

 ARIZONA'S  
CHILDREN  
ASSOCIATION | **Arizona Kinship  
Support Services**  
*Creating Connections for Kinship Caregivers*



**Program Implementation Manual for  
Arizona Kinship Support Services:  
*Kinship Navigator Program*®**

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# Program Implementation Manual for Arizona Kinship Support Services: Kinship Navigator Program April 2017

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## About Arizona's Children Association and Arizona Kinship Support Services

For 100 years, Arizona's Children Association (AzCA) has stayed true to "Protecting Children, Empowering Youth, and Strengthening Families," serving more than 42,000 children, individuals and families in all 15 counties in the state each year. Our professionally trained, caring and dedicated staff provides a broad spectrum of services that help create and sustain a healthy family environment. Our services include adoption & foster care, counseling & family support, kinship services, parenting education, transitional youth services and trauma/crisis response. Ninety cents of every dollar is spent directly on programs and services and we have been recognized by The Business Journal as one of Arizona's top-ranking charitable organizations. We maintain a number of accreditations, state licenses and organization memberships that allow the agency to remain on the leading edge of child welfare and behavioral health issues in Arizona and the country. AzCA is licensed by the Arizona Departments of Behavioral Health and Economic Security and nationally accredited by the Council on Accreditation (COA) and Better Business Bureau. **To learn more, visit our website at [www.arizonaschildren.org](http://www.arizonaschildren.org).**

Arizona Kinship Support Services' (AKSS) Kinship Navigator Program 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 Kinship Navigator 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. **For more information on Arizona Kinship Support Services, please visit <http://arizonakinship.org>.**



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# Introduction

## Purpose of the Manual

Arizona's Children Association (AzCA) and its evaluation partner, LeCroy & Milligan Associates, Inc., have produced this Program Implementation Manual for AzCA's Arizona Kinship Support Services (AKSS) Kinship Navigator Program. The purpose of this Program Implementation Manual is to provide service providers with guidance on how to replicate and implement the AKSS Kinship Navigator Program model, so that programs may provide services, such as Information, Referral, and Connections (IRC), Kinship Navigation, and/or other services, that effectively support kinship families. This manual was developed with funding support from the Department of Health and Human Services, Administration for Children and Families, Children's Bureau federal grant number HHS-2015-ACF-ACYF-CF-1008 (2015-2018).

## Overview of the Manual

### Background Information

This manual begins by providing background information on kinship caregiving, including definitions used by the program for formal and informal kinship care, as well as the need for kinship care in Arizona. This section also provides an overview of AKSS's program philosophy, eligibility criteria, and key Kinship Navigator Program services that are reviewed in this manual: IRC services, Kinship Navigation Services, and other support services.

### Program Administration and Operations

The second section of this manual reviews the AKSS Kinship Navigator Program administration and operations, including a review of the key staff positions that support and operate the AKSS Kinship Navigator Program model. Each staff position description reviews the key duties and responsibilities of the position, as well as the minimum qualifications and any other pertinent requirements. This section also reviews the training and certification requirements for staff to carry out their positions; staff supervision standards for AzCA; caseload standards; and the cost of program implementation.

### Core Components of Program Implementation

The third section of this manual is broken into six areas, reviewing the core components of implementing the AKSS Kinship Navigator Program model. Areas reviewed include: recruitment of kinship families; screening, intake, and IRC services; Kinship Navigation Services; other family support services; and the recommended duration and intensity of services.



## **Fidelity Monitoring**

The fourth section of this manual reviews the fidelity monitoring protocols in place and tools utilized for the Kinship Navigator Program.

## **Data Management Protocols**

The final section of this manual reviews the data management protocols of AKSS Kinship Navigator Program. This section provides an overview of AKSS's data collection and entry procedures, training and technical assistance for staff in using the program's database, and data sharing agreements with external program partners. This section reviews AzCA's policy on the protection of sensitive and/or confidential information, and concludes with an overview of external and internal evaluation services utilized by AKSS.



# Background

## Kinship Caregiving

The Child Welfare Information Gateway (2016) defines kinship care arrangements as informal and formal. **Informal kinship care** refers to arrangements made by parents and other family members without involvement from a child welfare agency or juvenile court. In **formal kinship care**, children are placed into legal custody of the state by a judge; the child welfare agency then places the children into the physical custody of a kinship caregiver. Common needs of kinship families include: financial resources; child care; and material goods to support the family. Kinship care can also present legal issues and concerns, as many caregivers lack information, access to appropriate legal services available, and do not understand their legal custody situation (Gerard et al, 2006; Treinen, Schmidt & Espino, 2015; Wallace & Lee, 2013).

An evaluation of AKSS clients conducted from 2012-2015 showed that over half of kinship caregivers at baseline self-reported facing one or more barriers in the process of seeking legal custody, guardianship, licensure, or adoption of their kinship children (Treinen, Schmidt & Espino, 2015). Caregivers viewed this process as complicated and confusing (e.g., difficulty completing legal paperwork), especially in formal kinship arrangements. Other baseline needs of AKSS formal kinship caregivers included a lack of: awareness of permanency options; understanding the courts or dependency process; representation in court; and understanding of benefits for which they may be eligible.

In the study from 2012-2015, the primary services utilized by 50% or more of AKSS caregivers include:

- Navigation services (e.g., case opening /assessment, court attendance, home or office visit, and communication with or on behalf of a caregiver);
- Attending AKSS celebrations (e.g., Grandparent’s Day and Back to School events);
- Legal services referral and support;
- Caregiver support groups; and
- Basic needs items (e.g., diapers, food boxes).

Further analysis of AKSS study data showed that **service utilization is differentiated by formal or informal caregiving status**. Comparing service utilization by kinship placement type:

- **Informal caregivers** were significantly more likely to participate in support groups; the Children of Incarcerated Parents (CIP) programming; receive more navigation services; participate in more AKSS celebratory events; and receive more total AKSS service counts.
- **Formal caregivers** were significantly more likely to have attended a Kinship Information Session and receive basic needs support.



## Need for Kinship Navigation Services in Arizona

Arizona's Department of Child Safety (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, Arizona 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. Of the youth removed from the care of their parents, 43% 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.

Rates of formal and informal kinship care have been on the rise. 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% to 20% of kin families are involved with the child welfare system, the other 80% to 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. Kinship care is a significant piece of the solution to this child welfare crisis.

## **Overview of Arizona Kinship Support Services Kinship Navigator Program Model**

### Program Philosophy

The overarching goal of the AKSS program model is to support kinship families and contribute to the increased safety, permanency, and well-being of youth in formal and informal kinship care. The AKSS program model seeks to keep children living with kin in safe, stable, nurturing environments, and when possible, out of the state's custody. The program provides informal support services to kinship families so the children/youth can remain with family and the continuity of culture, relationships and the environment essential for child safety and well-being, can be maintained. The program empowers kinship families to support and advocate for each other, thus fostering interdependence and helping them develop natural supports. Services fall within AzCA permanency programs and reflect the philosophy that children in kinship families experience optimal growth and maturation as a result of living in a permanent, nurturing home (AzCA, 2015).



## Eligibility Criteria

AKSS services are available to informal and formal kinship families who are either relatives or non-blood relatives who have significant relationship to a child not born to them. A kinship caregiver can include grandparents, great grandparents, aunts, uncles, siblings, neighbors, godparents, family friends, etc.

## Key Program Services

The AKSS Kinship Navigator Program model's key service areas are described below. All services are voluntary, non-clinical in nature, client-based, and focused on the expressed needs of the family. Services are family centered, strength based, and meet the needs of families in a culturally appropriate manner. Services are provided in both English and Spanish. AKSS clients are served in several ways (detailed throughout this manual), depending on their situation and level of need.

- **Information, Referral, and Connection Services** – At screening and intake, AKSS staff collect caregiver demographic and needs information. All clients receive IRC services, which includes referrals to community services and resources, such as vouchers for clothing, food, and diaper banks. These clients can participate in any on-site AKSS services, without opening a navigation case.
- **Kinship Navigation Services** - Caregivers with a higher level of need or meeting specific criteria for navigation services (reviewed in further detail in this manual) are offered more intensive kinship navigation services through an open case. The goal of the Kinship Navigator is to assist caregivers in meeting their family's needs. This goal is accomplished by ensuring that kinship families have access to benefits for which they are eligible, providing a linkage to needed legal services, navigating existing community support systems, strengthening kinship families that are involved with the child welfare system, and enhancing other community-based and government responses for kinship families. AKSS's kinship navigation service model was designed based on several regional models funded by Children's Bureau Family Connections Discretionary Grants, including: YMCA Kinship Support Services of San Diego County (Hernandez et al, 2014); Children's Home Society of New Jersey (Feldman & Fertig, 2013); and Florida Kinship Center at the University of South Florida (Littlewood, 2015).

