC Only % (n)**
Other: Chinese, Marshallese, Somali	0%	0%	.5% (4)
Missing Data	0%	0%	3% (20)
N	**21**	**14**	**770**

Exhibit 11 shows the secondary language of caregivers in the two study groups and the IRC only population. The majority of all populations do not speak a second language. However, notable is that between 14% to 22% across all groups speak Spanish as a second language and from 5% to 10% speak English as a second language.

Exhibit 11. Secondary Language Spoken by Caregivers by Study Group

Secondary Language Spoken	**Control Group (Navigation Only) % (n)**	**Treatment Group (FGDM + Navigation) % (n)**	**IRC Only % (n)**
No secondary language	71% (15)	79% (11)	67% (512)
English	5% (1)	7% (1)	10% (74)
Spanish	24% (5)	14% (2)	22% (169)
Other: Arabic, Japanese, French, German, Marshallese, Navajo, Philippine, American Sign Language	0%	0%	1% (15)
N	**21**	**12**	**770**

Relationship Status

Exhibit 12 shows the relationship status of caregivers in the two study groups and the IRC only population. For the IRC only population, 53% of caregivers reported having a spouse or partner, while 47% do not. With this current small sample size, the majority of caregivers in both treatment and control groups do not have a spouse or partner, which is contrary to the IRC only population.

Exhibit 12. Relationship Status of Caregiver by Study Group

Status	**Control Group (Navigation Only) % (n)**	**Treatment Group (FGDM + Navigation) % (n)**	**IRC Only % (n)**
Has a spouse or partner	33% (7)	29% (4)	53% (405)
No spouse or partner	67% (14)	71% (10)	47% (365)
N	**21**	**14**	**770**

Employment, Income, Poverty, and Assistance Benefits

Exhibit 13 shows the employment status of caregivers in the two study groups and the IRC only population. Within the IRC only population, 56% are working full- or part-time, 21% are unemployed for a variety of reasons, and 14% are retired from the work force. With this current small sample size, the control and treatment groups follow similar trends as the IRC only population.

Exhibit 13. Employment Status of Caregiver

Employment Status	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
Full-Time 30+ hours/week	33% (7)	57% (8)	43% (329)
Part-Time <30 hours/week	5% (1)	7% (1)	13% (329)
Unemployed, looking for work	10% (2)	7% (1)	6% (47)
Unemployed, disabled	19% (4)	14% (2)	7% (51)
Unemployed, volunteer	0%	0%	2% (12)
Unemployed by choice	19% (4)	0%	6% (45)
Retired	5% (1)	7% (1)	14% (104)
Full-Time Caregiver	10% (2)	7% (1)	8% (58)
Student	0%	0%	1% (7)
Other, not specified	0%	0%	1% (7)
Refused/Not Reported	0%	0%	2% (12)
N	**21**	**14**	**770**

Exhibit 14 shows the annual household income categories of caregivers in the two study groups and the IRC only population. Across all populations, the majority of caregiver households have an income of $30,000 or less.

Exhibit 14. Annual Household Income of Caregiver by Study Group

Annual Household Income	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
No Income	0%	0%	5% (38)
< $10,000	19% (4)	21% (3)	8% (60)
$10,001-$20,000	38% (8)	50% (7)	21% (160)
$20,001-$30,000	19% (4)	21% (3)	19% (144)
$30,001-$40,000	10% (2)	0%	12% (89)

Annual Household Income	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
$40,001-$50,000	0%	0%	7% (52)
$50,001-$60,000	0%	7% (1)	5% (40)
$60,001-$70,000	0%	0%	4% (30)
$70,001+	5% (1)	0%	10% (75)
Refused/Not Reported	10% (2)	0%	11% (82)
N	**21**	**14**	**770**

Annual DHHS Poverty Guidelines for 2016[1] were utilized to determine the percentage of households served by AKSS that have a household size and annual household income that places them at or below 200% of the Federal Poverty Level (FPL), or above this threshold. Exhibit 15 shows the poverty status of caregivers in the two study groups and the IRC only population. Across all populations, the majority of caregiver households are at or below 200% of the FPL. With this current small sample size, the control and treatment groups both have a higher proportion of lower-income caregiver households compared to the IRC only population.

Exhibit 15. Poverty Status of Household by Study Group

Poverty Status	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
At or below 200% of FPL	90% (17)	86% (12)	73% (500)
Above 200% FPL	11% (2)	14% (2)	27% (188)
N	**19**	**14**	**688**

Exhibit 16 shows the percentage of caregivers in the two study groups and the IRC only population that reported having access to health insurance and receiving various household benefits. Looking at the IRC only population, the top 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. With this current small sample size, given that a higher percentage of both the control and treatment groups are lower income, study participants are receiving the same types benefits as the IRC only population but at a higher rate.

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[1] http://www.acf.hhs.gov/occ/resource/income-ranges-associated-with-2016-poverty-guidelines

Exhibit 16. Household Benefits Received by Study Group

Benefits Received	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
Health Insurance (public or private)	91% (19)	93% (13)	80% (612)
AHCCCS/Medicaid	71% (15)	71% (10)	42% (320)
SNAP Nutrition Assistance	52% (11)	71% (10)	27% (209)
Free/Reduced Price Lunch	38% (8)	50% (7)	11% (85)
Social Security/Survivor Benefits	14% (3)	21% (3)	11% (81)
WIC	14% (3)	0%	6% (49)
Unlicensed Foster Care Allowance	5% (1)	0%	8% (65)
TANF/TANF Child-only	19% (4)	14% (2)	8% (65)
SSDI	19% (4)	14% (2)	6% (45)
SSI	0%	14% (2)	4% (30)
Foster Care Reimbursement	0%	0%	2% (16)
Section 8/Housing Subsidy	5% (1)	0%	1% (9)
Veteran's Benefits	0%	0%	1% (11)
Child Care Voucher	0%	0%	.3% (2)
Utility Assistance	0%	0%	0%
Adoption Subsidy	5% (1)	7% (1)	2% (16)
DCS Childcare Subsidy	0%	0%	.4% (3)
Head Start	0%	0%	.3% (2)
Rental Assistance	0%	7% (1)	0%
Unemployment	0%	0%	.4% (3)
Title 8 Subsidy	0%	0%	.4% (3)
AZ Grandparent's Stipend	0%	0%	.5% (5)
N	**21**	**14**	**770**

Kinship Children in Care

Exhibit 17 shows the percentage of caregivers that currently have kinship children in their care and the percentage that is seeking to care for kinship children, by the two study groups and the IRC only population. The percentages may total over 100% because families may be caring for kinship children currently but also seeking to care for additional children. With this current small sample size, a lower percentage of the treatment group (71%, n=10) currently has kinship children in their care, compared to the control group (95%, n=20) and IRC only (85%, n=653) percentages.

Exhibit 17. Percentage of Caregivers with Kinship Children in Care by Study Group

	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	IRC Only % (n)
Has Kinship Children in Current Care	95% (20)	71% (10)	85% (653)
Is Seeking to Care for Kinship Children	14% (3)	14% (2)	15% (116)
Total N	**21**	**14**	**770**

Demographics of Kinship Children

Familial and Legal Relationship of Caregivers to Kinship Children

Caregivers' relationship to the kinship child or children in their care is reported as a percentage of the children served (N=78) because this project collects data on up to 10 kinship children per family (see Exhibit 18). Of the children enrolled in the study, overall 74% are in the care of their grandparent, 10% are with an aunt or uncle, and 8% are with a non-relative. Two thirds of caregivers (67%, n=25) are from the maternal side of the family, 23% (n=18) are from the paternal side of the family, and 5% (n=4) each are related to both sides (e.g. a sibling of the kinship child) or neither side (e.g. a non-relative) of the family.

Exhibit 18. Relationship of Caregiver to Children in Care by Study Group and Total

Caregiver's Relationship to Kinship Child	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Grandparent	68% (26)	80% (32)	74% (58)
Aunt/Uncle	16% (6)	5% (2)	10% (8)
Non-Relative	5% (2)	10% (4)	8% (6)
Sibling/Step Sibling	3% (1)	3% (1)	3% (2)
Cousin	3% (1)	3% (1)	3% (2)
Step Parent	3% (1)	3% (1)	3% (2)
Total	**38**	**40**	**78**

Caregivers' legal relationship at intake to the kinship child or children in their care is also reported as a percentage of the children served (N=78) because this project collects data on up to 10 kinship children per family (see Exhibit 19). Almost half of children (45%, n=35) had no legal relationship to the person caring for them at intake, 33% (n=26) were unlicensed DCS placements, and 15% (n=12) had a Title 14 Guardianship.

