Executive Summary

In 2003 Clark County, Nevada, applied for and was granted a five-year, two and one half million-dollar grant through the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services. The goal of the Caring Communities Demonstration Project (Project) was to use a community-based Systems of Care (SOC) approach to improve the safety, permanency and well-being of children removed from their homes due to abuse or neglect and placed with kin caregivers.

For children who must be placed in out of home care for their own safety, relative placements tend to provide more stable and lasting placements than those in non-relative foster homes. There was an insufficient effort in Clark County to identify kin with whom children requiring out of home placement could be placed, nor a system to support the placement and the caregiver.

The Project proposed to increase the safety, permanency and well being of children requiring out of home care by increasing the number placed with relatives, and providing supportive services to the children and relative caregivers. There were six distinct objectives designed to address that goal. A seventh objective was added at the end of Year One: to align the child welfare infrastructure with SOC principles. This became the underpinning of all grant activities.

Results

By every measure, kinship family placements increased, as did child safety, permanency and well-being. Quantitative and qualitative evaluation and analysis by University of Las Vegas Nevada School of Social Work validated the Department of Family Services (DFS) data and anecdotal results. Significant and positive results were also achieved in integrating SOC principles into the greater child welfare service arena.

The Project had 40 activities in conjunction with the seven objectives, and significant progress was made in 39 of these activities.
Lessons Learned

- Successful Project outcomes are sustainable as a result of community engagement, administrative commitment and the ability of Project staff at all levels to strategically address challenges and alter strategies as deemed necessary and appropriate.

- When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of Project partners and stakeholders to step back and regroup is often necessary in order to move a Project, including better client outcomes, forward. Foremost among changes in this Project was a redesign of the critical component of Kin Care Coordinators and Kin Care Mentors.

- A systematic and data-driven approach to identifying client needs is key to an awareness of what changes are necessary and what interventions have the highest likelihood of success.

- There is also recognition that evaluation data doesn’t capture all of the work effort on the Project. With a limited eligibility pool for the formal evaluation, it was important to find other ways to incorporate kin caregiver voice and concerns beyond the data collected. System partners needed to put forth extra effort to highlight the successes of the Project and to share potential positive outcomes that could be expected by valuing the principles of SOC.

- While much time and effort was spent on the specific target population of kinship caregivers and the children in their care, it was helpful to have monthly reminders of SOC efforts in the broader child welfare context so that Project partners were better able to understand systemic change.

- Family involvement at all levels of practice, policy and procedure development is critical for achieving and sustaining progress in the child welfare SOC.

- It was critical to align Project activities with concurrent organizational improvement. This slowed down the Project but was necessary to achieve the overarching goal of infusing SOC principles into the larger child welfare community.

- The genuine institutionalization of SOC principles within a community or agency requires involvement of all relevant stakeholders. Achieving broad consensus on how to best serve children and families is fundamental in creating a new culture. The final work effort on behalf of families will then transcend any single agency’s mission and fiscal resources. One cannot overstate how challenging a proposition it is for policy makers and funders, not to mention practitioners, to relinquish control over resources they have a fiduciary responsibility to guard.
• The best policies, procedures and practices are subject to evaluation, improvement and update. Community stakeholders and staff should anticipate the progression and evolution in creating an ever-stronger child welfare system. The subject of “continuous improvement” should be regularly addressed in forums, meetings and publications.

• A demonstration project such as this benefits substantially from the ability to maintain a collegial relationship with other entities also charting new ground. The grant supported and funded this connectivity to the likely outcome of better results from all nine entities in the Caring Communities Demonstration Project.

Conclusion

The Clark County Caring Communities Demonstration Project was a success. Outcomes for children requiring out of home care and now placed with relatives have improved, as have the numbers of these children placed with relatives rather than unrelated foster parents. DFS has demonstrated its commitment to kinship families by providing permanent fulltime funding for peer liaison positions. Finally, this Project has worked with the entire local child welfare system to successfully integrate SOC principles through policy and procedure rewrite, and extensive training for staff at all levels and for community partners and stakeholders.
Chapter 1

Introduction

Background Information

Description of the problem

The need for services and stable, permanent homes for children in Clark County, Nevada, had increased over the two-year period preceding the grant application. Clark County Department of Family Services (DFS) child abuse/neglect investigations and children in need of foster care increased by 30% and 56% respectively between 2000 and 2002.

