

Clark County Department of Family Services: Kinship Liaison Program

“A Small Program Making a Huge Difference”

Improving Child Welfare Outcomes through a System of Care Demonstration Initiative

The results of System of Care programs in the field of children’s mental health have been very promising. Children and youth enrolled in such programs have shown greater placement stability than children with the same level of disability that are not enrolled; school grades have improved; enrollees have fewer contacts with the juvenile justice system; children and youth with the highest levels of pathology have shown significant gains in their mental health status; parent and youth satisfaction has been very high; and costs associated with serving children who have the highest level of disability have been lowered. (Children’s Bureau, 2003).

Thus, the U. S. Children’s Bureau’s *Improving Child Welfare Outcomes Through Systems of Care Demonstration Initiative* was created to answer one central question for the field: Does a system of care approach have merit in helping achieve positive outcomes for children and families involved with the child welfare system and its partner

agencies?

In 2003, Clark County became one of nine grantees to help the Children's Bureau answer that question. These awards were funded as cooperative agreements to build home and community based "System of Care" to improve outcomes for children and families at

In 2006...
...the number of substantiated child abuse reports received nationally was 905,000 (AFCARS, 2008). For Clark County it was 1,896 (Nevada Kids Count, 2008).
... the number of children residing in foster care nationally was 510,000 (AFCARS, 2008). In Nevada it was 8,808 (Nevada Kids Count, 2008).
... the number of children in a relative foster family home nationally was 124,571 (AFCARS, 2008). In Nevada it was 2,566 (Nevada Kids Count, 2008).

risk of child maltreatment, children who have been substantiated for maltreatment but have not been removed from the home, or children in state custody (foster care). A System of Care approach is based on the development of a strong infrastructure of interagency collaboration, individualized care practices, culturally competent services and supports, child and family involvement in all aspects of the system and measures of accountability. System of Care has shown promise in working with various at-risk child and family populations. Given the Children's Bureau's mission of child safety, permanency of placement, and well-being of

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System of Care Principles

1. Children and their families are best served within the context of their home and community.
2. The System of Care needs to be culturally competent.
3. Families need to be involved in all aspects of designing, building and sustaining their System of Care.
4. Each child and family is unique; therefore, services and supports need to be tailored to meet the individual needs of each child and family served.
5. Plans of care need to address the strengths of children and their families.
6. Interagency collaboration is critical for the success of the System of Care because the needs of children and families cut across agencies.
7. Measures of accountability need to be developed to insure that client and system-level outcomes are measured.

System of Care Demonstration Initiative (continued)

children and families, it is incumbent that new and promising approaches to supporting children and families be tested. Systems of Care have shown promise in helping stabilize placements of children and addressing, in a positive fashion, the mental health needs of children, youth and their families.

Child welfare is poised to take advantage of these lessons and implement this kind of systemic change that will fundamentally transform the child welfare system's policies, practices, and relationships with other child and family serving agencies.

Formation of Caring Communities

The Caring Communities Demonstration Project is a 5-year federal grant aimed at infrastructure building rather than providing direct services. The target population is children in the child welfare system in Las Vegas and the kin caregivers with whom they live. However, the intent is to apply a System of Care (SOC) approach across all programs, including integrating SOC into policies, procedures, structures, and trainings.



The goal of the Caring Communities Demonstration Project is to use a community-based System of Care

approach to improve the safety, permanency and well-being of children living with kin caregivers. In line with the mandates of the Adoption & Safe Families Act (ASFA), the objectives of the Project are to:

1. Increase placements of children with kin when they must be removed from their homes.
2. Increase the safety of children living with kin.
3. Improve the physical and mental health of children living with kin.
4. Increase the stability of placements with kin.
5. Increase timely permanency for children living with kin.
6. Increase capacity of kin caregivers to care for the children living with them.
7. Align child welfare infrastructure with System of Care (SOC) principles.

Caring Communities Program Supports & Components

The fifth year of the Caring Communities Demonstration Project involved a major redesign of program activities. DFS transferred the staff who was previously employed by the parent-partner organization, Nevada PEP, in-house to assume the duties of a new position titled Kinship Liaison. New programming ensued which involved a more intensive focus on kinship caregiver recruitment, support, training and licensing. The new programming, referred to here as the Kinship Liaison Program, offered a unique opportunity for kinship foster parents to participate in a parallel process in which they benefited from the modeling and support of kinship liaisons. The intent of the program is to strengthen kinship foster parents' care giving skills while empowering them as key stakeholders in providing care and protection for vulnerable children. A secondary intent is to foster trust and support among all parties involved in the child welfare system.