Exhibit 19. Legal Relationship to Child in Care at Intake by Study Group and Total

Legal Relationship to Kinship Child at Intake	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
No legal relationship	47% (18)	43% (17)	45% (35)
DCS Placement, unlicensed	29% (11)	38% (15)	33% (26)
Title 14 Guardianship	18% (7)	13% (5)	15% (12)
Power of Attorney	5% (2)	0%	3% (2)
Title 8 Guardianship	0%	5% (2)	3% (2)
Adoption	0%	3% (1)	1% (1)
Total	**38**	**40**	**78**

Gender, Age, and Race/Ethnicity of Kinship Children

Exhibit 20 shows the gender of children in the two study groups and in total. There is a fairly even split of males and females enrolled in the study, with slightly more girls than boys.

Exhibit 20. Gender of Kinship Children by Study Group and Total

Gender	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Female	55% (21)	48% (19)	51% (40)
Male	45% (17)	52% (21)	49% (38)
Total N	**38**	**40**	**78**

Exhibit 21 shows the measures of central tendencies for the age of children, compared by study group and in total. In total, the ages of children served ranges widely from infancy to 18 years, with an average of 9 years and median of 10 years of age.

Exhibit 21. Age of Kinship Children by Study Group and Total

Descriptive Statistic	Control Group (Navigation Only)	Treatment Group (FGDM + Navigation)	Total Study Participants
Range	Birth to 18 years	1 to 18 years	Birth to 18 years
Average	7.8 years	10.6 years	9.2 years
Standard Dev.	5.0	4.9	5.1
Median	8 years	11 years	10 years
N	**38**	**39**	**77***

*At the time of this report the date of birth was missing in the client database for one of the children enrolled in the study; staff will attempt to obtain this information and it will be included in the next reporting cycle.

Exhibit 22 shows the race/ethnicity of kinship children, self-reported by caregivers, for the two study groups and in total. The percentages for race/ethnicity may total over 100% because people could indicate multiple options. Of all children enrolled in the study, over half identify as Hispanic/Latino (54%, n=42), about a quarter identify as White/Caucasian (23%, n=18), and 10% (n=8) identify as Native American. Tribal affiliation reported for three children include Ottawa and Isleta del Sur Pueblo.

Exhibit 22. Race/Ethnicity of Kinship Children by Study Group and Total

Race/Ethnicity	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Hispanic/Latino	47% (18)	60% (24)	54% (42)
White/Caucasian	34% (13)	13% (5)	23% (18)
American Indian/Alaska Native	5% (2)	15% (6)	10% (8)
Multi-Race	11% (4)	5% (2)	8% (6)
African American/Black	3% (1)	10% (4)	6% (5)
Asian	3% (1)	0%	1% (1)
Not Reported	3% (1)	3% (1)	3% (2)
N	**38**	**40**	**78**

Formal and Informal Status

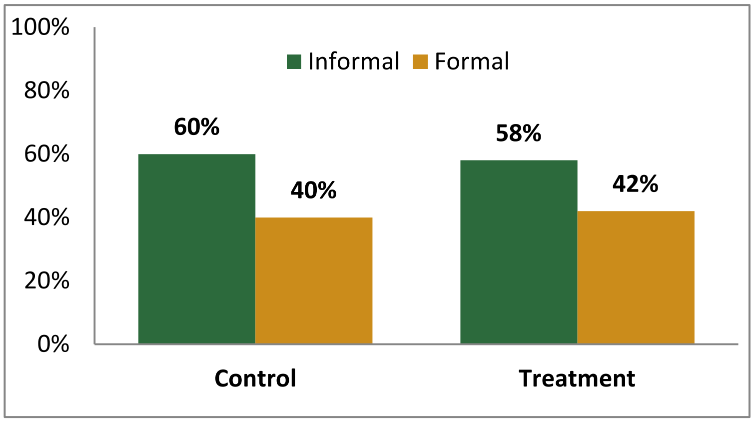
Exhibit 23 shows the DCS involvement status of kinship children, as reported by their caregiver at intake. In total, the percentage of kinship children in a formal DCS placement at intake is 41% (n=32) and an informal placement at intake (without DCS involvement) is 59%(n=46).

Exhibit 23. DCS Involvement Status of Kinship Children by Study Group

DCS Involvement	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Current only (formal)	40% (15)	18% (7)	22% (17)
Both previous and current (formal)	0%	3% (1)	1% (1)
Previous involvement only (informal)	26% (10)	18% (7)	22% (17)
DCS never involved (informal)	34% (13)	40% (16)	37% (29)
N	**30**	**40**	**78**

Exhibit 24 shows the breakdown of formal and informal children by study group, which is similarly split with a higher percentage of informal cases in both groups.

Exhibit 24. Informal and Formal Status of Kinship Children at Intake by Study Group



Reasons for Kinship Care

Exhibit 25 shows the reasons why the kinship children in the study are not in the primary care of their biological parents. The most common reasons for kinship care include: DCS removal; parental drug and alcohol abuse; abuse/neglect of the child; and one or both parents are uninvolved, deceased, and/or incarcerated. Percentages do not total to 100% by study group because caregivers could select all of the options that applied to the children in their care.

Exhibit 25. Reasons Biological Parent is Not Primary Caregiver of Kinship Children by Study Group

Reasons	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
DCS Removal	47% (18)	53% (21)	50% (39)
Parent's Drugs/alcohol abuse	58% (22)	43% (17)	50% (39)
Abuse/neglect of child	42% (16)	50% (20)	46% (36)
One or both parents are uninvolved	32% (12)	28% (11)	30% (23)
One or both parents are deceased	18% (7)	28% (11)	23% (18)
One or both parents are incarcerated	16% (6)	25% (10)	21% (16)
Domestic violence	21% (8)	5% (2)	13% (10)
Housing/unsafe living environment	8% (3)	15% (6)	12% (9)
Immigration/deportation of parents	16% (6)	8% (3)	12% (9)
Parent's mental health issues	16% (6)	5% (2)	10% (8)
Financial issues	3% (1)	10% (4)	6% (5)
Parent's health issues	3% (1)	0%	1% (1)

Length of Time in Kinship Care

Exhibit 26 shows that 90% of all children in the study have been in the care of their kinship caregiver for at least one month. The two most common time frames for kinship care include one year or longer (1-14 years) (36%, n=28) and 1-6 months (32%, n=25).

Exhibit 26. Length of Time in Kinship Care

Length of Time	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
None	8% (3)	13% (5)	10% (8)
< 1 Month	18% (7)	13% (5)	15% (12)
1-6 Months	24% (9)	40% (16)	32% (25)
7-12 Months	11% (4)	3% (1)	6% (5)
More than 12 Months	40% (15)	33% (13)	36% (28)
N	**38**	**40**	**78**

Of the 28 children who have been in kinship care for one year or more, Exhibit 27 shows the measures of central tendencies for number of years in care by study groups and in total.

Exhibit 27. Years in Kinship Care by Study Group and Total

Descriptive Statistic	Control Group (Navigation Only)	Treatment Group (FGDM + Navigation)	Total Study Participants
Range	1 to 8 years	1 to 14 years	1 to 14 years
Average	4.4 years	6.6 years	5.4 years
Standard Dev.	2.1 years	5.2 years	3.9 years
Median	4 years	5 years	4.5 years
Total N	**15**	**13**	**28**

Educational Challenges

Exhibit 28 shows that a third of children enrolled in the study (and roughly a third in each study group) have experienced challenges in school. The most common challenge is receiving special education services or an Individualized Education Plan (IEP). This data is self-reported by the caregiver and only affirmative responses are shown for each study group.

Exhibit 28. Special Education, Chronic Medical Issues, and Access to Health Insurance

Areas	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Child has challenges in school	34% (13)	33% (13)	33% (26)
Special education/IEP	21% (8)	15% (6)	18% (14)
Behavioral issues	13% (5)	5% (2)	9% (7)
Academic issues	8% (3)	10% (4)	9% (7)
Gifted and talented	3% (1)	0%	1% (1)

Child Health

Exhibit 29 shows caregiver self-reported data about their kinship children's health. It should be noted that only affirmative responses are shown for each study group, which may not accurately reflect actual use of services, as many caregivers also indicated that they did not know if their kinship children received such services. For instance, 73% of the treatment group reported that their child has health insurance, however 20% (8) indicated that they did not know.