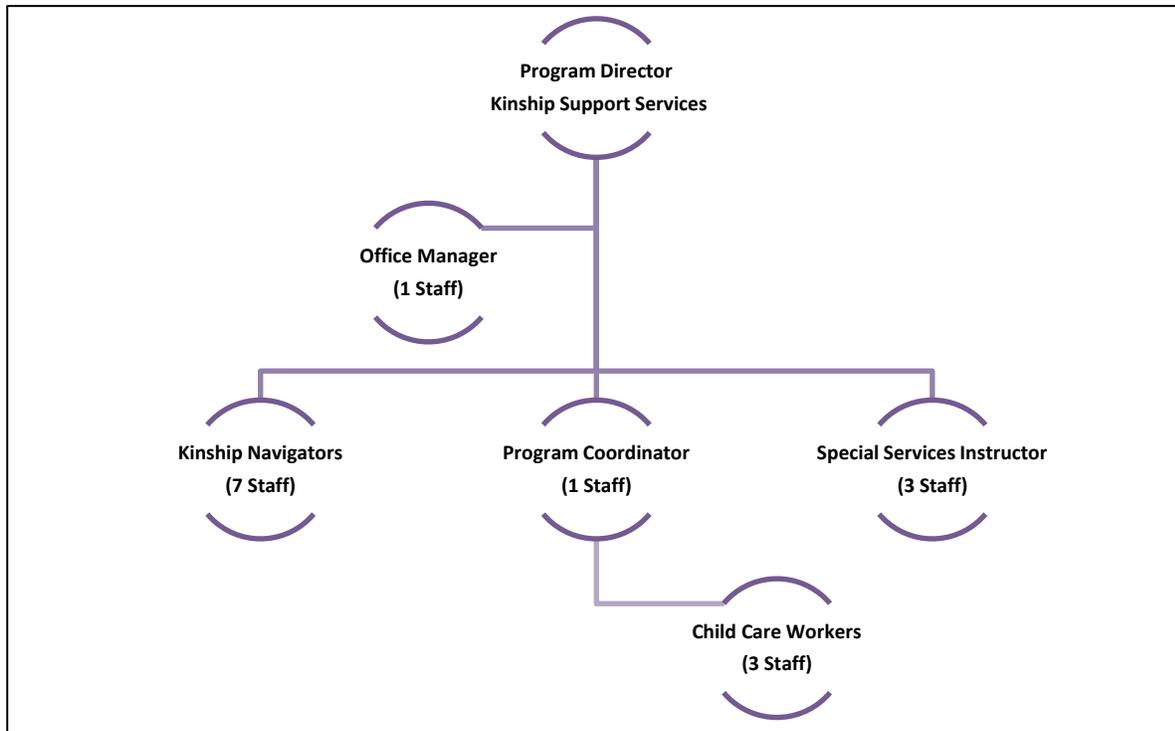


# Program Administration and Operations

## Staffing Descriptions, Duties and Responsibilities

There are seven key staff positions that support and operate the AKSS Kinship Navigator Program model. Exhibit 1 shows the staffing hierarchy of positions, including the Program Director, Office Manager, Kinship Navigators, Program Coordinator, Special Services Instructor, and Child Care Workers. The Program Director and the Program Coordinators both have supervisory roles for the staff positions shown under them. The number of staff positions in this current model are shown in parenthesis. Each position is described below, including required competencies, key duties and responsibilities, and minimum and other qualifications.

Exhibit 1. Organizational Chart of Key Staff Positions for the AKSS Kinship Navigator Program Model



### Program Director

The Program Director provides administrative oversight of Program Supervisors and/or programs, including personnel, budgets, and outcomes. This position also ensures quality standards and services and may include clinical duties, responsibilities and oversight. Required competencies for this position include: competency in administrative, clinical, management and supervisory tasks; strong knowledge and skill-based expertise in behavioral health or applicable field; knowledge of management techniques and supervisory best practices; strong written, oral and interpersonal communication skills; must have good organizational skills and have ability to prioritize and complete tasks within specified time frames; ability to deal professionally with



all types of people, work under stress, and recognize when to step in and make a recommendation and/or decision; must be able to work in a diverse, multi-cultural environment and be sensitive to the service population's cultural and socioeconomic characteristics; and must have ability to maintain confidentiality, and exhibit mature judgment and emotional stability.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position include:

- Implements program in accordance with contract and licensing requirements.
- Develops, implements and monitors the budget; keeping Regional Directors updated at least monthly.
- Oversees facilities management where required.
- Manages the services performed by employees, contracted staff, students, trainees and volunteers within the assigned program area(s).
- Participates in selection process for new staff, disciplinary proceedings, supervision and evaluations, and makes recommendations for terminations.
- Interviews and selects candidates to fill open positions, following agency protocols.
- Organizes training opportunities and sharing of staff expertise for assigned program areas, in addition to participating in orientation for new employees.
- Provides support/feedback regarding business opportunities, challenges with programs and target communities, and identifies solutions to problem areas.
- Ensures outcomes data is processed timely, as well as referral source satisfaction data (where appropriate).
- Participates with regional management team and other AzCA management teams as appropriate and directed.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.
- Performs additional duties as assigned which are consistent with the general responsibilities of the position.

### **Minimum Qualifications and Other Requirements**

The Program Director position requires a Master's degree in Social Work or related field of study from an accredited college or university, as well as a minimum of 5 years of experience in the behavioral health field, including a minimum of 2 years providing supervision. This position must be able to provide DCS fingerprint clearance.



## **Kinship Navigator**

Kinship Navigators assist kinship caregivers with understanding, navigating, and accessing the system of out-of-home care supports and services for children. Kinship Navigators are supported by the Program Coordinator and Program Director. This position is responsible for working with kinship caregivers, groups, organizations, and institutions. Navigators assist caregivers in identifying, connecting to and effectively utilizing community resources to support their family and the children in their care. Navigators also increase awareness of kinship needs with community providers, court and child welfare staff, and other key stakeholders to develop kinship resources for the betterment of kinship care. Kinship Navigators need in depth knowledge of the local, regional, county, and/or statewide issues affecting kinship families, and available community resources that can help. . Kinship Navigators may be peer kinship caregivers who have personal experience raising children in kinship care and navigating the child welfare, legal, educational, and health systems. Required competencies of this position include: knowledge of kinship family dynamics and systems; excellent and effective written, oral and interpersonal communication skills, including speaking in front of groups; ability to manage multiple projects simultaneously and the organizational skills to coordinate events and processes; ability to function effectively in a variety of community settings and with diverse populations; must be able to work in a diverse, multi-cultural environment and be sensitive to the service population’s cultural and socioeconomic characteristics; and must have ability to maintain confidentiality, and exhibit mature judgment and emotional stability.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position include:

- Demonstrates knowledge of kinship care, children and families.
- Provides screening and assessment, information and referral, connection to services and case management, to kinship caregivers and their families.
- Identifies and addresses barriers to effective service utilization.
- Organizes and coordinates meetings specific to the kinship population.
- Supports kinship caregivers, groups, organizations, and institutions with identifying assets and needs. Nurtures emerging kinship caregiver leadership.
- Assists in creating partnerships in the community.
- Acts as a liaison between community building initiatives, bringing together people and programs to work alongside kinship caregivers.
- Shares data and provides access to information about the kinship care. Collects and shares stories about kinship care and the building process.
- Prepares monthly activity summaries and other appropriate reports for program and grant requirements.
- Collaborates with other agencies and groups to provide services to kinship families.



- Develops programs and educational materials for kinship care, and delivers trainings on kinship issues to a variety of audiences.
- Provides screening and assessment, case management, information and referral; organizes events; and facilitates support groups for kinship families.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.

### **Minimum Qualifications and Other Requirements**

The Kinship Navigator position requires a minimum of a Bachelor's degree in social work, human services, or related field of study from an accredited college or university. Bilingual in the English and Spanish languages is preferred. Familiarity and experience in working with kinship families is preferred. This position requires a minimum of one year of experience working in social services, education or related field required. Due to the nature of this position, staff must be willing to work a flexible schedule; regular evening and weekend hours may be required. This position must be able to provide DCS fingerprint clearance.

### **Office Manager**

The Office Manager is responsible for the office management functions of the office including: facility management, purchasing, financial record keeping, reception, and administrative support for the Director and other key staff.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position in relation to the AKSS program model include:

- Ensures office is appropriately stocked with supplies, and approves all purchases for office supplies.
- Collects and reviews expense reimbursement information, vendor invoices and billing, transmitting documents on a timely basis to the Corporate Financial Department.
- Maintains confidential and administrative files.
- Securely transmits AKSS evaluation materials to the Program Evaluator on a monthly basis.
- Produces the AKSS newsletter and sends it to caregivers who request email correspondence.
- Attends meetings as required for purpose of obtaining information in personnel and office procedure matters, and reports back to the Program Director.
- Types all correspondence originating from the Program Director and other key staff members.
- Coordinates, assembles and types all information necessary for regional program requests for proposals received from referring agencies or other new business proposals.
- Serves as receptionist, processes incoming calls and greeting clients who walk in to the office for services.



- Opens and sorts incoming correspondence for the Program Director as requested.
- Delivers mail to post office and/or money to bank, where applicable.
- Ensures maintenance and operational functions for office equipment/machines.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.
- Performs other duties as assigned which are consistent with the general responsibilities of the position.

### **Minimum Qualifications and Other Requirements**

This position requires a minimum of a high school diploma or equivalent. This position requires a minimum of 5 years of progressive office management experience with 2 years in a supervisory position, preferably in the service industry. This position must be able to provide DCS fingerprint clearance.

### **Program Coordinator**

The Program Coordinator is responsible for the provision of childcare and other supportive services, within the kinship support program area. Position complies with agency policies, applicable State law and regulations, purchase of service contracts, other funding sources, and accepted professional standards and practices.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position include:

- Monitors quality of services.
- Provides supervision and support to staff.
- Coordinates and facilitates meetings to identify and resolve system issues.
- Completes documentation of clients' records in accordance to agency and funding source requirements.
- Develops and monitors problem solving strategies with staff and parents/guardian when needed.
- Updates and revises program protocol on an ongoing basis.
- Maintains client records and documentation in compliance with agency and funding source requirements.
- Submits required service logs for billing and discharge/ program reports to referral source.
- Meets with Supervisor as required for supervision.
- Oversees staff and subcontractor's activities, including training, prescreening, development and implementation of intervention strategies and methods and assessing their success.
- Assures adequate support functions within program area.



- Coordinates and integrates the services of the program area with other Agency programs.
- Participates in media events and provider interviews promoting program services and child advocacy upon request.
- Maintains professional boundaries and ethics specific to the Agency and particular professional certification.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.
- Performs other duties as assigned which are consistent with the general responsibilities of the position.