Kinship Liaisons

Kinship liaisons (former and current relative caregivers themselves) focus on mentoring and educating kin caregivers, educating staff and stakeholders on kinship issues, advocating for kinship needs, and networking and collaborating with various community providers and stakeholders for improved services and supports for kin caregivers.

Kinship Foster Care Training

Kinship liaisons pair with DFS training staff to conduct foster parent trainings. Select portions of the kinship foster parent training derives from the Child Welfare League of America Tradition of Caring curriculum. The overall intent of the training is to create an interactive experience whereby relative caregivers are afforded the opportunity to understand and share their unique experiences. In an effort to engage training participants, the kinship liaisons share their personal care giving stories and experiences.

Evaluation Overview

The University of Nevada Las Vegas School of Social Work (UNLV-SSW) and the Clark County Department of Family Services (DFS) worked collaboratively to evaluate the impact and outcomes of the Caring Communities Demonstration Project. The university team served as the external evaluators for the demonstration project. This section contains a summary of the procedures used for the local evaluation.

1. Implementation Evaluation: Process evaluation techniques were used to ascertain the impressions of key stakeholders involved in the kinship liaison study. The main stakeholder group of interest was the relative caregivers who were the recipients of services. A Peer-to-Peer measure was used to assess the impact of the kinship liaison support

structure on relative caregivers. **2. Satisfaction Evaluation:** A satisfaction evaluation was used to capture the reactions of both caregivers and relative caregiver foster parent training participants.



3. Outcome Evaluation: An outcome evaluation was undertaken to assess the usefulness of the kinship liaison support structure. Three measures were used: service log tracking data, kinship foster care training pre and post tests, and DFS administrative data.

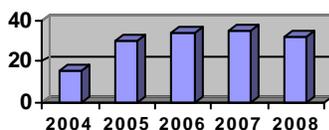
Sample: There were four respondent groups involved in the

evaluation design: (1) Relative caregivers referred to the Caring Communities program (n = 523) where a majority were contacted by phone or some mode of written correspondence; (2) Relative caregivers referred to the Caring Communities program that agreed to be part of the demonstration project (n = 74) where a majority were between the ages of 40-49, female, single, African American, high school graduates, living in rental housing and grandparent to the child in their care; (3) Relative caregivers who attended the DFS Foster Parent Training Program (n = 241) where a majority were between the ages of 40-49, female, married, Caucasian, attended some college, working full-time, and grandparent to the child in their care; and (4) Kinship Liaisons (at the time of the evaluation the program employed three liaisons).

Outcomes

Objective 1: Increase placements with kin when children must be removed

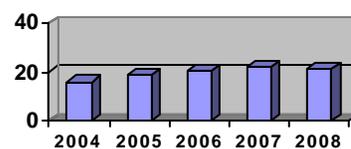
Fig. 1 Percentage of Children Placed with Relative Caregivers



to facilitate caregivers' desire to provide placement for children, including intact sibling groups (Figs. 1, 2). Critical organizational realignment (e.g., redesign of diligent search procedures and processes) and overall system of care driven interventions also assisted in kin placements. During the grant period, the percentage of total

Objective #1 concerned the rate at which relative caregivers were licensed to provide foster care. With the supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program, relative caregivers were identified in a timely manner and provided with information about foster parent licensure. Likewise, the collaborative nature of the work between DFS caseworkers, licensing staff and kinship liaisons, helped

Fig. 2 Percentage of Intact Sibling Groups Placed with Relatives



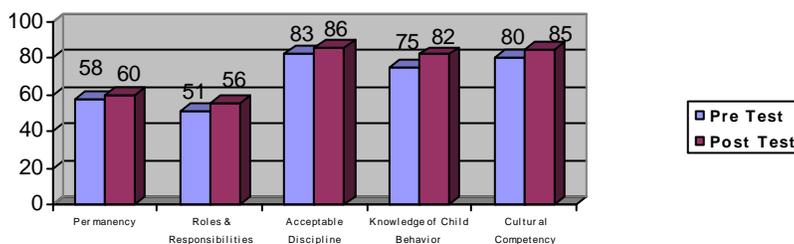
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Outcomes, cont.

children placed with relative caregivers increased from a low in 2004 of 16% of the child welfare population to 35% in 2007 and 32% in 2008. At the start of the demonstration project, about 15% of the intact sibling placements were comprised of relative caregivers. By the end of the demonstration project there was a slight level of growth in the number of intact sibling placements made to relative caregivers. By 2008, 21% of the intact sibling placements were made with relative caregivers.