Exhibit 29. Special Education, Chronic Medical Issues, and Access to Health Insurance

Areas	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Child has health insurance	84% (32)	73% (29)	78% (61)
Receives behavioral health services	5% (2)	13% (5)	9% (7)
Has a chronic medical condition	16% (6)	35 (1)	9% (7)

Project Implementation

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
How is the project implemented? • How are clients referred to the project? • What is the distribution of eligibility criteria? • What Navigation services are provided? • What FGC services are provided? (Tx only) • What are the essential elements of the FGC Tx model?	• Client Referral Form • Staff Interview Guide • FG Coordinator Fidelity Tool/ Fidelity Checklist • Administrative/ Program data	• Referring partner (DCS, PCJCC) • AzCA Staff • LMA	• At client referral • Semi-annually • Ongoing documentation	• Referral Sources • Eligibility criteria met • Navigation services, referral log, and activity log • FGC data (Tx only): number held; stakeholders contacted and attended FGC; meeting locations/ participation methods; length of meeting (in minutes). • Essential components of FGC; lessons learned

Referral Sources

The formative evaluation seeks to understand how clients are referred to the project. Exhibit 30 shows the percentage of referrals from each referral source, compared by the two study groups and in total. The majority of referrals are from DAP and DCS, both at 31% for the total study population.

Exhibit 30. Sources of Referral to the Study by Study Groups and Total

Source	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
DAP	38% (8)	21% (3)	31% (11)
DCS	29% (6)	36% (5)	31% (11)
AKSS IRC Client	14% (3)	21% (3)	16% (6)
Other Source	19% (4)	21% (3)	20% (7)
N	**21**	**14**	**35**

Eligibility Criteria

Exhibit 31 show the percentage of cases that met the various eligibility criteria for having an open navigation case and, therefore, were invited to consent to participate in the study. Cases could have met more than one eligibility criteria, so the percentages do not total to 100%. Looking at the total study population, the majority met the criteria of being in poverty and having a higher level of basic needs (however meeting this criteria alone is not enough to warrant a case opening). In nearly two thirds of cases, the caregiver is caring for three or more kinship children (sibling groups or otherwise) and/or the caregiver is having difficulty establishing a legal relationship with the child or children in care (in these cases, the caregiver reported having no legal relationship at intake but was seeking to establish a legal relationship.) Additionally, in 43% of cases, the family has DCS involvement.

Exhibit 31. Eligibility Criteria by Study Groups and Total

Criteria	Control Group (Navigation Only) % (n)	Treatment Group (FGDM + Navigation) % (n)	Total Study Participants % (n)
Family is at or below 200% of FPL	90% (17)	86% (12)	88% (29)
Caring for 3+ Kinship Children	48% (10)	86% (12)	63% (22)
Caregiver is having difficulty establishing a legal relationship	62% (13)	64% (9)	63% (22)
Family has DCS involvement	38% (8)	50% (7)	43% (15)
Caregiver is between the age of 18-25 years or is a sibling of the children	10% (2)	7% (1)	9% (3)
Child has current involvement or is in need of behavioral health services	5% (1)	14% (2)	9% (3)
Caregiver is having difficulty obtaining medical care or enrolling child in school*	Unknown	Unknown	Unknown
N	**21**	**14**	**35**

*Cases experiencing difficulty obtaining medical care or enrolling the child in school are documented by staff in the client's case file, but this data was not reported to the evaluation team at the time of this report.

Treatment and Control Services

AKSS Services and Activities

Exhibit 32 shows the service utilization of cases by study groups. The number of unduplicated individuals who received each service is reported as well as the total number of times (events) the service type was utilized by study participants. The number of individuals refers to the total number of adults who were documented in attendance records as having participated in an activity, unless otherwise indicated. This number includes the primary caregiver as well as other adults, such as spouses or partners, who participated in activities. Navigation services and FGDM services are broken down further in the following sections.

Exhibit 32. Number of Participants in Service Activity by Study Group

Service Type	**Formative Period: 9/30/2012 - 10/31/2015**			
	Control Group (Navigation Only)		**Treatment Group (FGDM + Navigation)**	
	# of Individuals (unduplicated)	**# of Events in Total**	**# of Individuals (unduplicated)**	**# of Events in Total**
Navigation Services	52	303	29	233
FGDM Services	0	0	33	95
Guardianship Clinic	5	3	4	4
KARE College/Topical Education	0	0	2	2
Special Events	9 Adults/ 24 Children	1	11 Adults/ 28 Children	2
Guardianship and Adoption Training	1	1	0	0
Advocacy Events	0	0	1	1
Kinship Information Session	0	0	0	0
Support Groups	0	0	0	0
PS-MAPP	0	0	0	0
Children of Incarcerated Parents Program	0	0	1 Adult/ 3 Children	13 Adult Groups/ 13 Youth Groups/ 1 Teen Group

Navigation Services

Exhibits 33 and 34 show the breakdown of navigation services in terms of number of services provided and duration of services in minutes, for the control group and treatment group respectively. This aggregate data was determined by kinship navigator's self-reported activity logs for navigation services. Overall, control group clients received a higher number of total navigation services, however the average, median, and minimum/maximum durations are fairly consistent between the groups. No significant difference was observed in comparing the average duration of navigation services by study group.

Exhibit 33. Control Group Navigation Services: Number and Duration in Minutes

Service	Number of Navigation Services	Average Duration (Minutes)	S.D.	Median Duration (Minutes)	Minimum Duration (Minutes)	Maximum Duration (Minutes)
Navigation - Case Opening	22	134.9	77.7	135	20	290
Navigation - Court Attendance	7	135.0	86.6	135	15	285
Navigation - Home Visit	20	70.9	40.4	65	5	160
Navigation - Office Visit	26	51.5	42.8	38	5	180
Navigation - Other	2	180.0	0.0	180	180	180
Navigation - Staffing	10	37.5	37.3	23	5	120
Navigation - TC/VM/Email/Text about client/on behalf of client	52	6.0	6.9	3	1	30
Navigation - TCT/TCF/VM /Email/Text with client	164	6.3	8.0	3	1	60
Total	**303**	**28.1**	**50.7**	**6**	**1**	**290**

Exhibit 34. Treatment Group Navigation Services: Number and Duration in Minutes

Service	Number of Navigation Services	Average Duration (Minutes)	S.D.	Median Duration (Minutes)	Minimum Duration (Minutes)	Maximum Duration (Minutes)
Navigation - Case Opening	13	115.8	76.8	90	20	285
Navigation - Court Attendance	3	146.7	185.8	60	20	360
Navigation - Home Visit	18	56.9	34.9	53	5	120
Navigation - Office Visit	30	57.2	46.8	45	2	180
Navigation - Other	3	58.3	24.7	70	30	75
Navigation - Staffing	15	45.5	32.1	60	7	90
Navigation - TC/VM/Email/Text about client/on behalf of client	20	5.3	5.1	3	1	20
Navigation - TCT/TCF/VM /Email/Text with client	129	6.3	7.3	3	1	40
Total	**231**	**28.0**	**47.0**	**10**	**1**	**360**

Resources and Referrals

Exhibit 35 shows that during the formative evaluation phase, caregivers were most commonly referred to legal services (29%) (Southern Arizona Legal Aid or DAP); followed by health care services for adults and/or children (22) (e.g., behavioral and mental health services); receipt of basic needs items (11%) (e.g., clothing, vouchers, and diapers); and referral to an AKSS support group (11%).

Exhibit 35. Number of Referrals Made by Study Group and Total

Referral Type	Control Group (Navigation Only) # of Referrals	Treatment Group (FGDM + Navigation) # of Referrals	All Caregivers % (n)
Legal Services	9	4	29% (13)
Health Care/Services for Adult and Child	8	2	22% (10)
Basic Needs	3	2	11% (5)
Support Group	4	1	11% (5)
School/Education System	3	1	9% (4)
Family Assistance Administration/TANF	2	1	7% (3)
Caregiver Education	2	0	4% (2)
Title 8 Guardianship and Adoption Services	0	1	2% (1)
DCS/Formal Family Services	0	1	2% (1)
Social Security Survivor Benefits	1	0	2% (1)

Treatment Only Services

Family Group Decision-Making Services

Exhibit 36 shows the breakdown of FGDM services received by the treatment group only, in terms of number of services provided and duration of services in minutes. This aggregate data was determined by FG Coordinators' self-reported activity logs for FGDM services. During the formative evaluation phase of the project, FG Coordinators engaged family members in 89 instances of preparation activities, averaging 21 minutes and ranging from one minute (such as a phone call or voice message) to 160 minutes. A total of three FGCs were held during this time frame, with an average duration of 203 minutes or just over three hours. The shortest FGC was 165 minutes (2.75 hours) and the longest was 240 minutes (4 hours). At the end of the formative phase, FG Coordinators had just begun to carry out FGC review and follow-up activities, which includes sending the approved family plan to all parties involved and monitoring the family plan progress by checking in with the family at least every 30 days.