### **Minimum Qualifications and Other Requirements**

The Program Coordinator position requires a minimum of a bachelor's Degree in Social Work or related field of study from an accredited college or university preferred. A high school diploma or equivalent is required. This position also requires a minimum of 3 years of experience working in the behavioral health field. Due to the nature of this position, staff must be able to provide own transportation to and from clients' homes and/or other relevant organizations/agencies. This position may be required to transport clients and must be at least 25 years of age to drive the company vans. This position must be able to provide DCS fingerprint clearance.

### **Special Services Instructor**

The Special Services Instructor (SSI) conducts training/instruction to those individuals required to receive training on specific subject matter.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position include:

- Trains professionals, paraprofessionals and/or families on specific subject matter in accordance with program curriculum and procedures.
- Conducts training independently or with co-facilitators.
- Assures all necessary items for training events are ordered, available, taken to training as well as returned to the office.
- Administers all tests, evaluations, surveys, and other program paperwork.
- Collects relevant data for the evaluator and submits information in a timely manner.
- Attends and participates in team meetings.
- Stays current with specific subject matter to ensure information presented is accurate, practical, useful, and relevant to participants.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.



- Performs other duties as assigned which are consistent with the general responsibilities of the position.

### **Minimum Qualifications and Other Requirements**

The SSI must be 21 years of age. This position requires a minimum of a high school diploma or equivalent and a minimum of one year of experience in the subject matter. A Bachelor's degree in social services or a related field of study from an accredited college or university is preferred. This position must be able to provide DCS fingerprint clearance.

### **Child Care Worker**

The Child Care Worker provides periodic childcare during scheduled AKSS activities for caregivers. This position assists in implementing recreational, social, and independent living activities consistent with the navigation plan for the client.

### **Key Duties and Responsibilities**

Key responsibilities and duties of this position include:

- Provides children with necessary structure, guidance and limits consistent with the treatment plan.
- Oversees the physical care, safety, and development of the children enrolled in the day care center.
- Develops and conducts age appropriate development activities for children enrolled in the center.
- Maintains accurate records regarding issues involving children under supervision.
- Participates in planning and implementing parent involvement activities.
- Maintains confidential information on children, and maintains appropriate contact with parents to ensure a consistent center approach.
- Supervises and teaches daily living skills, and recreational skills in the areas of games, sports, arts and crafts, and hobbies.
- Must be able to safely and effectively monitor consumer activities, with or without a reasonable accommodation.
- Performs additional duties as assigned which are consistent with the general responsibilities of the position.
- Provides limited transportation as identified in Navigation Plan to connect clients with services.

### **Minimum Qualifications and Other Requirements**

The Child Care Worker position requires a minimum of a high school diploma or equivalent and a minimum of one year of experience working in the behavioral health field. This position must be able to provide DCS fingerprint clearance.



## Training Requirements and Certification

Per AzCA policy (2015), this **Program Specific Orientation** (PSO) needs to be completed within 30 days of hire. The new employee attends **New Employee Orientation** (NEO), and then completes all essential learning modules and Welcome Manual requirements within the first seven days of hire. Supervisors will give new the employee a copy of the PSO checklist to review together and the employee will initial as areas are reviewed.

- Staff members are trained to understand the dynamics of kinship care and to help the program meet its mission. They are also trained to support and identify sub-populations within kinship, i.e., children of incarcerated parents, older caregivers, disabled family members, etc. New staff is often mentored by more experienced staff.
- Staff and program collaborators receive cross-agency training on various issues relevant to the local community served.
- Other recommended staff training and professional development topics (pre-service and in-service) may include: Empathic Listening; Understanding the Local Child Welfare System; Navigating the Child Welfare System, Benefits, and Eligibility; Leadership Development. Supervisors should assist staff in locating and accessing appropriate training, and also arrange for training on site by qualified personnel.

### Program Specific Orientation Topics

The following topics are covered in the PSO:

- Hours of Operation
- Child Welfare
- Team Meetings
- Supervision
- Productivity
- Roles and Relationships
- Fingerprinting

Training of staff also covers the areas shown in Exhibit 2, many of which are reviewed in greater detail in this manual.



Exhibit 2. Training Areas Related to Scope of Staff Position and Documentation of Work

Scope of Work	Documentation
<ul style="list-style-type: none"> <li>• Kinship Support Services</li> <li>• Accreditation Guidelines</li> <li>• Outcomes &amp; Reports</li> <li>• Screening &amp; Intake</li> <li>• Information &amp; Referral</li> <li>• Kinship Navigation Services</li> <li>• A.R.S. 14 Guardianship Clinics</li> <li>• Kinship Information Session</li> <li>• Scheduling Appointments</li> <li>• KARE College</li> <li>• Support Groups</li> <li>• Family Events</li> <li>• CIP Program</li> <li>• Documentation</li> <li>• Staff Supervised Activities</li> <li>• Leadership &amp; Advocacy for Families</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Service Planning &amp; Monitoring</li> <li>• Navigation Plan Closure/Transfer &amp; Aftercare</li> <li>• Level 1: Compliance Tool</li> <li>• Level 2: Quality Tool</li> </ul>

## Supervision of Staff

As with any child welfare practice approach, quality supervision is essential. AzCA Policy states that all for every 40 hours of work, staff must receive one hour of supervision. Supervision is designed to support staff in managing cases and maintaining an acceptable work load and is conducted in one-on-one supervision as well as team group supervision. All full-time employees are required to have a minimum of 4 hours of supervision per month. Part-time employees must have one hour of supervision for every 40 hours worked. Staff is evaluated initially at 90 days and annually.

## Staff Caseloads

Per AzCA policy, staff may carry a caseload of no more than 25 clients. Caseloads may be smaller, depending on acuity of needs of the families involved, and are reviewed with the supervisor/director, to ensure quality of service provision.



# Core Components of Kinship Navigator Program Implementation

Core services of the AKSS Kinship Navigator Program model are listed below. All services are voluntary, non-clinical in nature, client-based and focused on the expressed needs of the family. Services are family centered, strength based and meet the needs of families in a culturally appropriate manner. Services are provided in both English and Spanish. Once families are recruited to the program, core services include:

1. Screening and Intake
2. Information, Referral, and Connection Services
3. Kinship Navigation Services
4. A.R.S. 14 Guardianship Clinics
5. Kinship Information Session
6. KARE College
7. Emotional and Peer-to-Peer Support through Kinship Support Groups
8. Family Events
9. Children of Incarcerated Parents (CIP) Program
10. Staff Supervised Activities of Children
11. Leadership and Advocacy for Families

## Recruitment of Kinship Families

AKSS Kinship Navigator Program utilizes a variety of methods to recruit kinship families, including:

- Toll-free Caregiver Resource Line (managed by community partners).
- AKSS Program Website.
- Caregiver self-referral/walk-in to the program.
- Referrals from external agencies and advocacy networks (e.g., schools, courts, DCS).
- Outreach events and activities, (i.e., tabling at education or resource fairs or other community events, (staffed by Navigators, volunteers, or other community agencies).
- Promotional materials and fliers (in English and Spanish).
- Word-of-mouth referrals from current or previous clients.

Appendix A provides a flow chart of possible entry points into AKSS services.



## Screening, Intake, and Information, Referral, and Connection Services

Upon first contact with the Kinship Navigator Program service site, kinship families are connected to a Kinship Navigator for screening, intake, and IRC services. Kinship families who cannot be served by the program, or cannot be served promptly, are referred or connected to appropriate resources.

### Screening and Intake Process

Kinship families are screened promptly and responsively to determine their needs and are informed of the services available at the specific location and/or through other community resources. Respectful listening ensures that family's immediate needs are understood and all families receive equitable treatment. It also allows for successful relationship building between the Kinship Navigator and family, which is crucial in order to effectively provide support.

Priority is given to caregivers with urgent needs and emergency situations. Kinship families with emergency situations are encouraged to call 911, law enforcement, Child Protective Services, or a Crisis Hotline. At initial screening, it is determined how a kinship family will be provided information (telephonically, in person, email or via postal mail) and/or referred to a community resource. Native American children are identified and their respective tribal social services may be contacted to access appropriate documentation, benefits and services. In cases where the Indian Child Welfare Act applies, these standards are upheld. In the case that a Native American child is working with a tribal case manager or any other tribal worker, every effort is made to connect and work alongside the tribe in support of the child's case plan

Upon completion of the screening process, at a minimum Kinship Navigators provide caregivers with IRC services to meet their immediate needs. The Kinship Navigator assists the family in identifying and making contact with these resource agencies. The Kinship Navigator may also provide caregivers with relevant agency pamphlets and/or brochures and facilitate the initial and subsequent appointments with community resource agencies. Depending on needs, Kinship Navigators may provide families with a variety of assistance, such as:

- Providing caregivers with donated goods, such as diapers or other household goods;
- Finding and connecting families to existing resources (e.g., food assistance, utility assistance, childcare, mental health services, etc.);
- Assisting caregivers in understanding the local dependency court process and the process for establishing a legal relationship with the child in care;
- Assisting caregivers in working with child welfare/protective services and their processes; and
- Connecting caregivers to access TANF Cash Assistance, TANF Child Only Cash Assistance, health insurance, or other types of assistance available.



- Referring families to other Family Support Services (described in greater detail in this manual).

The following IRC areas are reviewed in the PSO staff training.