The redesigned foster parent licensing training that was tailored to the needs of relative caregivers also helped the project to successfully realize Objective #1. Overwhelmingly, caregivers reported a high degree of satisfaction with the training program. Moreover, with the use of pre- and post-tests (Fig. 3), evaluators were able to ascertain the extent to which relative caregivers acquired new skills that would lead to their ability to successfully have children placed into their care. Overall, participants scored fair on the pre-test selecting an average of 67.46% of the correct answers. However, by the time of post-test the participants increased the average number of correct answers selected to 76.41%.

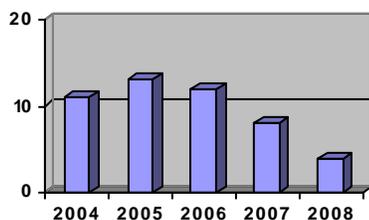
Fig. 3 Pre and Post Test Caregiver Training Scores



Objective 2: Increase safety of children living with kin

The central evaluation question of focus regarding Objective #2 concerned the extent to which caregivers would self-report safety concerns. Also, the local evaluation used case worker assessments to corroborate caregivers' assessment of safety. The supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program aided in children experiencing fewer incidents of alleged re-abuse while in the care of relatives (Fig. 4). During the grant period, the percentage of alleged re-abuse cases of children placed with relative caregivers decreased from a high in 2005 of 13%, to 4% in 2008. In assessing the safety and needs of the children, in general caseworkers who worked with families enrolled in the Kinship Connections Program (the original kinship program was named Kinship Connections) tended to agree more often than they disagreed with statements that asked if they felt that the relative placement was safe. Also, self-reported data demonstrated that a majority of relative caregivers believed they had adequate or more than adequate resources to meet ten basic safety needs.

Fig. 4 Percentage of Alleged Re-Abuse Cases in Relative Care



Objective 3: Increase physical and mental health of children living with kin

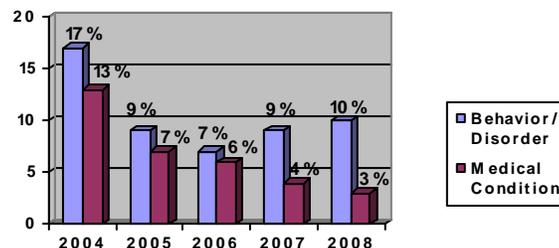
Objective #3 concerned the extent to which improvements could be made in the physical and mental health of children who reside in kinship care. The supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program and the foster parent training classes aided relative caregivers in the acquisition of skill sets that allowed them to be valuable team members in identifying and addressing child behavior problems. Similarly, critical organizational realignment (e.g., early acquisition of Medicaid cover-

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Outcomes, cont.

age, early medical screenings) and overall system of care driven collaborative work helped to improve children's health conditions (Fig.5). Overtime, incidents of behavior and medical difficulties decreased in the cohorts of children in relative care. Also, for the most part, the data trends suggest no significant difference in health and behavior management problems of children who reside in non-relative placement versus relative placements. In fact, during certain marking periods, the rate of mental health disorders in the other forms of out-of-home placement does appear double that of the population of children who reside in relative care. Additionally, Service Log data demonstrated that the most common support activity provided to caregivers via the Kinship Liaison Program was information and referral, of which a significant amount of the activities in the information and referral category concerned education given to caregivers about accessing medical services, dental services and trouble-shooting child behavior management issues.