Exhibit 36. FGDM Services: Number and Duration in Minutes

Service	Number of Navigation Services	Average Duration (Minutes)	S.D.	Median Duration (Minutes)	Minimum Duration (Minutes)	Maximum Duration (Minutes)
FGC Preparation	89	21.3	35.3	3	1	160
FGC Conference	3	202.5	53.0	202.5	165	240
FGC Review/Follow-up	3	2.7	1.5	3	1	4
Total	**94**	**24.5**	**43.8**	**3.5**	**1**	**240**

FGC Meetings

Two FGC meetings were held in July 2016 and one was held in September 2016. All three were held at the AKSS office - the KARE Family Center in Tucson - at the request of the family. All three meetings were held in the primary language spoken by the family: one meeting was conducted in Spanish, one was conducted in English, and one was bi-lingual English and Spanish. Please see the section of this report on FGDM Model Fidelity for data describing how this project maintained fidelity to the model.

Data on the length of time for each stage of the FGC was captured for only one of the three FGC meetings, shown in Exhibit 37. This FGC took a total of 165 minutes (2.75 hours). Two thirds of the time was spent as private family time, and 18% of time was spent presenting the plan and making decisions about the plan. The evaluation team will work with the FG Coordinators to ensure that they capture this data in the future, so that we may produce an average length of time for each stage.

Exhibit 37. Length of time for FGC stages and in total

Meeting Phase	Length of Time in Minutes	Percentage of Total FGC Time
Introductions	8 minutes	5%
Information Sharing	15 minutes	9%
Private Family Time	112 minutes	68%
Plan Presentation and Decision	30 minutes	18%
Total FGC	165 minutes	100%
N	1 Meeting	-

FGC Participants

Exhibit 38 shows the various relationships that FGC participants have to the meeting's focus child(ren). This information was self-reported on the FGC Pre Participant Survey. In total, 20% of attendees (n=3) represented the child, or a sibling or friend of the child; 20% represented maternal (10%, n=2) and paternal (10%, n=2) adult family members of the child; and 10% each represented friends of the family (n=2), DCS Case Manager (n=2), or Kinship Navigator (n=2). Six people (30%) did not report their relationship to the child(ren). Regarding gender of meeting participants, 45% (n=9) are female, 30% (n=6) are male, and 25% (n=5) did not respond to this question. Regarding race and ethnicity (respondents could select all that applied to them), 50% (n=10) self-identified as Hispanic/Latino; 65% (n=13) as White/Caucasian; 5% (n=1) as Asian; and 10% (n=2) did not respond to this question.

Exhibit 38. FGC Participant Relationship to Target Child(ren)

Relationship to Child	N	Percent
Child/Youth (focus of the FGC)	2	10%
Sibling	1	5%
Maternal grandparent/great-grandparent	2	10%
Paternal grandparent/great-grandparent	1	5%
Paternal aunt/great aunt, uncle/great uncle, cousin	1	5%
Family Friend/ Neighbor	2	10%
Friend of the Child	1	5%
DCS Case Manager	2	10%
Kinship Navigator	2	10%
Not Reported	6	30%
Total	**20**	**100%**

Model Fidelity

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
To what extent do staff implement the FGC with fidelity to the Kempe model?	• FGC Fidelity Checklist • Administrative Records • FGC Pre/Post Survey: Staff Version • FGC Pre/Post Survey: Participant Version • FGC Record Review Tool	• FGC Coordinator • FGC Supervisors • FGC Participant	• Documentation of FGC stages • At completion of FGC or within two week of FGC	• Fidelity implementation of FGC Model against Kempe Six Core Elements

Fidelity data was collected using instruments developed by the Kempe Center and adapted by the evaluation team for this project. A summary of fidelity data collected is shown in Exhibit 39. The FGC Record Review tool will be developed beginning in FY2, as part of the expanded evaluation methodology. The AKSS-FGDM Project Director has hired a supervisor who is responsible for providing clinical guidance and fidelity measures for the FGC condition.

Exhibit 39. Summary of FGDM Fidelity Data Collected

Fidelity Instrument	N Collected
FGC Fidelity Checklist	2
FGC Pre/Post Survey: Staff Version	4
FGC Pre/Post Survey: Participant Version	20
FGC Record Reviews Performed by Evaluator	0

Exhibit 40 provides a summary of the fidelity measures that FG Coordinators recorded at the end of each FGC. All three meetings were held at the AKSS office, the KARE Family Center in Tucson, at the request of the family. All three meetings were held in the primary language spoken by the family: one meeting was conducted in Spanish, one was conducted in English, and one was bi-lingual English and Spanish.

Exhibit 40. Summary of Family Group Conference Fidelity Data

Item	FGC Summary Data
Number of meetings held	3
% of meetings held in family's primary language	100% (3)
% of meetings held at location selected by family	100% (3)
% of family plans accepted by all attendees at the FGC	100% (3)

Six Core Elements of FGDM

Interventions must be connected to these six elements to be classified as having fidelity to the FGDM model. Exhibits 41-46 show the six core elements of FGDM (Kempe, 2015), constructs measured by fidelity instruments, metrics measured, metric results, and total N. The results of this fidelity assessment suggests that during the Formative Evaluation phase, the FGDM project maintained fidelity to the FGDM model and core elements 1-4 and 6 (element #5 was not measured as post-meeting follow-up did not occur during the formative phase). These metrics will be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve fidelity.

Scaled items on the pre/post FCG Fidelity Surveys were rated by participants and staff on a six-point scale (Strongly Disagree, Disagree; Slightly Disagree; Slightly Agree; Agree; and Strongly Agree). Respondents could also select that a survey item did not apply or they did not know. Fidelity results reported are the aggregate percentage and number of respondents that agreed or strongly agreed with the survey item. Percentages were calculated by the N value of valid respondents, which excludes non-respondents.

Exhibit 41. FGDM Core Element 1: Independent Coordinator Fidelity Metrics

Core Element of FGDM	Construct	Fidelity Metric	Result % (n)	N
1. An independent coordinator is responsible for convening the family group meeting with agency personnel.	Independent Coordinator	% of FGC meetings convened and facilitated by an independent coordinator.	100% (3)	N=3
		% of FG Coordinators who agree or strongly agree that they did not share their opinions during the FGC.	67% (2)	N=3
	FGC Participant perceptions of the Coordinator	**% of FGC participants who agree or strongly agree that <u>after the meeting</u>:**		
		• The Coordinator worked with everyone to reach a family plan that everyone could agree on.	100% (17)	N=17 Non-respondents=3
		• The Coordinator was flexible in meeting the needs of the participants.	95% (18)	N=19 Non-respondents=1
		• I felt the FG Coordinator respected me.	94% (16)	N=17 Non-respondents=3

Exhibit 42. FGDM Core Element 2: Family Group as Key Decision-Making Partner Fidelity Metrics

Core Element of FGDM	Construct	Fidelity Metric	Result % (n)	N
2. The agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group (i.e. to seek out and prepare family members for their roles in the decision-making process).	**Selection of Meeting Location**	% of FGC participants who agree or strongly agree that: before the meeting, I helped determine when and where this meeting would be held.	55% (11)	N=20
		% of meetings held at a location selected by the family, as reported by the FG Coordinator.	100% (3)	N=3
		% of FGC participants who agree or strongly agree that:		
	Clarity of meeting purpose	• Before the meeting, I understand the purpose of this meeting.	89% (17)	N=19 Non-respondents=1
		• After the meeting, the purpose of this meeting was clear.	100% (20)	N=20
	Inclusiveness of Meeting attendees	• Before the meeting, family members of the mother of the child(ren) were invited to this meeting.	100% (19)	N=19 Non-respondents=1
		• Before the meeting, family members of the father of the child(ren) were invited to this meeting.	74% (14)	N=19 Non-respondents=1
		• Before the meeting, professionals were invited to this meeting	74% (14)	N=19 Non-respondents=1
		• Before the meeting, other people who feel like family were invited to this meeting	64% (12)	N=19 Non-respondents=1
		• After the meeting, the right people were at this meeting.	95% (19)	N=20
		• After the meeting, I feel that other family members should have been at this meeting.	23% (5)	N=18 Non-respondents=2
		• After the meeting, I feel that other professionals should have been at this meeting.	10% (2)	N=20
	Preparedness of participants	• Before the meeting, I felt prepared to participate in this meeting.	100% (19)	N=19 Non-respondents=1
		• Before the meeting, I know what my role is at this meeting.	95% (18)	N=19 Non-respondents=1
		• Before the meeting, I understand what happens during the three stages of this meeting.	90% (17)	N=19 Non-respondents=1
		• Before the meeting, I understand the concerns that people attending this meeting have about the child(ren).	90% (17)	N=19 Non-respondents=1
		• Before the meeting, I share the same concerns that other people attending this meeting have about the child(ren).	90% (17)	N=19 Non-respondents=1