- **Arizona Department of Economic Security (DES), Family Assistance Administration (FAA)** - A list of contracted providers is available on the AKSS website. In Maricopa County, refer clients to the Keogh Health Foundation for information on the DES Clinic, and assistance with cash assistance (TANF), food stamps (SNAP), and Medicaid (AHCCCS). In Pima County, refer clients to the Gabrielle Giffords' Family Assistance Center for assistance with cash assistance (TANF), food stamps (SNAP), and Medicaid (AHCCCS). Families involved with DCS must file for benefits through their DCS Specialist or Kinship Liaison and they will process with FAA.
- **Food** - Refer clients to a local food pantry in their area or the local Community Food Bank. A list of food resources is available on the AKSS website.
- **Health/Behavioral Health** - A list of health/ behavioral health resources is available on the AKSS website. Referrals are based on the client's health insurance, as follows:
  - **Arizona Health Care Cost Containment System (AHCCCS/Medicaid)** - Clients must contact AHCCCS at <https://www.azahcccs.gov/> to be referred to a Health Care Provider. For behavioral health services, clients must call the local Tribal/Regional Behavioral Health Authority (T/RBHA) to be referred to a Health Provider Behavioral Health Network that accepts AHCCCS.
  - **Private Insurance** - Clients must contact their private insurer to be referred for health/behavioral health services.
  - **Uninsured**: In Maricopa County, refer clients to low cost health clinics/programs. In Pima County, refer clients to El Rio Clinic or St. Elizabeth of Hungary Clinic. For behavioral health services, refer the client to the local T/RBHA and/or Arizona's Children Association Behavioral Health Programs.
- **Clothing and Household Goods** - A list of resources is available on the AKSS website. In Maricopa County, refer clients to Helen's Hope Chest and/or other community resources. In Pima County, provide clients with clothing vouchers for the Community Closet on an as-needed basis, as well as a list of local thrift stores.
- **Parenting Classes** - A list of resources is available on the AKSS website. In Maricopa County, refer clients to appropriate the parenting class resource, such as New Directions Institute for children 0-5 years. In Pima County, refer clients to The Parent Connection or other appropriate parenting class resources.



- **Support Groups** - If support groups offered by AKSS do not meet the client's needs, refer clients to support groups in the community (i.e. Al-Anon, substance abuse, groups for families dealing with children with disabilities, grief support, etc.) A list of resources is available on the AKSS website.
- **Employment** - In all counties, refer clients to the appropriate One Stop Career Centers, Workforce Training Centers, Primavera WORKS Program (Pima), Goodwill, and/or other employment service in the county.
- **Domestic Violence** - A list of resources is available on the AKSS website. In Maricopa County, refer to the Family Advocacy Center, Domestic Violence Legal Assistance Project, and/or Sojourner Center. In Pima County, refer clients to Emerge! Center Against Domestic Abuse. Navigators can also refer clients for assistance in obtaining restraining orders as appropriate.
- **Resources for Seniors (Age 55+)** - A list of resources will be available on the AKSS website. In Maricopa County, refer clients who are 55 years or older to the Area Agency on Aging, Region One (AAA) for assistance with Medicare, housing, rent and utilities, or other issues. In Pima County, refer clients who are 55 years or older to Pima Council on Aging for assistance with Medicare, housing, rent and utilities, or other issues.
- **Assistance with Shelters, Rent & Utilities, Food, Personal Needs, Other** - A list of resources will be available on the AKSS website. AKSS Navigators may also assist caregivers connect with section 8 housing resources. Clients may also be referred to 2-1-1 or Arizona Community Action Association.

### **Initial Contact Form**

At intake to the Kinship Navigator Program, Kinship Navigators and/or intake staff work with the kinship caregiver to complete an **Initial Contact Form** (ICF) that collects information from the primary caregiver(s), such as: contact information; gender; date of birth; race/ethnicity (including Tribal affiliation); employment status; annual household income; benefits received; and spouse/partner information. Information on kinship children in care or those for whom the caregiver is seeking to care should be collected, such as: 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; child welfare involvement; education status; access to health insurance; special needs status; date of birth; gender; and race/ethnicity. Information may be collected from the primary caregiver in person or by telephone. Staff may complete a paper ICF and then enter data into the AKSS database, or staff can type information directly into the database and print the ICF record for the paper file.



## Kinship Navigation Services

Upon completion of the screening process for the Kinship Navigator Program, the client and Kinship Navigator will determine if the client is in need of more intensive Kinship Navigation Services.

### Eligibility

Indicators that a kinship family may benefit from the Kinship Navigator Program services are shown in Exhibit 3. Upon completion of the screening process, in order to ensure timely initiation of services, families are served on site, in the home and/or referred promptly to other community services. Provision of service will be flexible to meet the unique needs of each family with delivery of service in a neighborhood setting, home or in the office.

Exhibit 3. Indicators that a Kinship Family may benefit from the Kinship Navigator Program

#### Indicators of Service Eligibility

- Caregiver is caring for a sibling group of three children or more.
- Caregiver is between the ages of 18-25 years or is a sibling of the children.
- Child(ren) has current involvement or need of behavioral health services.
- Caregiver is having difficulty establishing a legal relationship with the child(ren) (e.g., needs assistance with paperwork; discussing guardianship process with bio parent; transportation or other barriers, etc.).
- Caregiver is having difficulty obtaining medical care or enrolling child(ren) in school due to lack of a legal relationship with the child(ren).
- Caregiver asks referral source for assistance at meeting/staffing or makes multiple requests for support or clarification.
- Family has material needs related to poverty or a crisis. (Note: this reason alone is not enough to warrant a Navigation Case Opening).

### Completion of AzCA Forms

Families participating in Kinship Navigation Services must sign the **Consent to Participate and Receive Services** and **Acknowledgement of Receipt of Information** forms, which documents their consent to receiving services with AzCA. The date this form is signed is considered the starting point for the time frames with the family assessment and Navigation Plan. The client is given copies of the client's rights and HIPAA. The following forms are also required by AzCA.

- The **Permission for Voicemail, Email and Text Messaging** form is signed by the client. If the client gives permission to leave voicemails, text messages or emails they must provide the telephone number(s) and email addresses where information can be sent.
- The **Authorization for Use or Disclosure of Protected Health Information** (if applicable) is signed by the client allowing Arizona's Children Association to share information regarding their case to a third party. The client can indicate what type of information is shared.



- The **Authorization for use of Disclosure of PHI/HIV/Substance Abuse** (signed if applicable) is signed by the client allowing Arizona’s Children Association to share information regarding their case to a third party. The client can indicate what type of information is shared.
- The **Authorization for Transportation by AZCA Staff** (if applicable) form is signed by the caregiver or legal guardian of the child(ren). This grants permission for Arizona’s Children’s Association to provide transportation to the children, if that service is provided.

### Family Assessment

All families whose case is opened for Kinship Navigator Program services receive an assessment of family needs from a family centered and strengths based perspective. This framework encourages building upon the strengths of families and individualizing services to meet the needs of the family. Through this approach, AKSS can produce strong outcomes focused on safety, permanence, and well-being.

The **Strength, Needs, Cultural Discovery (SNCD)** is completed by staff with information collected from the caregiver during assessment and intake. The SNCD must be completed within 14 days of case opening and is signed by the caregiver and staff. The SNCD is updated when there are significant changes in the caregiver’s situation or every 90 days. This assessment is individualized, strength-based, family focused, culturally responsive assessment that informs the development of the navigation plan. The assessment is a mutual process and is directed at concerns identified by the caregiver and Navigator in the initial screening. The assessment is comprehensive and pertinent for establishing service requests and objectives in the navigation plan. The assessment is conducted in the language of the family’s preference (translators are accessed as needed) and in a manner that will encourage service participation as appropriate.

## INFORMED CONSENT FOR RESEARCH STUDY

In the case where program services include an evaluation or research study, intake staff must initiate and complete an informed consent process with eligible families. Staff introduces the study to the caregiver and reviews the consent form with them, following the informed consent collection protocol. English and Spanish consent forms are available. The informed consent form describes the study’s experimental design and explain 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 study group. Baseline data will be collected by Navigators from all evaluation participants who agree to and sign the informed consent form. Staff and the consenting caregiver must sign and date the consent form. The caregiver can receive a copy upon request. Staff must record the caregiver’s study group on the signature page of the consent form before sending it securely to the program evaluator. Paper copies are submitted securely to the program evaluator electronically (scanned and sent by secure email message), by mail, or in-person hand off.



Through screening and assessment the Navigator and caregiver identify strengths and needs in the following areas:

1. Strength and Commitment of Kinship Bonds;
2. How Child Came into Kinship Care;
3. Family Relationships;
4. Spiritual and Religious Activities;
5. Social and Recreational Activities;
6. Residence and Living Environment;
7. Financial Circumstances;
8. Mental and Emotional Health;
9. Medical Health;
10. Legal Situation;
11. Educational and Vocational;
12. Culture; and
13. Crisis and Safety .

If the client is seeking to care for kinship children, the caregiver's readiness, capacity, and commitment to providing full-time care may be assessed. If issues are identified that affect permanency, other family resources and natural supports will be sought to ensure maximum family stability and caretaker's willingness and ability to facilitate an ongoing relationship with the parents, as appropriate. Also, services that may be beneficial to the family from a best practices perspective are evaluated. For Families experiencing the incarceration of a parent, the CIP Addendum is completed with the family to assess whether the family would benefit from participation in the CIP Program. Navigators continually assess the kinship family and community risks, evaluate impediments to services and determine if the family continues to be a benefit from services.