Fig. 5 Percentage of Children in Relative Care with Physical/Mental Health Issues



Objective 4: Increase stability of children living with kin

Fig. 6 Percentage of Total Foster Parents who are Relative Caregivers

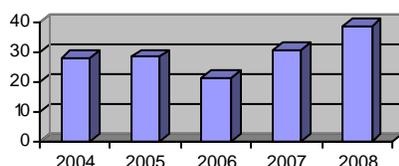
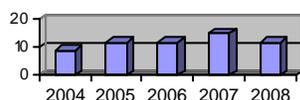


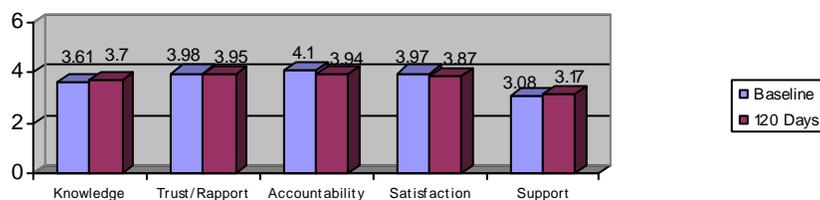
Fig. 7 Percentage of Disruptions for Children in Relative Care



Objective #4 concerned the stability rate of relative caregiver placements. With the supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program, relative caregiver placements became more stable over time (Fig. 6, 7). Over the five year period, the percentage of total foster parents who were relative caregivers increased 10 percentage points from 28% to 38%. Likewise, the collaborative nature of the work between DFS caseworkers and kinship liaisons helped caregivers to better manage crises and cope with the stress and strain of care giving. The percentage of placement disruptions (e.g., change in relatives, regular foster care, hospitalization, therapeutic placements) for children in relative care varied, with a low of 9% in 2004, a high of 15% in 2007, and then a drop in disruption rates again in 2008 to about 12%.

Finally, the nature of the peer-to-peer relationship between caregivers and liaisons provided a buffer to many of the stresses and strains involved in caring for children (Fig. 8). Relative caregivers were highly satisfied with the Kinship Liaison Program and they highly valued the peer-to-peer supportive relationship. Caregivers rated their Kinship Liaisons on a scale from 1 = "not at all" to 5 = "a great deal" on 29 questions. The Peer-to-Peer measure contains five subscales; knowledge, trust/rapport, accountability, satisfaction, and support. At both baseline and the 120 day marker, caregivers consistently rated the kinship liaisons high on all five peer-to-peer measures.

Fig. 8 Peer to Peer Scores

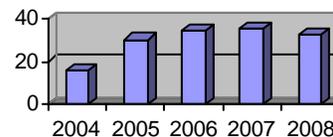


Outcomes, cont.

Objective 5: Increase timely permanency for children living with kin

Objective #5 concerned the extent to which permanency could be achieved more timely for children who reside in relative care. Newly forged kinship support structures facilitated more timely permanency for children (Fig. 9). The percentage of total adoptions which were with relatives increased from a low of 16% in 2004 to 35% in 2007 and 32% in 2008. Essentially, adoption by relative caregivers doubled from the beginning of the demonstration project to the end. Also, critical organizational realignment and overall system of care driven interventions increased timely permanency.

Fig. 9 Percentage of Relative Adoptions Per Year

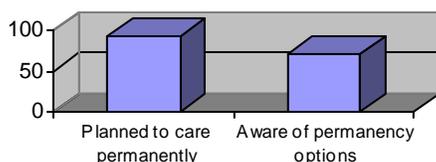


The relative caregiver self-assessment tool that was administered to the caregivers enrolled in the demonstration included measures to determine the permanency goals of the child and the caregivers' participation in

meeting those goals. The results reveal strong and increasing involvement of caregivers in critical case planning (e.g., CFTs), increased knowledge on the part of caregivers about the permanency goals of the children in their care, caregivers' strong desire to become permanent options for the children in their care and increased knowledge on the part of caregivers about various

permanency options (Fig. 10). Most caregivers (92.5%) indicated that they planned to care for the child(ren) on a permanent basis if the child(ren) could not be returned home to their parents and most (70.1%) were aware of the various permanency options that they could pursue.