Core Element of FGDM	Construct	Fidelity Metric	Result % (n)	N
	Perception of safety and respect	• Before the meeting, I am concerned about my safety at this meeting.	21% (4)	N=19 Non-respondents=1
		• Before the meeting, I am concerned about the safety of other people attending this meeting.	27% (5)	N=19 Non-respondents=1
		• After the meeting, I felt safe during this meeting.	82% (14)	N=17 Non-respondents=3
		• After the meeting, I felt the DCS staff were disrespectful to me.	6% (1)	N=17 Non-respondents=3
		• After the meeting, I felt that other professionals were disrespectful to me.	6% (1)	N=17 Non-respondents=3

Exhibit 43. FGDM Core Element 3: Family Meeting Private Time Fidelity Metrics

Core Element of FGDM	Fidelity Metric	Result % (n)	N
3. Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans.	**% of FGC participants who agree or strongly agree that after the meeting:**		
	• Private family time helped the family create a plan that was unique to them.	100% (20)	N=20
	• During private family time, family members were able to have discussions that would not have been possible if non-family was in the room.	80% (16)	N=20

Exhibit 44. FGDM Core Element 4: Family Plan Development and Approval Fidelity Metrics

Core Element of FGDM	Construct	Fidelity Metric	Result % (n)	N
4. When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan	**Sharing and understanding FGC participants' concerns about the children**	**% of FGC participants who agree or strongly agree that before the meeting:**		
		• I understand the DCS staff concerns about the children.	75% (15)	N=20
		% of FGC participants who agree or strongly agree that after the meeting:		
		• DCS staff explained their concerns that the family plan needed to address	90% (17)	N=19 Non-respondents=1
		• DCS staff was open to the family's ideas and decision-making abilities	95% (19)	N=20
		• I think that the professionals at this meeting had already decided on a plan for the family before this meeting started.	30% (6)	N=20
		• Professionals told the family how to address their concerns about the child(ren).	55% (11)	N=20
		• Professionals at the meeting were open to others asking questions about the information they presented.	90% (18)	N=20
		• People at this meeting listened to my opinions about what I thought was best for the child(ren).	85% (17)	N=20

Core Element of FGDM	Construct	Fidelity Metric	Result % (n)	N
	Creation and acceptance of family plan	• My opinions were included in the family plan.	80% (16)	N=20
		• The child(ren)'s ideas and needs were not considered in the family plan.	6% (1)	N=18 Non-respondents =2
		• DCS staff at the meeting accepted the family plan.	94% (15)	N=16 Non-respondents=4
		• The Coordinator worked with everyone to reach a family plan that everyone could agree on.	100% (17)	N=17 Non-respondents=3
		% of family plans accepted by all attendees at the FGC	100% (3)	N=3

Exhibit 45. FGDM Core Element 5: Post Meeting Follow-up Fidelity Metrics

Core Element of FGDM	Fidelity Metric	Result % (n)	N
5. Follow-up processes after the FGDM meeting occur until the intended outcomes are achieved to ensure that the plan continues to be relevant, current, and achievable because FGDM is not a one-time event but an ongoing, active process	% of meetings where a follow-up FGC was scheduled at the conclusion of FGC	0% (0)	0

Exhibit 46. FGDM Core Element 6: Referring Agency Support Fidelity Metrics

Core Element of FGDM	Fidelity Metric	Result % (n)	N
6. Referring agencies support family groups by providing the services and resources necessary to implement the agreed upon plans.	**% of FGC participants who agree or strongly agree that after the meeting:**		
	• The family plan includes things for professionals (such as DCS) to do.	82% (14)	N=17 Non-respondents=3
	• The family plan includes things for family members to do.	100% (16)	N=16 Non-respondents=4
	• The family plan states who is doing what and by when.	100% (17)	N=17 Non-respondents=3

Strengths, Facilitators, Challenges, and Barriers to Project Implementation and Family Engagement

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
What are the strengths, facilitators, challenges, and barriers to model implementation? **What contextual factors impact project implementation?** **How do staff successfully engage families to use the FGDM model?**	• Staff Interviews	• LMA	Mid-point and end of Formative Phase	• Strengths, facilitators, challenges, and barriers to implementation • Contextual factors • Recommended engagement strategies

FG Coordinators, Navigators, and their Supervisors responded to a series of questions about project implementation (N=8). Depending on staff preferences, staff responded to these questions individually or in small groups of 2-3 staff. Project implementation was defined as including all aspects of carrying out this project, such as recruitment of families, kinship navigation, FGDM, other AKSS services, data collection/database, evaluation, RCT/randomization process, working with project partners, etc. Exhibits 47-49 summarize the areas assessed, common themes, and supporting staff comments.

Strengths

Key **strengths** of the project are the FGDM and Kinship Navigation models, staff capabilities, and the project database (see Exhibit 47).

Exhibit 47. Strengths of Project Implementation

Assessment Area	Theme	Staff Comments
Strengths	**FGDM and Kinship Navigation Models**	• FGDM holds the premise that families can and should create their own plans for long-term support, which is a welcome shift from less family-centric practices. The success of family planning is affirming of the FDGM process. • FGDM and Navigation are very personalized systems; staff get to know clients individually to more accurately assess their needs.
	Staff Capabilities	• Staff are open and willing to participate in this project. • Staff outreach engages clients throughout the process. • Staff work together as a team. • Capable FGDM coordinators • Flexibility of staff to complete the intake process with clients • Staff are able to assess client needs
	Project Database	• The project database is efficient • Entering data into the database is very clear.

Facilitators

Key **facilitators** of the project are the need for services in the community, staff teams and collaboration, and staff skills and training (see Exhibit 48).

Exhibit 48. Facilitators of Project Implementation

Assessment Area	Theme	Staff Comments
Facilitators	**Use of Family Engagement Strategies to support the FGC process**	• Listening well during the first interaction; • Encouraging the caregiver to share their story; • Asking open-ended questions; • Culling and naming the family's strengths; • Describing the FGDM meeting as a benefit for the family even if it initially feels like an imposition; • Empowering and honoring the family's right to choose their own plan; • Following up with families and assisting them in implementation their plan; • Using motivational interviewing to engage families during times of crisis as well as times of calm.
	Need for services	• There is a need for kinship services in Pima County, therefore the project is relevant to meeting this need.
	Staff Team Collaboration	• FGDM staff teams (i.e., Coordinators and Navigators who work on the same case) understand each other's roles in the process and have continuous communication with each other about that case. • FGDM staff teams work collaboratively to assess the family's needs and strengths; support the family; find as many resources as possible for them; and prepare them for the FGC.
	Staff Skills and Training	• FGDM staff teams attend initial and ongoing training about FGDM and the FGC model; staff are knowledgeable of the FGDM progress and are open to learning more. • Staff have good family engagement skills. • Staff are versatile in their roles before, during, and after the process is completed.

Key **challenges and barriers** of the project are family recruitment, engagement, and retention, the RCT study design, family engagement in the FGDM process, need for bilingual staff, staff collaboration, and managing project expectations (see Exhibit 49).

Exhibit 49. Challenges and Barriers of Project Implementation

Assessment Area	Theme	Staff Comments
Challenges and Barriers	**Family Recruitment, Engagement, and Retention**	• Recruitment of families is an ongoing challenge, specifically streamlining intake and assessment at opening of cases. • The case opening process takes time and many clients don't have the time needed for this process. • Retention of clients can be a challenge and a barrier. Staff often have difficulty getting in touch with clients; clients may not show for scheduled appointments or follow through with assessments in accordance with project timelines. • Clients may initially appear to be interested and consent to the study. Then they "disappear" and staff must make multiple calls and unannounced home visits to finally determine that the case needs to close.

Assessment Area	Theme	Staff Comments
		• Families expect financial support over emotional support and advocacy. Families are looking for a quick fix.
	RCT Study Design	• Random assignment is frustrating as some families would benefit from FGDM but are not randomized into that group. Additionally, families assigned to FDGM may not be invested in the process.
	Family Engagement in the FGDM Process	• Some families and family members are difficult to engage in the FGDM process and lack commitment to it. Families may hold a negative viewpoint about involving other family members in addressing their child's case. Families may not want to expand their support systems or do not see other family members as an integral part of the process.
	Need for Bilingual Staff	• Language can be a barrier. Staff who speak Spanish may not be available at times to work with Spanish speaking clients.
	Staff Collaboration	• It can be challenging for FGDM staff teams to maintain close collaboration throughout the FGDM process.
	Managing Project Expectations	• It can be challenging for staff to carry a caseload of more than 10 clients, while providing high quality services to all of them. • The project's goal of 300 open cases may be unreasonable; it can be difficult to open cases quickly and family engagement issues may result in clients dropping out of the study.