While Kinship Navigation Services are not designed to provide health services, eligible kinship families are connected and referred to sign up for Financial Assistance Administration benefits (TANF, AHCCCS, SNAP) and given information about other options for care when insurance coverage is not available. Kinship families are encouraged to access resources for physical, dental, and health care and are provided with information and referrals for youth and caregiver

## RANDOM ASSIGNMENT TO TREATMENT AND CONTROL GROUPS

In the case where a randomized control trial (RCT) evaluation/research study design is utilized, the following randomization procedures are recommended. Following baseline data collection, designated staff will utilize a coin flip technique to randomly assign subjects to the treatment or control group using simple random sampling. Randomization is widely accepted as a key contributor to achieving precise and valid estimates of the treatment effect, as it prevents any conscious or unconscious selection bias in allocating subjects to the treatment or control group. The coin flip protocol is as follows:

- Intake Staff will contact one of four designated staff persons and request that they flip a coin for study randomization.
- The designated staff person will flip a penny in a manner that allows it to fall flat on a hard surface.
- The designated staff person will inform the Intake Staff of the results. If the coin lands with the "heads" side up, then the person is randomized into the treatment group. If the coin lands with the "tails" side up, then the person is randomized into the control group.
- Intake Staff records the caregiver's study group on the Informed Consent Form signature page that is then securely submitted to the evaluation team.
- In the case where designated staff persons are not available, Intake Staff may use a Coin Flip Application installed on their company cell phone.



as needed. The kinship family is also provided with assistance in accessing resources such as mental health services, substance abuse treatment and/or domestic violence services as needs are identified by either the Kinship Navigator, the kinship family or by the DCS Case Specialist.

Kinship Navigation Services are not designed to provide educational services. Kinship families are assisted with navigating the educational system and connected with the appropriate resources within the educational system to assure that the family's needs are met. Navigators assist caregivers who are experiencing enrollment difficulties and provide verification that the caregiver is pursuing a legal relationship with the child, as requested by the caregiver. Additionally, Navigators can accompany Kinship families to school meetings, such as Individual Education Plans (IEP) and provide educational supports.

### **Service Planning and Monitoring**

During navigation service planning of Kinship Navigator Program, Navigators and kinship caregivers explore:

1. Client and Navigator expectations and responsibilities;
2. Benefit of planned services;
3. Cultural relevance of planned services;
4. Available options/resources;
5. Agreed upon goals;
6. Goal target/completion dates;
7. Desired Outcomes; and
8. How AKSS can support the achievement of the plan.

The Navigation Plan is based on the SNCD assessment and addresses identified services and supports that help kinship families maintain safety, stability and permanency, which strengthens family relationships and respect for the extended family's informal social networks. Navigation Plans are:

- Developed by a Kinship Navigator and the caregiver;
- Signed by the supervisor, Navigator, caregiver, and other family members involved in the plan (including children over the age of 6), as deemed appropriate, and a copy is given to the family;
- Continually assessed with the family to ensure that services and supports remain relevant to the family's needs and wishes;
- Reviewed and revised, as needed, at 90-day intervals, or sooner, if necessary, jointly by the Navigator and caregiver/family. Revisions are signed by the Supervisor, Navigator, caregiver, and family members as deemed appropriate; and



- Reviewed by the Navigator and their Supervisor with the following in mind: navigation plan implementation; progress on the navigation plan and goals; and whether the navigation plan is still appropriate to the needs of the family.

### **Scheduling Appointments**

When scheduling appointments, there are many variables to consider, such as meeting the family’s needs while maintaining a manageable staff work schedule. Areas to consider when scheduling home visits (HV):

- What type of HV and how much time is needed?
- Does the family or client require any accommodations?
- What other appointments do staff have scheduled for the day?
- How much time do staff need to review the requirements for the HV?
- Does the family or client have any time constraints?
- What materials are needed for the HV?
- What travel time is needed, especially when visiting a client during hours of high traffic?
- Have staff accounted for any other variables and are prepared for the HV?
- Have staff given the family enough notice for this HV?

Scheduling tips include:

- Schedule the next HV during a current home visit.
- Call or email a client the day before the appointment to remind them of the scheduled time to meet.
- Keep an up to date calendar that reflects all scheduled appointments for the month.

### **Navigation Plan Completion and Case Closure**

A Navigation Plan and family file may remain open in the Kinship Navigator Program as long as the family benefits from the support. The navigation support component is closed by an agreement between the Navigator and the kinship family, based on the accomplishment of the navigation plan goals or for any reason by mutual consent. A closing summary of the navigation plan is completed, reviewed, and signed-off by the program Supervisor. The closing summary will remain in the client’s file, should the file need to be re-opened. Upon plan closing, any collaborating service providers are notified by the Navigator, as appropriate. If the kinship family is asked to leave the program, every effort is made to connect them to appropriate services. Kinship families are welcome to return for additional support services at any time.

### **Aftercare/Follow-Up**

AKSS Kinship Navigator Program does not provide formal aftercare once the navigation plan is completed and closed. However, kinship families are encouraged to return to AKSS to enrich program services and to support and advocate for other families. All kinship caregivers are kept



on a mailing list in order to continue to receive information and resources that benefit kinship families. LeCroy & Milligan Associates performs a follow up survey with all families who are part of the Pima County study, assessing family measures at a six-months post case closure.

## Other Family Support Services

In addition to IRC and Kinship Navigation services, the AKSS Kinship Navigator Program model offers other services to caregivers, individually or in a group setting, either directly on-site or in collaboration with local community service providers and government agencies that interact with kinship families.

### Legal Services

Through collaboration with a local Legal Aid office or law firm, caregivers receive pro bono assistance from a lawyer in completing court documentation. Legal information related to kinship caregiving and family law is provided to caregivers by a lawyer in a group setting or individually.

**A.R.S. 14 Guardianship Clinics.** Guardianship Clinics are conducted at the AKSS Centers with legal representation provided by: Southern Arizona Legal Aid (SALA) in Pima County and the Children’s Law Center through Community Legal Services in Maricopa County. Title 14 Guardianship is voluntary guardianship that is terminated when the child turns 18. This type of guardianship is appropriate when consent to the guardianship has been given by the child’s parents, or suspended by circumstances, such as death, disappearance, incarceration, military service, serious illness or incapacity of parent or parents. Parents can file to revoke Title 14 Guardianship.

### Exploration of Permanency Options

Through collaboration with child welfare, TANF, and the courts system, formal kinship families are provided with a basic orientation for families to understand the dependency process, home evaluation, option of becoming a licensed foster care provider, and orientation to other kinship support services. Kinship Navigators also refer families to training provided by a local foster care licensing agency.

**Kinship Information Sessions.** Kinship Information Sessions are for AKSS families involved with DCS and are designed to guide kinship caregivers to understand what to expect from the dependency process and what resources to be aware of to assist them to provide safety, permanence, and well-being for children in their care. Content includes information from AKSS and information/representation from partnering agencies including Superior court, DCS, CMDP, FAA, Foster Care Licensing and Child Care Resources. Kinship Information Session is offered in a group format in Pima and Maricopa Counties, in English and Spanish Languages.



**Adoption or Guardianship Training.** This training is an informational session for caregivers of children in the custody of DCS and making a decision to adopt or be a permanent guardian. Information is provided about adoption and guardianship, including topics such as subsidies, visitation, parental rights, liability and court involvement, additional supports and resources. Adoption or Guardianship Training is offered in a group format in Pima and Maricopa Counties, in English and Spanish Languages.

### **Support Groups**

**AKSS Support Groups.** Groups meet regularly at intervals determined by the group members. Some groups meet monthly for two to three hours and include educational guest speakers. Other groups meet bi-weekly or weekly. Groups are offered in English and Spanish and are facilitated either by a Navigator or a designated Peer Leader. Support groups connect kinship caregivers with emotional, social, and recreational support. Additionally, it is a great way for caregivers to learn about navigating child welfare systems from other caregivers who have already been through these systems. AKSS offers many support groups in order to best serve our diverse client population.

### **Children of Incarcerated Parents Program**

**The CIP program.** CIP Program is designed to provide support and navigation to kinship caregivers of children with incarcerated parents. To ensure that families have the knowledge to navigate the criminal justice system and have a support system for kinship families, Kinship Navigators assist in getting CIP families connected to appropriate resources, services and supports. Kinship Navigators open navigation files for each CIP participant to make sure Kinship caregivers are provided with information and support to help them access services for the children in their care. Navigators must review the CIP manual. There are four components to CIP that can be provided to Kinship Caregivers and the children in their care. Components include:

1. Basic Navigation of the Corrections system (Arizona Department of Corrections aka ADC). Please see the ADC website at [http://www.azcorrections.gov/Constituent\\_Inmate\\_Index.aspx](http://www.azcorrections.gov/Constituent_Inmate_Index.aspx)
2. Adult and Youth Groups (using evidence-based curriculum, Life Skills Training) - CIP meets every second and fourth Friday of the month. Youth groups are split based on age and developmentally appropriate curricula are used. Caregivers are given information to support the lesson at home and also provide peer support to each other. Families must have incarceration situations to participate.
3. Visitation - Kinship Navigators discuss appropriateness of the visitation component with each CIP family. Caregivers are given information about visitation rules of the particular institution and how to ensure visits are focused on the child's needs.



Transportation assistance in the form of gas cards or van rides to visitation are also available.

4. Reunification - Preparation for re-entry. The CIP Navigator works with the parent and caregiver to plan the transition of parenting in a manner that provides stability for the affected child(ren).

Any Kinship Navigator can provide screening and intake for kinship families with CIP situations. All CIP families are referred to Kinship Navigators specializing in CIP. If a CIP family has an open Navigation File all addendums must be completed in addition to the forms for each file necessary. Addendum forms include:

- CIP Family Needs Assessment Addendum (if applicable);
- CIP Grant/Gas Card/Visitation Information (if needed);
- CIP Visitation Program Checklist and any other visitation paperwork;
- CIP ADC Facesheet (if needed); and
- Authorization for Transportation by AZCA Staff (if applicable).