For children who must be placed in out of home care for their own safety, relative placements tend to provide more stable and lasting placements than those in non-relative foster homes. There was an insufficient effort in Clark County to identify kin with whom children requiring out of home placement could be placed, nor a system to support the placement and the caregiver.

The needs of children in foster care is well documented, with 35-85% having significant mental health issues, and higher behavioral, emotional and health needs as compared to children in high-risk parent care. Yet, Clark County children living in kin care received fewer services with the likely outcome that children’s safety, stability and permanence were negatively impacted.

Expected impact of the project

The Caring Communities Demonstration Project (Project) proposed to increase the safety, permanency and well-being of children requiring out of home placement by increasing the number placed with relatives, and providing supportive services to the children and relative caregivers.

Six objectives were initially identified for the Project, and a seventh was added in the first year of the grant:

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 physical and mental health of children living with kin;
4. Increase stability of placements with kin;
5. Increase timely permanency for children living with kin;
6. Increase the capacity of kin caregivers to care for the children living with them;
7. Align child welfare infrastructure with Systems of Care (SOC) principles.

SOC principles embraced by the local community include:
**Community-based**: Children thrive in the context of their homes, communities and schools. SOC ensure a wide range of home-and community-based services and support to promote the safety, permanency, and well being of children, families, and the community. Decision-making responsibility rests at the local level, with key links to the county and/or state government.

**Child and family involvement**: In SOC, full family participation requires mutual respect and meaningful partnership between families and professionals in the planning, implementation, and ongoing operation of the SOC. Families are involved and their voice is valued in all levels of the SOC.

**Interagency collaboration**: Interagency collaboration within SOC engages all child and family serving agencies at all levels of the public, private, and faith based sectors, including child welfare, juvenile justice, mental health, education, substance abuse, health, and agencies responsible for serving Native American families.

**Cultural competence**: SOC tailor services (location and types) and programs by considering the cultural, ethnic, and racial makeup of the community. Agency policies, training and family engagement are critical to ensure cultural competence.

**Individualized and strength-based approach**: Every child enrolled in the SOC participates in an individualized plan of care that focuses on the needs, strengths, and challenges of the child and family.

**Accountability**: SOC ensure outcome data is collected, analyzed, and reported on the individual child and family services system, performance, and financial efficiencies. The information is used to inform all stakeholders and serves as a quality assurance process.

**Program Model**

The project was designed around three major components including SOC Infrastructure Building, Child Welfare Service and Program Realignment, and Kinship Infrastructure and Capacity Building. The services, activities, training delivered and target populations of each are described below.

**Systems of Care Infrastructure Building**

The first year of the Project involved creating inter-agency understanding, support and leadership for the goals and objectives of the project. This was accomplished through a series of planning and advisory meetings. The primary Project partners were DFS, Nevada Parents Encouraging Partners (NV PEP) and the University of Nevada Las Vegas (UNLV).
Planning and advisory meetings

From the very start of this Project, there had been a systematic effort to integrate the SOC principles into child welfare practice and the policies and procedures of DFS. This commenced with the decision that oversight for the Project activities would be provided by the DFS Citizen Advisory Committee (CAC). This Committee, per Clark County Code, consists of representatives from court appointed special advocates, family court, children’s mental health, domestic violence services, foster and adoptive parents, the state Medicaid agency, local housing agencies, juvenile probation, parent advocates, former participants in the child welfare system, school district, substance abuse services, youth with foster care experience and child welfare advocates. This 17-member committee exists so as to study, advise DFS and advocate for improved outcomes for children in the child welfare system.

Project partners agreed that a Kin Care Subcommittee would be formed under the CAC. Numerous ideas were generated through 38 meetings of the CAC, its Kin Care Subcommittee, Implementation Work Groups, Evaluation Work Groups, Cultural Competency Work Groups and consultation with Caliber and Associates. Strategic planning efforts culminated in the finalization of the action steps for the plan, building upon the mission, vision, goal and objectives developed previously. The oversight provided by the agency and community partners represented in the CAC and its accompanying subcommittees continued throughout the period of the grant.