Contextual Factors

In addition to strengths, facilitators, challenges, and barriers, staff were asked to discuss the contextual factors or local conditions that have impacted project implementation, either positively or negatively. Contextual factors or local conditions refers to factors that are unique to this project that are influencing project implementation. A summary of contextual factors are shown in Exhibit 50.

Exhibit 50. Contextual Factors and Local Conditions Influencing Project Implementation

Assessment Area	Theme	Staff Comments
Contextual Factors or Local Conditions	**Factors that positively impacted project implementation or success**	• There is a need for kinship services in Pima County, therefore the project is relevant to meeting this need. • FGDM staff teams (i.e., Coordinators and Navigators who work on the same case) understand each other's roles in the process and have continuous communication with each other about that case. • FGDM staff teams work collaboratively to assess the family's needs and strengths; support the family; find as many resources as possible for them; and prepare them for the FGC. • The pilot testing phases provided staff with the opportunity for hands on learning through "practice" cases. • Staff have learned strategies for promoting the FGDM process to families (e.g., emphasizing that FGDM is for the family and led by the family). • Staff have received support through supervision and use of evaluation tool to adjust their processes over time. • Staff feel they have improved their skills in differentiating the needs of each case, by assessing what type of case is a low needs case, and what is high needs.

	• Staff have learned about the importance of educating the family on the FGDM process and being flexible with the family's expectations and schedules. • Staff and community collaboration in finding resources for families. • Staff and project partners have a positive and supportive attitude towards the project. • Project partners have an increased awareness of the project and referring appropriate cases.
Factors that negatively impacted project implementation or success	• The need for increased outreach and community awareness of AKSS services. • Project partners may have limited understanding of FGDM and Navigation services. • Low number of referrals from community partners. • Staff turnover and waiting for staff positions to be filled. • At project start-up or when staff turnover occurs, staff may not have a full understanding of the FDGM model. • Staff may have difficulty in promoting the FGDM model to families.

Strategies to Engage Families in the FGDM Model

FG Coordinators and Navigators identified the following strategies that they have implemented to successfully engage families to use the FGDM model:

- Listening well during the first interaction;
- Encouraging the caregiver to share their story;
- Asking open-ended questions;
- Culling and naming the family's strengths;
- Describing the FGDM meeting as a benefit for the family even if it initially feels like an imposition;
- Empowering and honoring the family's right to choose their own plan;
- Following up with families and assisting them in implementation their plan;
- Using motivational interviewing to engage families during times of crisis as well as times of calm.

Recommendations for Improving FGDM Model Implementation

FG Coordinators, Navigators, and Supervisors put forth the following recommendations as best practices that the AKSS-FGDM project should follow when implementing the FGDM model.

- FG Coordinators and Navigators must receive initial and ongoing training, ensuring they are thoroughly trained in all aspects of the service process, not just their area of expertise.
- FG Coordinators and Navigators must understand and respect each other's roles in the process; as a "staff team," FG Coordinators and Navigators must have continuous communication and collaboration to best support families throughout the FGDM process.
- FG Coordinators and Navigators must embrace the premise that families can indeed formulate family plans and be well-versed in family engagement methods. Staff should

be continually supported in developing their skills to engage families and promote the FGDM model as beneficial for families.

Family Needs and Barriers to Permanence

Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
What are barriers to permanence that affect families served?	• Caregiver Survey (Self-Report)	• AKSS Staff	Baseline Survey collected at case opening	• Family needs reported at baseline • Barriers experienced by kinship families

Family Needs Reported at Baseline

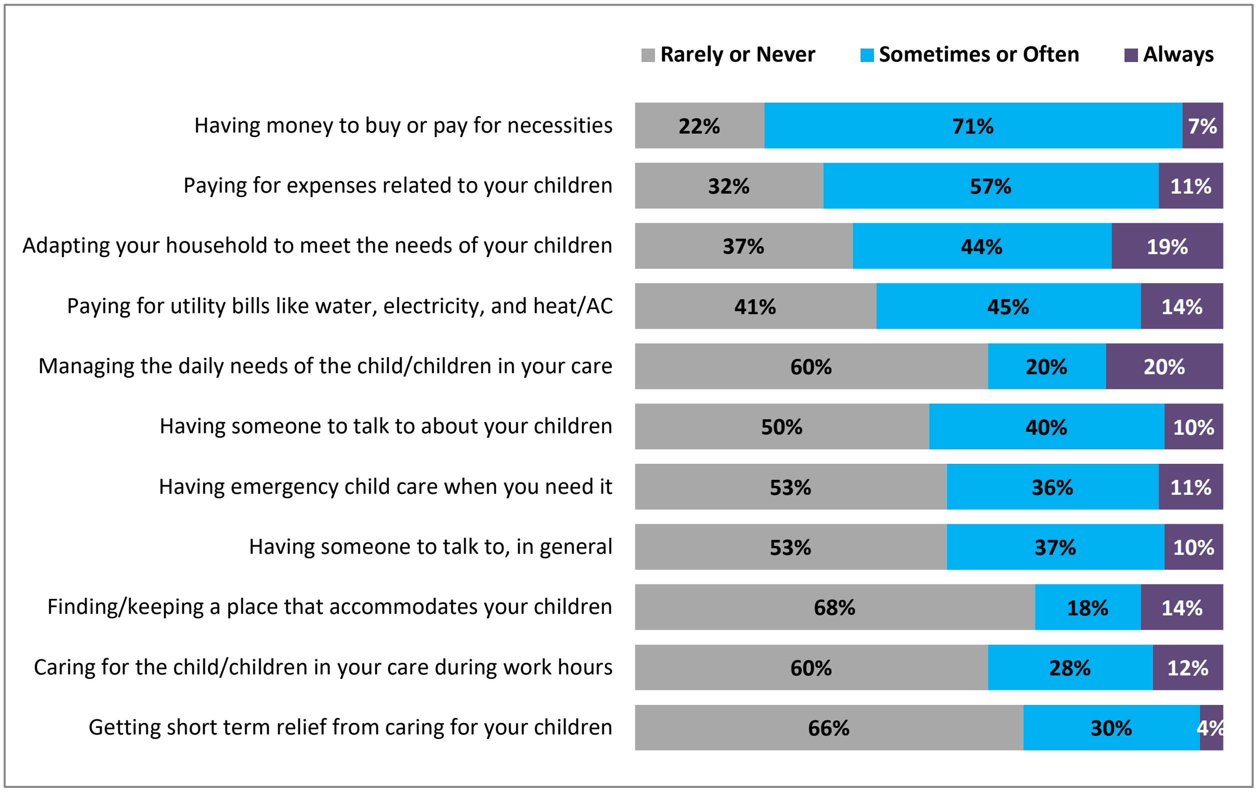
Families reported their needs at baseline, using a modified version of the Family Needs Scale (FNS). This version contains 11 items from the original scale that were adapted by the evaluation team and key project staff specifically for this project. Caregivers responded to each item at baseline using a 5-point rating scale from "Never a Need" (1) to "Always a Need" (5). A higher average score indicates that the area is a greater need for the caregivers surveyed. The modified FNS demonstrated strong internal consistency, with a Cronbach Alpha score of .85. Exhibit 51 shows the average score of each FNS item at baseline, ordered from highest to lowest average score, indicating the highest to lowest areas of need. FNS items that yielded an average score of 2.7 or higher suggest that caregivers' greatest needs at baseline revolve around financial security to pay for necessities, expenses for their child, and utility bills, as well as adapting their house to meet the needs of the child in care.