### **Topical Education**

**KARE College**. AKSS hosts KARE College, a monthly two-hour class that is facilitated by community experts and covers various topics driven by caregiver requests and interests. In rural areas, this class is often offered as part of the monthly support group. Coordination of KARE College is facilitated by the Kinship Navigator. Kinship caregivers and service providers are registered via phone, email, and in person. Navigator responsibility includes:

- Contact and coordination with guest trainers;
- Coordinate staff supervised activities of children;
- Adult/ Youth sign in sheets; and
- Any provisions provided (snacks, food, materials, handouts, etc.).

All new Navigators are responsible to attend a KARE College Session within 90 days of hire.

### **Family Recreational Events, Services, and On-site Childcare**

AKSS provides staff and volunteer supervised activities for children and youth on-site, while their kinship caregivers are participating in services. AKSS also provides on-site childcare services for caregivers who attend any on-site navigation service, class, group, or activity. In addition, AKSS hosts special events that celebrate kinship families, such as Grandparent's Day, Kinship Care Month, Back to School, and holidays. Kinship Navigators also refer families to other community-based services such as: hot meals, respite, after school program, teen mentorship, adult education, gardening, health screening and education, etc.



## Recommended Duration and Intensity of Services

Duration of Kinship Navigator Program services depends on the needs of the kinship family. An open navigation case can range from 3 months to 2 years. Events, such as Support Groups, Education, and Training Classes may be held weekly, semi-monthly, or monthly, depending on client interest, availability, and program resources. Intensity of Kinship Navigation Program services depends on the needs of the kinship family. A recent time study of Navigation assistance intensity includes the following scenarios, based on a staff time allocation study conducted with AKSS staff in 2014-15:

- **Kinship Navigator** communication with or on behalf of client via telephone, text, or email: 1 to 60 minutes, average of 7 minutes.
- **Office Visit with Kinship Navigator:** 1 minute to 5 hours, average of 30 minutes.
- **Home Visit with Kinship Navigator:** 10 minutes to 4 hours, average of 1 hour.
- **Kinship Navigation Case Opening:** 30 minutes to 3 hours, average of 1.5 hours.
- **Support Group:** 60 to 120 minutes.
- **Education Class:** 60 to 120 minutes.
- **Legal Assistance:** 30 to 120 minutes.



# Fidelity Monitoring

Per AzCA Policy (2015) and grant funding requirements, AKSS has a fidelity monitoring system to assess whether or not the interventions of the Kinship Navigator Program are delivered with fidelity to the intended model. The fidelity monitoring processes is designed for assessing performance indicators and providing feedback to program staff during supervision for continuous program improvement. The goal of ongoing quality improvement is to attain an optimal, responsive, and inclusive environment for caregivers who receive AKSS services. Level 1 Compliance Audits and Level 2 Quality Reviews monitor fidelity of Kinship Navigation Services.

## Level 1 Compliance Audits and Level 2 Quality Reviews

AzCA's policy (2015) requires that each Kinship Navigation Service chart is reviewed for compliance within 90 days of case opening. Level 1 Compliance Chart Audits are conducted monthly with results being discussed in team meeting monthly. A minimum of 5% of charts are reviewed for quality of service delivery. Level 2 Quality Reviews are conducted quarterly and results are discussed quarterly in team meeting. Level 1 and Level 2 reviews are conducted in accordance with the Case Review Policy (IM 1000.01). Navigation file content includes (as applicable):

- Initial contact form;
- Baseline survey consent form;
- Acknowledgement receipt of info & consent to treat;
- Fee agreement;
- Authorization to disclose PHI;
- Authorization for transportation;
- Permission for voice, email, text;
- Client rights signature page;
- Voluntary services agreement;
- Contact notes page(s);
- Kinship Navigation Plan;
- Needs assessment;
- CIP addendum;
- Any info received on behalf of other agencies; and
- Closing navigation file summary.



## 90-Day Post Case Closure Protocol

At 90 days post the closure of a caregiver’s Navigation Plan, the Kinship Navigator follows a check-in protocol, which includes contacting the caregiver to update their contact information and see how the family’s situation is going.

## Perception of Care Survey

The Perception of Care Survey is a 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.

## Data Management Protocols

AKSS staff collect and enter necessary Kinship Navigator Program data in an accurate and timely manner. The general protocol is that staff enter data within one week of collection or by designated data collection cut-off dates, determined by reporting requirements. Appendix B presents the Data Collection Protocol for Program Intake, Assessment, Evaluation and Fidelity Monitoring. The AKSS program model has specific data elements collected, including:

- Services or resources requested and utilized;
- Resources and referrals made;
- Navigation assessment, plan, and open case record;
- Client satisfaction with the assistance provided;
- Identification of gaps and barriers to services;
- Client outcomes; and
- Other program reporting requirements.

## Program Database, Training, and Technical Assistance

AKSS’s evaluation team at LeCroy & Milligan Associates has developed and tested a customized database to collect program data, 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 and access is limited to credentialed administrators). This database is periodically modified by the evaluation team to accommodate new data fields, per reporting requirements.

The evaluation team provides periodic training and technical assistance to staff and project partners to ensure that they understand and are able to collect and enter data into the Access Database in accordance with the data collection protocol (Appendix B). This protocol includes a “Database Dictionary” that describes each data element collected and practice tips for collecting this data from clients, using the appropriate instruments.



As part of training and technical assistance, select staff are identified and designated as local “data collection” leads, providing onsite support to other staff in using data collection systems and protocols. The evaluation team also provides ongoing support to staff through email and telephone communication, in-person trainings, online webinars, and individual remote access of local computers.

The evaluation team performs and engages staff in periodic checks of the database to monitor data and data entry, and identify and clean missing or erroneous data fields. Program supervisors, with support from the evaluation team, also conduct periodic case reviews to ensure that data is accurately collected in a timely manner and case records are in compliance with AzCA policy (see Fidelity Monitoring for more information on this topic).

## Data Sharing Agreements

The AKSS program has established Data Sharing Agreements (DSA) with government agencies and other collaborators in order to obtain client outcome information from administrative data sets, such as child maltreatment reports and substantiation rates, access to TANF Child-only, establishment of a legal relationship, etc. Outcome data is typically requested and accessed every six months from intake to monitor program outcomes.

## Protection of Sensitive and/or Confidential Information

All client information at AzCA is protected by the laws of confidentiality stated in the Confidentiality of Medical Information Act, Health Insurance Portability and Accountability Act (HIPAA), State and Federal Laws governing Confidentiality. The client’s record, which is the property of AzCA, shall be maintained in a secure environment to serve the client and child welfare providers and AzCA in accordance with legal, accrediting, and regulatory agency requirements. The information acquired in the record belongs to the client. AzCA policy demands loyalty to the client’s welfare, that his or her rights are respected and that their Protected Health Information (PHI) shall not be disclosed without the properly signed Authorization to Disclose Protected Health Information, unless instructed by law. All of the partner agencies will enter into a Data Sharing Agreement- that will allow us to share data and protect client privacy as well.

All AzCA employees are oriented to the confidentiality policy upon hire. Furthermore, all employees are to understand and sign a confidentiality agreement upon employment. Employees shall not review or discuss client information except as required in the course of conducting their specific job functions. Transmission of information shall occur in appropriate places and in a professional manner. All requests for client’s records must be in writing and specify what information is to be disclosed.



AzCA shall maintain secure environments for the storage of all client medical records in order to ensure that the confidentiality and security of a client's PHI. Measures shall be implemented to ensure that all Medical Records are safeguarded against loss, theft, damage, and destruction or tampering, and protected against indiscriminate and unauthorized access or use.

Secured areas that house the Medical Records (all sites) shall be locked and restricted to authorized personnel only. Records created digitally shall be secured by maintaining access authorization and providing a back-up system. The Information Technology Department has the responsibility of keeping the computers restricted to authorized personnel by creating access authorizations to protect the confidentiality and security of client records. The client or authorized clients' guardian prior to the disclosure of any written or electronic information must sign an Authorization to Disclosure PHI.

## Program Evaluation

AKSS has contracted with an external evaluator, LeCroy & Milligan Associates, to carry out the local evaluation and support the Program Director in meeting the program's reporting recruitments. Additionally, AKSS receives support from AzCA's Compliance, Performance, and Quality Improvement Coordinator for Performance Evaluation.