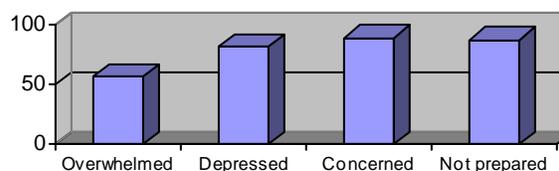
Fig. 10 Permanency Self Assessment



Objective 6: Increase capacity of kinship caregivers

Objective #6 concerned the rate at which relative caregivers would report increases with respect to their capacity to provide care. Caregiver self-assessment data demonstrated that a majority of caregivers were "not at all" under stress from being overwhelmed by the parenting responsibilities assumed, depression by the requirements to adequately care for the children, concerned about the ability to parent, and unprepared to deal with the children's emotional needs (Fig. 11). Most caregivers (56.3%) indicated that they were not overwhelmed by the parenting responsibilities that they had assumed. A majority of caregivers (81.3%) indicated that they were "not at all" depressed by the requirements to adequately care for the children. A majority of the caregivers (88.9%) did not have any concerns about their ability to parent. Lastly, when caregivers were asked if they felt ill prepared to deal with the emotional needs of the children in their care, nearly all (87.3%) reported that they did not. Caregiver capacity (as measured by the stressful conditions sub-scale) increased the longer they were involved with an assigned kinship liaison.

Fig. 11 Stressful Conditions Self Assessment



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Outcomes, cont.

Additionally, the self-assessment rated the caregiver's ability to get help with things they needed. A majority of these caregivers were able to access help on all ten items. The highest percentage of access was "counseling for the children" accessed by 93% of the caregivers who sought it, followed by "transportation" (94.1%), and "general information and referral" (90.7%). Finally, caregivers were asked to rate their interactions with the Department of Family Services, these findings are the subject of the paragraph that follows.

All ten survey items that measured the quality and quantity of caregivers' interactions with DFS case workers were answered in the affirmative with an overwhelming majority of the respondents indicating a positive relationship with caseworkers "all of the time." The item that received the highest percentage of "all of the time" response (80.3%) was the caseworker is respectful towards me. This was followed by 78.8% reporting that my culture, values and beliefs have been respected with regard to caseworker interaction "all of the time" and 69.2% indicating that the caseworker is aware of how the children are doing "all of the time" (Fig. 12).

Fig. 12 DFS Engagement Self Assessment

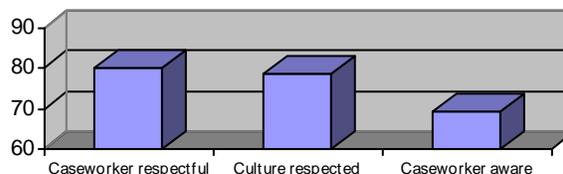
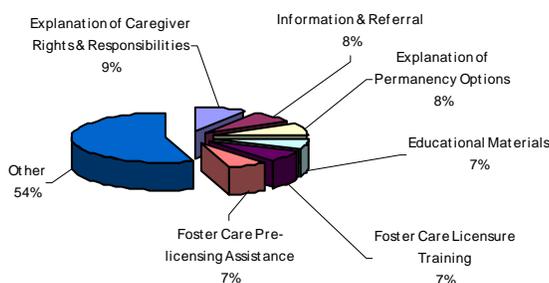


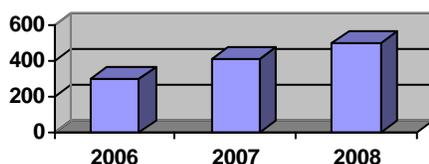
Fig. 13 Services Most Accessed as Reported by Caregivers



From Feb 2008 to Feb 2009, the liaisons logged over 3,832 contacts with relative caregiver families, most often as telephone contacts. Of the 738 support services accessed by the demonstration project's 74 caregivers, the most accessed were "explanation of caregiver rights and responsibilities" (N = 64), "information and referral" (N = 59), "explanation of permanency options" (N = 57), "educational materials" (N = 52), "foster care licensure

training" (N = 51) and "foster care pre-licensing assistance" (N = 51) (Fig. 13). Examples of supports received from the "other" category consist of "public assistance support", "conflict resolution", and "budgeting assistance." Lastly, the number of relative caregivers trained to become licensed foster parents grew significantly from 2006 (about 300 annually) to 2008 (about 500 annually) (Fig. 14).

Fig. 14 Total Caregivers Trained



*The data for 2004 and 2005 are not available.



Outcomes, cont.

Objective #7: Align child welfare infrastructure with System of Care (SOC) principles

The project was designed around three major components including System of Care Infrastructure Building, Child Welfare Service and Program Realignment, and Kinship Infrastructure and Capacity Building. Six objectives were initially identified for the Project, and a seventh was added in the first year of the grant.