Exhibit 51. Needs of Families at Baseline: Means and Standard Deviations

Item	Mean	SD	n
Having money to buy or pay for necessities (e.g., groceries, hygiene supplies, transportation, gas, etc.).	3.04	1.04	28
Paying for expenses related to the child/children in your care (e.g., uniforms, school supplies, sports, daycare, etc.).	2.96	1.20	28
Adapting your household to meet the needs of the child/children in your care (e.g., having a crib, bed, dresser, fence, car seat, etc.).	2.89	1.40	27
Paying for utility bills like water, electricity, and heat/AC.	2.79	1.32	29
Managing the daily needs of the child/children in your care.	2.63	1.45	30
Having someone to talk to about the child/children in your care (e.g., friend, extended family, counselor, religious leader, etc.).	2.60	1.22	30
Having someone to talk to, in general (e.g., friend, extended family, counselor, religious leader).	2.57	1.17	30
Having emergency child care when you need it.	2.57	1.37	28
Finding or keeping a place to live that accommodates the children in your care.	2.25	1.40	28
Caring for the child/children in your care during work hours.	2.24	1.45	25
Getting short term or temporary relief (i.e. respite care) from caring for the child/children in your care.	2.11	1.19	27

Exhibit 52 shows the percentage distribution of the rating areas, grouped into three categories for visual ease. The items are also ordered by the average score (shown in Exhibit 51).

Exhibit 52. Needs of Families at Baseline: Percentage Distribution



Barriers Reported at Baseline

At baseline, over half of caregivers surveyed (53%, n=16) reported facing at least one barrier in the process of seeking custody, guardianship, licensure, or adoption of their kinship child or children. On the other hand, 47% (n=14) reported that they had not faced any barriers or difficulties in this process. The types of barriers faced by caregivers are shown in Exhibit 53. The most prominent barriers faced include:

- Financial concerns over the cost of caregiving;
- The biological parent(s) would not consent to this situation or could not be located to obtain consent; and
- 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).

Exhibit 53. Barriers in Seeking Custody, Guardianship, Licensure, or Adoption of Kinship Children at Baseline

Barriers	Percent	N
Financial concerns/cost of caregiving	33%	10
Biological parents would not consent/cannot be located to obtain consent	27%	8
Process seemed too difficult or complicated	17%	5
DCS/court refused to grant custody/guardianship	7%	2
Caregiver or family member is undocumented	7%	2
Caregiver's age or health	7%	2
Child is involved with the juvenile justice system	3%	1

(N=30; Respondents could select all the options that applied to them.)

Caregiver Satisfaction

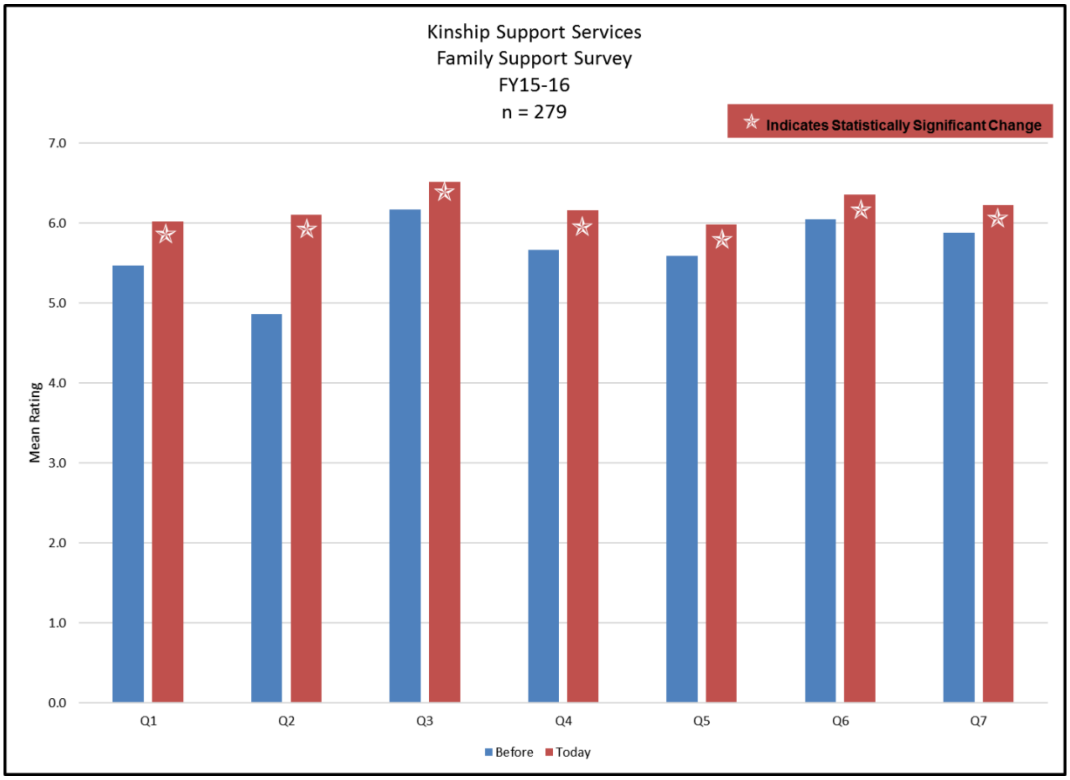
Formative Evaluation Question	Instruments/ Data Sources	Data Collector	Collection Frequency	Outputs Measured
To what extent are families satisfied with the AKSS services received?	- AzCA Perception of Care Survey	- AKSS Staff	- 2 months post receipt of services	- Satisfaction with services

Perception of Care Survey Results

The Perception of Care Survey is a satisfaction tool developed by AzCA's Compliance, Performance, and Quality Improvement Coordinator for Performance Evaluation. This instrument is available in both English and Spanish and may be administered online or on paper to caregivers, two months post receipt of services. A summary of results is provided to the evaluation team from AzCA. This survey was developed and tested under the auspices of the FRIENDS National Resource Center. Designed to measure improvements in a family's feelings of support, isolation, and competence, this is a self-report retrospective pre/post instrument. Exhibit 54 shows respondents' self-reported changes in seven areas, from before services began to the point of survey. Respondents rated each item on a 7-point scale: Strongly Disagree = 1; Disagree = 2; Slightly Disagree = 3; Neither Agree nor Disagree = 4; Slightly Agree = 5; Agree = 6; and Strongly Agree = 7. Exhibit 54 shows that statistically significant improvement was observed in all responses:

8. I have relationships with people who provide me with support when I need it.
9. I know who to contact in the community when I need help.
10. I have confidence in my ability to parent the child(ren) in my care.
11. When I am worried about the child(ren) in my care, I have someone to talk to.
12. I know how to meet my family's needs with the money and resources I have.
13. I can stand up for what my family and children need.
14. I make choices that reduce family stress.

Exhibit 54. Retrospective Pre-Post Perception of Care Survey Results



Areas that received the highest percentage of agreement ratings are that caregivers feel their ideas and opinions are welcomed and included in kinship services, and that services have helped them reduce their stress levels (see Exhibit 55). Satisfaction areas will continue to be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve programming to better meet clients' needs.

Exhibit 55. Percentage of Caregivers that Agree or Strongly Agree with Satisfaction Areas

(N=279)

Conclusions and Recommendations

This Formative Evaluation Report for AzCA's Arizona Kinship Support Services - Family Group Decision-Making Project (AKSS-FGDM) presents the result of process and output data collected on the project during FY1, from 9/30/2015 to 10/31/2016. This time frame encompassed three activities: (1) pilot testing of the project, including testing and refining project implementation and evaluation data collection protocols; (2) evaluation of project implementation (after the pilot testing phase); and (3) evaluation of the treatment condition's fidelity to the FGDM model (after the pilot testing phase).

1. What are the characteristics of the children and families in the control and treatment groups?

During the formative evaluation period, the AKSS-FGDM project provided Information, Referral, and Connection (IRC) services to 770 kinship caregivers. A total of 35 eligible clients, caring for 78 kinship children, consented to participate in the study; none refused to consent. Of these caregivers, 40% (N=14 adults caring for 40 children) were randomly selected into the treatment group and 60% (N=21 adults caring for 38 children) were randomly selected into the control group. Two cases in the treatment group and one case in the control group closed before completing the study condition.

Key Recommendations

- AKSS-FGDM staff will continue to recruit and invite eligible clients to consent to participate in the study. Our target number for the sample size is 300 caregivers. This study will measure outcomes at the caregiver level, as well as at the child level.
- Staff will also more formally track in the study database the clients who are invited to participate in the study but refuse to consent to participation.
- To minimize attrition, the evaluation team will work with AKSS-FGDM staff to develop a re-engagement protocol for clients who still have children in their care but who have discontinued services before study completion, for reasons of not being located by staff or withdrawal from services. Regardless of case closure reason, the evaluation team will still attempt to complete the follow-up survey with clients 6 months post closure date.
- The evaluation team will continue to monitor the randomization process performed by staff and monitor the percentage distribution of cases randomly selected to each study group. As the sample size increases, the evaluation team will monitor baseline equivalency for the study groups according to key demographic characteristics (e.g., gender and age if caregiver, etc.). This process will ensure that there is no statistically significant difference between study groups by key characteristics.