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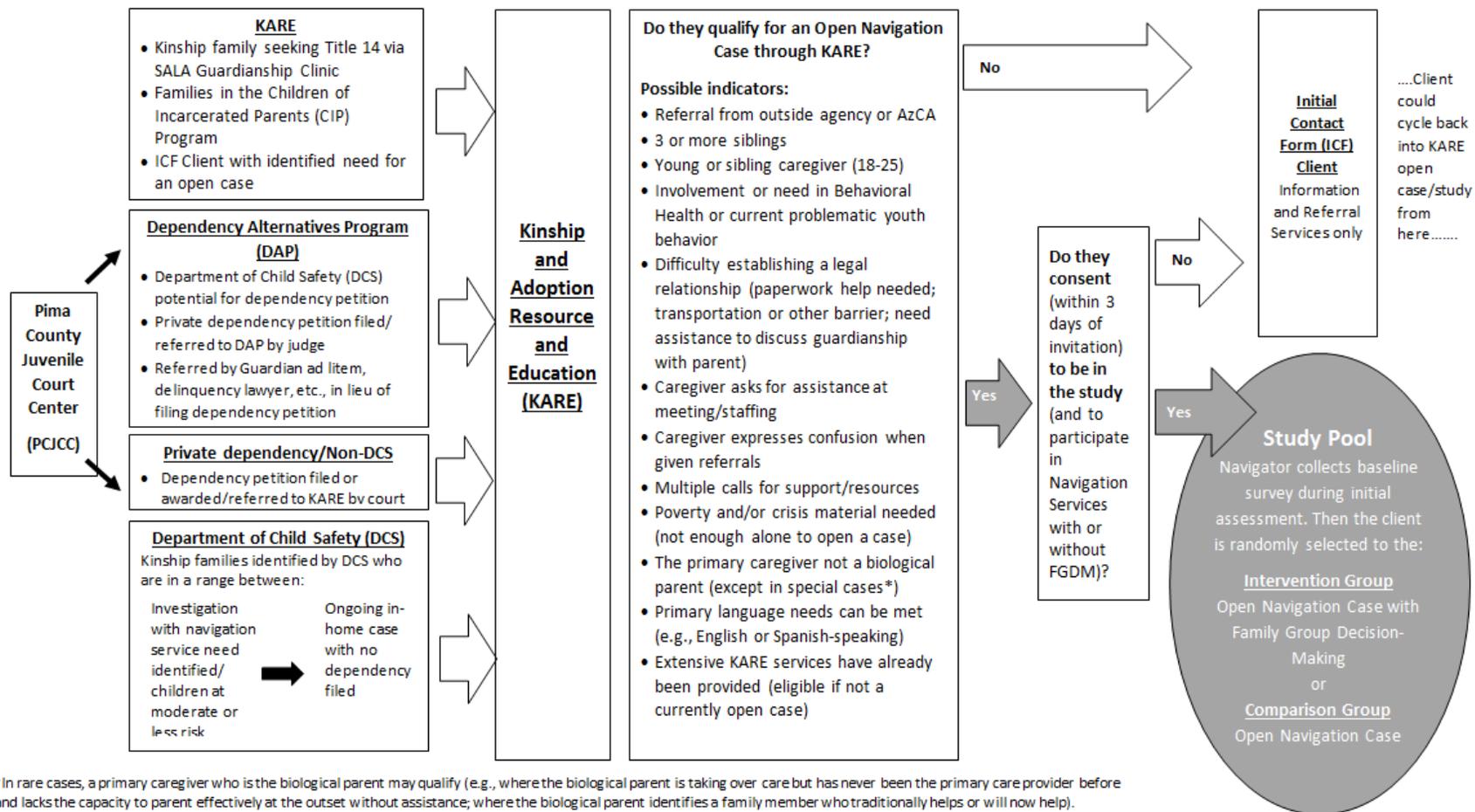


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# Appendix A. Entry Points for AKSS Kinship Navigator Program

Exhibit A. Entry Points for AKSS Kinship Navigator Program



\*In rare cases, a primary caregiver who is the biological parent may qualify (e.g., where the biological parent is taking over care but has never been the primary care provider before and lacks the capacity to parent effectively at the outset without assistance; where the biological parent identifies a family member who traditionally helps or will now help).



# Appendix B. Kinship Navigator Program Data Collection Protocol

Exhibit B. AKSS Kinship Navigator Program Data Collection Protocol

Instrument Name	Study Group	When is it collected?	How is data collected? Where is it submitted/stored?	Who completes it?
<b>Initial Contact Form</b>	All clients	At initial contact, collected in person or over the phone.	Staff completes a paper ICF and then enters data into the database into the <b>Caregiver Info and Child tabs</b> in the database. Or staff can type information directly into the database and print the ICF record for the paper file.	Staff completes this form with information provided by the caregiver.
<b>Informed Consent Form (copy must have IRB Approval Stamp)</b>	All consenting clients	At time of collecting consent or within 3 days of invitation to participate in the study.	<p>Staff introduces the study to the caregiver and reviews the consent form with them, following the informed consent collection protocol (see Informed Consent Protocol). English and Spanish consent forms are available.</p> <p>Paper copies are submitted securely to LMA electronically (scanned and sent by secure email message), by mail, or in-person hand off. Electronic copies must be saved using the file naming protocol of Consent_UniqueID. Scan these to the administrative assistant to send on to LMA.</p>	Staff and the consenting caregiver must sign and date consent form. The caregiver can receive a copy upon request. Staff must record the caregiver's study group on the signature page of the consent form before sending it securely to LMA.



Instrument Name	Study Group	When is it collected?	How is data collected? Where is it submitted/stored?	Who completes it?
<b>AzCA Form: Navigation Plan</b>	All consenting clients	Initial navigation plan completed within 30 days of case opening	The initial navigation plan is developed within 30 days of case opening. The initial navigation plan should include identified needs of the client. The plan must include the caregivers' signature and anyone over the age of 6. The caregiver can sign in place of the child if they choose. The navigation plan is updated when there are significant changes or every 90 days.	Staff and caregiver discuss needs and create the initial navigation plan. The plan is signed by the caregiver and staff. The plan is signed by all family group conference participants including staff.
<b>AzCA Form: Strengths, Needs and Cultural Discovery (SNCD)</b>	All consenting clients	Initial SNCD completed within 14 days of case opening	The Strength, Needs, Cultural Discovery (SNCD) is completed within 14 days of case opening and is signed by the caregiver. The SNCD is updated when there are significant changes or every 90 days.	The SNCD is completed by staff with information collected from the caregiver. The caregiver and staff will sign.
<b>AzCA Form: Permission for Voicemail, Email and Text Messaging</b>	All consenting clients	At the time of case opening	The Permission for Voicemail, Email and Text Messaging form is signed by the client. If the client gives permission to leave voicemails, text messages or emails they must provide the telephone number(s) and email addresses where information can be sent.	Completed by the consenting client



Instrument Name	Study Group	When is it collected?	How is data collected? Where is it submitted/stored?	Who completes it?
<b>AzCA Form Authorization for Use or Disclosure of Protected Health Information (if applicable)</b>	If needed, allows Navigator communication with third party	At the time of case opening or when needed	The Authorization for Use or Disclosure of Protected Health Information (if applicable) is signed by the client allowing Arizona's Children Association to share information regarding their case to a third party. The client can indicate what type of information is shared.	Completed by the consenting client
<b>AzCA Form: Authorization for use of Disclosure of PHI/HIV/Substance Abuse (signed if applicable)</b>	If needed, allows Navigator communication with third party	At the time of case opening or when needed	The Authorization for use of Disclosure of PHI/HIV/Substance Abuse (signed if applicable) is signed by the client allowing Arizona's Children Association to share information regarding their case to a third party. The client can indicate what type of information is shared.	Completed by the consenting client
<b>AzCA Form: Consent to Participate and Receive Services and Acknowledgement of Receipt of Information</b>	All consenting clients	At the time of case opening	The Consent to Participate and Receive Services and Acknowledgement of Receipt of Information is signed consenting to services with Arizona's Children Association. <b>The date this form is signed is considered the starting point for the time frames with the navigation plan and SNCD.</b> The client is given copies of the client's rights and HIPAA.	Completed by the consenting client



Instrument Name	Study Group	When is it collected?	How is data collected? Where is it submitted/stored?	Who completes it?
<b>AzCA Form: Authorization for Transportation by AZCA Staff (if applicable)</b>	If needed, by all consenting clients	At the time of case opening or when needed	This formed is signed by the caregiver or legal guardian of the child(ren). This grants permission for Arizona’s Children’s Association to provide transportation to the children. The caregivers are not required to sign a form to consent to transportation.	Completed by the consenting client. If the children living with the caregiver are under the legal custody of the Department of Child Safety, the legal guardian must sign the form.
<b>Evaluation Study Baseline Survey</b>	All consenting clients	At time of collecting consent or within 2 weeks	<p>Paper survey or online survey. English and Spanish surveys are available.</p> <p><b>English Survey Link</b>  <a href="https://www.research.net/r/AKSS_Baseline_English">https://www.research.net/r/AKSS_Baseline_English</a></p> <p><b>Spanish Survey Link</b>  <a href="https://es.research.net/r/encuesta_AKSS">https://es.research.net/r/encuesta_AKSS</a></p> <p>Paper copies are submitted securely to LMA electronically (scanned and sent by secure email message), by mail, or in-person hand off. Electronic copies must be saved using the file naming protocol of Baseline_UniquelD. Scan these to the administrative assistant to send on to LMA.</p>	The Baseline Survey can be completed by staff as an interview with the caregiver and/or the caregiver can complete it on their own (on paper or the online survey).



# Appendix C. Formative and Summative Evaluation Questions and Data Collection Methods of the Kinship Navigator Program

Exhibit C-1. Formative Evaluation Questions, Data Collection, and Outputs Measured for the Kinship Navigator Program

Formative Evaluation Questions	Instruments/Data Sources	Data Collector	Collection Frequency	Outputs Measured
<b>1) What are the characteristics of the children and families in the control and treatment groups?</b>	Initial Contact Form Informed Consent Form	AzCA Navigators	At client intake	<ul style="list-style-type: none"> <li>Number of clients enrolled for IRC services</li> <li>Number eligible for, consented, and randomized into study groups</li> <li>Client demographics by study group</li> </ul>
<b>2) How is the project implemented?</b> – How are clients referred to the project? – What is the distribution of eligibility criteria? – What Navigation services are provided?	Client Referral Form	Referring partner (DCS, PCJCC)	At client referral	<ul style="list-style-type: none"> <li>Referral Sources</li> <li>Eligibility criteria met</li> <li>Navigation services, referral log, and activity log</li> </ul>
	Staff Interview Guide Partner Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	
	Administrative/Program data	AzCA Database	Ongoing	
<b>3) How do staff successfully engage families?</b>	Staff Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	<ul style="list-style-type: none"> <li>Strategies to engage families in services</li> <li>Lessons learned/best practices</li> <li>Client case study data</li> </ul>
	Family Engagement Tool (TBD)	TBD	TBD	
	Client Interview Guide	LMA	One-time interview conducted annually – up to 10 Tx and 10 Cx families in total.	