Process evaluation data (via document review) reveal the following outcomes with respect to Objective #7:

Safe Futures Plan - In July 2006, Thomas Morton was appointed the new Director of DFS and in doing so he initiated a Safe Futures Plan to improve child welfare operations and outcomes. Since this time, substantial agency-wide improvements have been put into place which, during the demonstration project, helped to align agency infrastructure, operations and procedures with system of care guiding principles. For example, two Emergency Response Units have been created and a 24/7 relative location and approval process to place children with relatives rather than admitting them into emergency care has been developed and implemented;

Policy and Procedure Redesign - Policy and procedure redesign was necessary and was accomplished in 10 service areas;

Trainings - Training of staff, community partners and caregivers has been a critical component in an effort to infuse SOC principles in every facet of local child welfare operations;

Statewide Program Improvement Plan - During the course of the Project, Nevada was engaged in a statewide Program Improvement Plan (PIP) in response to its federal Child and Family Services Review (CFSR). Nevada's PIP adopted the principles of SOC

to guide PIP activities;

Needs Assessment - The results of UNLV's comprehensive three-year study of kinship care in Nevada were used as the basis for the Caring Communities Demonstration Project needs assessment. The needs assessment is based on the experiences of 830 relative caregivers representing five different cohort groups;

Child Welfare Culture and Diversity Assessment - The Caring Communities Project also conducted a comprehensive survey to assess the agency's level of cultural competency. Ninety-seven respondents, representing six cohort groups of agency administrators, agency leaders and supervisors, staff, community agency members, foster families and families receiving services were asked their perspective on cultural competency indicators;

Service Array - Early in 2007, DFS, in partnership with the Citizens Advisory Committee, embarked on a comprehensive service array assessment, with the goal of assessing the adequacy of agency and community services that child welfare clients require;

Diligent Search - In 2005, DFS Diligent Search (for relatives) unit expanded to one full time and two part time positions. This resulted in a substantial increase in searches and placements of children with relatives over the last four years;

Community Outreach - The target population for the Caring Communities grant was children who were victims of substantiated abuse or neglect who

reside with kin caregivers in Clark County. In 2008 the scope was enhanced to assess and address the service needs of "at large" kinship families, those not supported by the child welfare or TANF systems. Focus groups were held with kinship families, including youth. Agency meetings were hosted to engage a



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“caring community” to sustain support for the estimated 30,000 kinship families in the Las Vegas valley. A resource guide, *“Raising Your Relative’s Kids: How to Find Help”*, was written, and is currently being finalized and printed through a partnership with University of Nevada Cooperative Extension Services.

Implications

Program Strengths

- **Early Identification of Caregivers, Early Placement, Early Licensing and Service Impact**

In a year’s span, liaisons provided support to 523 families (which involved 3, 832 contacts). With great frequency, the liaisons provided information and referral, foster care pre-licensing assistance, written education and educational materials. Trend data indicate that caregivers are identified earlier, they are trained and licensed to provide care more frequently, children are placed with relatives more often, relatives placements are more stable and incidents of re-abuse in relative care are decreasing.



- **Permanency Trends and Sibling Connections**

The number of children adopted by relative caregivers increased during the course of the demonstration project. Additionally, intact sibling placements increased by the end of the demonstration project.

- **Knowledge Gains and Training Satisfaction**

Training participants were highly satisfied with the training. They rated the training as outstanding and were especially impressed by the trainers’ respect toward them, the trainers’ knowledge of the content, the trainers’ ability to relate the content to them and the trainers’ ability to convey the purpose of the training. Such efforts helped to improve the caregivers’ knowledge scores by ten percentage points.

- **Peer to Peer Support**

On every peer-to-peer support indicator, the caregivers respond positively about their involvement with their assigned kinship liaison. Caregivers rate especially high the kinship liaisons’ ability to keep them accountable as it relates to caregiver responsibilities.

- **Safety and Resource Needs Met**

Caregivers are able to self-evaluate areas of safety concerns. Caregivers report a sense of adequacy in core areas of need like food, health coverage for the children in their care and transportation.

- **Working Alliance**

Relative caregivers report a high level of satisfaction with their involvement with DFS caseworkers. They report feeling valued and respected and they are satisfied with the support that they receive from their assigned kinship liaison.

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Contact Information

For additional information concerning the Kinship Liaison Program or to learn more about the Clark County Department of Family Services system of care efforts, please contact Christina Vela at (702) 455-0710 or by email at: cmvela@co.clark.nv.us

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