2. How is the Project Implemented?
How are clients referred to the project? What is the distribution of eligibility criteria?

Referrals to the project were fairly evenly provided by the referral sources identified in the project's logic model: 31% of study referrals came from DAP, 31% from DCS, 16% from the AKSS IRC client pool, and 20% from other sources, such as behavioral health or other community-based services. All families in the study met at least one of the eligibility criteria for having an open case: 88% are in poverty and have a higher level of basic needs; 63% of caregivers are caring for three or more kinship children; 63% of caregivers are having difficulty establishing a legal relationship with the child or children in care; and 43% of cases have DCS involvement.

Key Recommendations

- The project will continue to solicit referrals for study eligible cases from our project and community partners. Our target number for the sample size is 300 caregivers. This study will measure outcomes at the caregiver level, as well as at the child level.
- Through use of the Referral Form, staff and the evaluation team will continue tracking eligibility reasons for clients invited to participate in the study.

What Navigation Services are Provided?

Navigation only clients (the control condition) received a total of 303 navigation services and FGDM + Navigation clients (the treatment condition) received a total of 231 services. The most commonly provided navigation service for both study groups is an office visit, with 26 instances averaging 51.5 minutes for the control group, and 30 instances averaging 57.2 minutes for the treatment group. No significant differences were observed in comparing the average duration of navigation services by study group. Other services utilized by study participants include attending Guardianship Clinics, topical education, special events, and Children of Incarcerated Parents programming.

Key Recommendations

- The evaluation team will continue to track the "dosage" of navigation and other services provided to clients, including the total number and duration of services, by service type. We will continue to perform statistical tests to ensure that navigation services, which is the base study condition, is equivalent for each study group.
- Navigators will continue to support all clients in meeting the goals of their family plan/navigation plan, as this milestone indicates that a client has fully participated in services.

What FGDM Services are Provided?

During the formative evaluation phase, FG Coordinators engaged family members in 89 instances of preparation activities, averaging 21 minutes and ranging from one minute (such as a phone call or voice message) to 160 minutes. A total of three FGCs were held during this time frame, with an average duration of 203 minutes or just over three hours. At the end of the formative phase, FG Coordinators had just begun to carry out FGC review and follow-up activities, which includes sending the approved family plan to all parties involved and monitoring the family plan progress by checking in with the family at least every 30 days.

Key Recommendations

- FG Coordinators will continue to engage clients enrolled in the treatment group, with the goal of them completing at least one FGC and developing a family plan. FG Coordinators will continue to track service provision in the project database, as well as by completing the FGDM Fidelity Checklist. Fidelity checklists will be submitted semi-annually to the evaluation team for review and analysis. Navigators will continue to support treatment group clients in meeting the goals of their family plan, as this milestone indicates that a client has fully participated in services.
- The evaluation team will continue to track the "dosage" of FGDM services provided to clients, including the total number and duration of services, by service type.

3. To what extent do staff implement FGDM services with fidelity to the Kempe Model?

The fidelity assessment performed during the Formative Evaluation phase demonstrates that the AKSS-FGDM project has maintained fidelity to the FGDM model and core elements 1-4 and 6 (element #5 was not measured as post-meeting follow-up did not occur during this phase).

1. An independent coordinator is responsible for convening the family group meeting with agency personnel.
2. The agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group (i.e. to seek out and prepare family members for their roles in the decision-making process).
3. Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans.
4. When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan.
6. Referring agencies support family groups by providing the services and resources necessary to implement the agreed upon plans.

Key Recommendations

- Fidelity metrics will be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve fidelity. The project will also continue monitoring model fidelity at the case level through regular supervision of FGDM staff and Navigation staff.
- The evaluation team and program supervisors will collaborate to develop an FGC Record Review tool and protocol in FY2, as part of the expanded evaluation methodology.

4. How do staff successfully engage families to use the FGDM model?

FG Coordinators and Navigators identified the following strategies that they have implemented to successfully engage families to use the FGDM model:

- Listening well during the first interaction;
- Encouraging the caregiver to share their story;
- Asking open-ended questions;
- Culling and naming the family's strengths;
- Describing the FGDM meeting as a benefit for the family even if it initially feels like an imposition;
- Empowering and honoring the family's right to choose their own plan;
- Following up with families and assisting them in implementation their plan;
- Using motivational interviewing to engage families during times of crisis as well as times of calm.

Key Recommendations

- FG Coordinators and Navigators must receive initial and ongoing training, ensuring they are thoroughly trained in all aspects of the service process, not just their area of expertise.
- FG Coordinators and Navigators must embrace the premise that families can indeed formulate family plans and be well-versed in family engagement methods. Staff should be continually supported in developing their skills to engage families and promote the FGDM model as beneficial for families.

5. What are the strengths, facilitators, challenges, and barriers to model implementation?

Key **strengths** of the project are the FGDM and Kinship Navigation models, staff capabilities, and use of the project's database as a data tracking tool. Key **facilitators** are the need for services in the community, staff teams and staff collaboration, staff skill sets, and training received on the FGDM model. Key **challenges and barriers** identified include: family recruitment, engagement, and retention; utilizing an RCT study design; family engagement in the FGDM process; need for bilingual staff; staff collaboration, and managing project expectations.

Contextual factors that **positively impact project implementation** include: the need for services in the community; support and enthusiasm of staff and project partners for this project and referring appropriate families; collaboration of staff teams (FGDM and Navigation staff) to support families; and staff learning that has occurred throughout the pilot and formative phase, through hands-on work, use of "practice cases," supervision, and training. Contextual factors that **negatively impact project implementation** include: staff turnover; adequately trained staff, even in times of turnover; project partners' limited understanding of AKSS-FGDM services; and low number of referrals from community partners.

Key Recommendations

FG Coordinators, Navigators, and Supervisors put forth the following recommendations as best practices that the AKSS-FGDM project should follow when implementing the FGDM model.

- FG Coordinators and Navigators must receive initial and ongoing training, ensuring they are thoroughly trained in all aspects of the service process, not just their area of expertise.
- FG Coordinators and Navigators must understand and respect each other's roles in the process; as a "staff team," FG Coordinators and Navigators must have continuous communication and collaboration to best support families throughout the FGDM process.
- FG Coordinators and Navigators must embrace the premise that families can indeed formulate family plans and be well-versed in family engagement methods.

6. What are barriers to permanence that affect families served?

The baseline survey included a modified Family Needs Scale (FNS) to assess family needs specific to this project. A higher average score indicates that the area is a greater need for the caregivers surveyed. Four areas that produced the highest average scores (ranging from 2.7 to 3.0, out of 5.0 – representing always a need) are: financial security to pay for necessities, expenses for their child, and utility bills; and adapting their house to meet the needs of the child in care. Over half (53%) of caregivers reported on the baseline survey that they faced at least one barrier in the process of seeking custody, guardianship, licensure, or adoption of their kinship child or children. The most prominent barriers include:

- Financial concerns over the cost of caregiving;
- The biological parent(s) would not consent to this situation or could not be located to obtain consent; and
- 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).

Key Recommendations

- The evaluation team will continue to track FNS items and barriers reported at baseline, and how these areas have changed by the 6-month post case closure survey.
- Navigation staff will continue to utilize the results from the baseline survey, in addition to other clinical assessments, to identify family needs and work with families to develop a plan for meeting these needs.
- AKSS-FGDM staff should receive additional training and supervision on how to use the baseline survey results in making informed decisions to customize family navigation.

7. To what extent are families satisfied with the AKSS services received?

A total of 279 AKSS caregivers completed a Perception of Care Survey developed by AzCA's Compliance, Performance, and Quality Improvement Coordinator for Performance Evaluation. This instrument is available in both English and Spanish and may be administered online or on paper to caregivers, two months post receipt of services. Areas that received the highest percentage of agreement ratings are that caregivers feel their ideas and opinions are welcomed and included in kinship services, and that services have helped them reduce their stress levels. Retrospective pre/post intervention measures assessed caregiver rating of agreement or disagreement across seven areas. Statistically significant improvement was observed in all areas:

1. I have relationships with people who provide me with support when I need it.
2. I know who to contact in the community when I need help.
3. I have confidence in my ability to parent the child(ren) in my care.
4. When I am worried about the child(ren) in my care, I have someone to talk to.
5. I know how to meet my family's needs with the money and resources I have.
6. I can stand up for what my family and children need.
7. I make choices that reduce family stress.

Key Recommendations

- Satisfaction areas will continue to be monitored semi-annually to assess trends in data points over time. As needed, corrections will be made to improve programming to better meet clients' needs.