Formative Evaluation Questions	Instruments/Data Sources	Data Collector	Collection Frequency	Outputs Measured
4) <b>What are the strengths, facilitators, challenges, and barriers to model implementation? What contextual factors impact project implementation?</b>	Staff Interview Guide Partner Interview Guide	LMA	Mid-point and end of Pilot Study Phase; Semi-annually thereafter	<ul style="list-style-type: none"> <li>• Strengths, facilitators, challenges, and barriers to implementation</li> <li>• Contextual factors</li> <li>• Lessons learned/best practices</li> </ul>
5) <b>What are barriers to permanence that affect families served?</b>	Caregiver Survey (Self-Report)	AzCA Navigator LMA	Baseline 6-Month Follow-up	<ul style="list-style-type: none"> <li>• Barriers experienced by kinship families</li> </ul>
6) <b>To what extent are families satisfied with the AKSS services received?</b>	Client Interview Guide	LMA	One-time interview conducted annually - 2 Tx and 2 Cx families	<ul style="list-style-type: none"> <li>• Client satisfaction</li> <li>• Client case study data</li> </ul>
	AzCA Perception of Care Survey	KARE Center	Online survey collected 60 days post service receipt.	



Exhibit C-2 Summative Evaluation Questions, Data Collection, and Outcome Measures for the Kinship Navigator Program

Summative Evaluation Questions	Instruments/Data Sources	Data Collector	Collection Frequency	Outcomes Measured
<b>1) To what extent does participation in the Tx group, in comparison to participation in the Cx group, impact outcome areas related to placement and/or family stabilization?</b>	DCS Administrative Data	DCS CHILDS data provided to LMA	Semi-annually	<b>Placement and/or Family Stabilization Outcomes</b> <ul style="list-style-type: none"> <li>• Placement stabilization/disruption</li> <li>• Planned change in placement (reason for change in placement)</li> <li>• Rates of entry and re-entry into out-of-home care (DCS removal)</li> <li>• Time to placement</li> <li>• Time in placement</li> <li>• Number of placements</li> <li>• Placement type</li> <li>• Reunification with bio/adoptive parents</li> </ul>
	Caregiver Survey (Self-Report)	AzCA Navigator LMA	Baseline 6-Month Follow-up	
	DAP Minute Entries	DAP data provided to LMA	Semi-annually	
	PCJCC Data	PCJCC data provided to LMA	Semi-annually	
	SALA Data	SALA data provided to LMA	Semi-annually	
<b>2) To what extent does participation in the Tx group, in comparison participation in the Cx group, impact outcome areas related to child safety?</b>	DCS Administrative Data	DCS CHILDS data provided to LMA	Semi-annually	<b>Child Safety Outcomes</b> <ul style="list-style-type: none"> <li>• DCS Hotline Calls</li> <li>• Unsubstantiated maltreatment reports</li> <li>• Substantiated maltreatment reports</li> </ul>
<b>3) To what extent does participation in the Tx group, in comparison to participation in the Cx group, impact outcome areas related to caregiver well-being?</b>	Caregiver Survey (Self-Report) (This instrument includes the Healthy Families Parenting Index (HFPI))	AzCA Navigator LMA	Baseline 6-Month Follow-up	<b>HFPI Outcomes</b> <ul style="list-style-type: none"> <li>• Social support</li> <li>• Problem solving</li> <li>• Depression</li> <li>• Personal care</li> <li>• Mobilizing resources</li> <li>• Role satisfaction</li> <li>• Parent/Child behavior</li> <li>• Home environment</li> <li>• Parenting efficacy</li> </ul>



# Appendix D. Output Data Collection of the Kinship Navigator Program

Exhibit D shows the output data fields that are collected for the AKSS Kinship Navigator Program .

Exhibit D. Output Data Collected for the Kinship Navigator Program

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



Project Implementation Outputs	Navigation Services
Education System for Child	x
Caregiver Education	x
Casey Family Services	x
Caregiver Resource Line/Senior Aging Services	x



## Appendix E. Outcome Data Collection of the Kinship Navigator Program

Exhibit E shows the outcomes that the AKSS Kinship Navigator Program measures, as intended changes in the target population that result from an intervention. The outcome area were selected purposefully based on those recognized and measured by the CEBC. Measures are proximal (closer to the intervention) and distal (reflecting the long-term changes expected to result from the intervention). The evaluation team is also monitoring for unintended side-effects of the intervention through our process interviews with staff, partners, and clients. The following questions are addressed in Exhibit E.

- What is the primary proximal outcome? How do you define it? If there is more than one, define each.
- What are the secondary proximal outcomes and their definitions?
- Are the secondary outcomes broadly defined enough to detect unintended side effects (positive and negative) of the intervention beyond its targeted impact? Examples might include cost overruns, substitution effects, or unanticipated positive results.
- How will the primary and secondary proximal outcomes be measured?
- Who will complete and collect the measures?
- How and when will you collect the data?
- What format or method will you use (e.g., paper records, electronic data system, specific instrument, etc.)?
- How will proximal outcome data be analyzed? When will the proximal outcome data be analyzed? How will you use the proximal outcome analysis?
- What is the primary distal outcome? How do you define it? If there is more than one, define each.
- What are the secondary distal outcomes and their definitions?
- Are the secondary outcomes broadly defined enough to detect unintended side effects (positive and negative) of the intervention beyond its targeted impact? Examples might include cost overruns, substitution effects, or unanticipated positive results.
- How will the distal outcomes be measured?
- Who will complete and collect the measures?
- How and when will you collect this data?
- What format or method will you use (e.g., paper records, electronic data system, specific instrument, etc.)?
- How will distal outcome data be analyzed? When will the distal outcome data be analyzed? How will you use the distal outcome analysis?



Exhibit E. Outcome Evaluation Measures, Data Collection, and Analysis for the Kinship Navigator Program

Outcomes Measured	Outcome Type	Instrument/ Source	Data Collector	Collection Frequency	Collection Format	Analysis Method	Analysis Frequency
<b>Placement and/or Family Stabilization Outcomes</b> <ul style="list-style-type: none"> <li>• Placement stabilization/disruption</li> <li>• Rates of entry and re-entry into out-of-home care (DCS removal)</li> <li>• Time to placement</li> <li>• Time in placement</li> <li>• Placement type</li> <li>• Number of placements</li> <li>• Reunification with bio/adoptive parents</li> </ul>	Individual Level Outcome; Distal and Proximal	DCS Administrative Data	DCS CHILDS data provided to LMA (DSA in place)	Semi-Annually	Excel File/ Electronic	<p>Analysis will be conducted using SPSS 22. <b>Descriptive:</b> LMA will calculate frequency and percentage distributions for categorical variables and measures of central tendencies for continuous variables. <b>Bi-variate:</b> A t-test means comparison will be performed for continuous dependent variables, compared by study group (1=Tx) (0=Cx); Cross tabulation and chi-square tests will be computed for dichotomous categorical variables; dependent variables will be coded as 0/1 with 1=desired condition; compared by study group (1=Tx) (0=Cx); Pearson or Spearman Correlations will be performed with all variables to test significance and strength of relationships. <b>Multi-variate:</b> binary or logistic regressions may be performed depending on the results of preliminary analysis and if the data set does not violate test assumptions. P-values will be deemed significant if they are less than or equal to .05.</p>	Semi-Annual Reporting
<b>Placement and/or Family Stabilization Outcomes</b> <ul style="list-style-type: none"> <li>• Planned change in placement (reason for change in placement)</li> </ul>	Individual Level Outcome; Distal and Proximal	DAP Minute Entries PCJCC Data	Data provided by PCJCC to LMA (DSA in place)				
<b>Child Safety Outcomes</b> <ul style="list-style-type: none"> <li>• DCS Hotline Calls</li> <li>• Unsubstantiated maltreatment reports</li> <li>• Substantiated maltreatment reports</li> </ul>	Individual Level Outcome; Distal and Proximal	DCS Administrative Data	DCS CHILDS data provided to LMA (DSA in place)				



Outcomes Measured	Outcome Type	Instrument/ Source	Data Collector	Collection Frequency	Collection Format	Analysis Method	Analysis Frequency
<p><b>HFPI Nine Sub-Scale Outcome Variables of Caregiver/Family Well-being</b></p> <ul style="list-style-type: none"> <li>• Social support</li> <li>• Problem solving</li> <li>• Depression</li> <li>• Personal care</li> <li>• Mobilizing resources</li> <li>• Role satisfaction</li> <li>• Parent/Child behavior</li> <li>• Home environment</li> <li>• Parenting efficacy</li> </ul>		Caregiver Survey	<p>AzCA Navigator</p> <p>LMA</p>	<p>Baseline (at or up to two weeks post informed consent)</p> <p>6-Month Post Baseline</p>	In person or telephone interview; data entered into online survey collector	<p>LMA will compute the Cronbach's alpha score for the nine sub-scales to gauge the reliability of each scale. Cronbach (1951) and Nunnally (1978) report that a Cronbach alpha score of .70 or higher demonstrates strong internal consistency or average correlation of items in a survey instrument. LMA will calculate total scores for each sub-scale, following the author's guidelines, which is to calculate the sum of respondent ratings for each sub-scale item. The rating scale is from 1 to 5 or opposite if the scale is reverse scored. The higher the total summary score for each sub-scale, the more positive the finding. Summary scores for each sub-scale are continuous variables and will be analyzed accordingly.</p> <p><b>Descriptive:</b> LMA will calculate measures of central tendencies for continuous variables. <b>Bi-variate:</b> A t-test means comparison will be performed for continuous dependent variables, compared by study groups (1=Tx) (0=Cx); Pearson Correlations will be performed with all variables to test significance and strength of relationships. <b>Multi-variate:</b> logistic regressions may be performed depending on the results of preliminary analysis and if the data set does not violate test assumptions. P-values will be deemed significant if they are less than or equal to .05.</p>	Semi-Annual Reporting