In June 2004, DFS was awarded the opportunity to be a participant in the 15-month Casey Breakthrough Series Collaborative. This allowed six key Clark County staff to share ideas and create action plans with 26 other participating communities for the purpose of improving kin care services. As a result, the DFS Intake function was involved in evoking family strengths during hotline reports, and Kin Care Coordinator (KCC) program referral and linking processes were enhanced.

A strategic planning retreat was held in March 2007, involving 33 community stakeholders, and resulted in recommendations from the group around sustainability of positive grant outcomes and improvements.

In February 2007, at the regular semi-annual grantee meeting, the opportunity was provided for Clark County to participate in the Systems of Care, TANF Child Welfare and Tribal TANF Child Welfare meetings. As a result of this event, the Clark County team developed three goals for focusing on sustainability: policy development, increased awareness and linkage of caseworkers with kinship issues, and defining the bigger picture of SOC in Clark County.

DFS Improvement Strategies

In July 2006, Thomas Morton was appointed the new Director of DFS. He initiated a Safe Futures Plan to improve child welfare operations and outcomes, which positively impacted this project. Among the highlights of this plan were:

- Development and implementation of two Emergency Response Units offering CPS response 24 hours a day, 7 days a week;
• Development of Memorandums of Understanding with Clark County law enforcement agencies regarding joint responses to reports of child abuse and neglect;
• Development and implementation of an additional CPS unit for children ages 4 and under;
• Initiation of a pilot for an Alternative Response Track to assign reports with a low risk of harm to an assessment team at the Family Resource Centers as an alternative to a traditional investigative response;
• Development and implementation of a 24/7 relative location and approval process to place children with relatives rather than admitting them into emergency care;
• Collaboration with the school district to allow children to remain in their home school during out-of-home placement;
• Creation of a Critical Case Decision Making Team to review critical incidents and child fatalities;
• Hiring of additional foster recruitment staff and development of a new community-centered foster family recruitment plan that targets specific populations of children and involves outreach to community groups and neighborhoods;
• An increase in youth engagement. The National Resource Center on Independent Living held statewide training regarding involving youth and establishing a statewide Youth Advisory Board and engaging youth in many facets of program and policy development.
• Partnership with Child Focus to provide tutoring for all children that are wards of the court regardless of placement.

Child Welfare Service and Program Realignment

To realign services it was necessary to review and redesign many of the policies, and provide the necessary training to ensure proper implementation. In addition, several assessments were made to determine kinship care needs, cultural competency, and the array of services required and available.

Policy and Procedure Redesign

Policy and procedure redesign was necessary and was accomplished in 10 service areas. Each service area had a workgroup consisting of management and staff, including staff from the Caring Communities evaluation team. Three phases of policy and procedure development ensued, and before finalization, new policies and procedures were posted at www.mtgmc.com for comment and review. The newly developed policies and procedures were phased in beginning October 2008, culminating Summer 2009.

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. Preceding Project implementation, SOC training had been provided DFS staff and supervisors by Susan Kelly and Insoo Kim Berg. This served as a precursor and springboard for subsequent trainings that occurred during the course of the Project. Dozens of training programs, requiring many thousands of staff hours, have occurred in such critical topics as:
• Supervisors as coaches
• Strength-based approach (unit-based)
• Child and family teams (unit-based)
• Child and family assessment scale for reunification
• Strategies for employing SOC principles in case planning
• Cultural competency
• Supervisory learning labs
• Supervisory training in creating a positive learning environment, supportive supervision and critical points of child welfare supervision
• Partnering with parents
• Collaborative case planning
• Partnering for Safety and Permanence - Model Approach to Partnerships in Parenting (PS-MAPP)

Many entities participated in the creation of or provided materials for the training programs, including:

• U. S. Department of Human Services
• Children’s Bureau Quality Improvement Center
• University of Kentucky School of Social Work
• UNLV
• NV PEP
• Action For Child Protection
• Georgetown Training Institute
• Partnering with Parents: Heather Craig Oldsen
• Child Welfare Institute

Training participants represented many agencies and stakeholder groups:

• DFS – approximately 400 staff, supervisors and managers representing every operational unit and division
• NV PEP
• Clark County School District
• Juvenile Justice Services
• Foster parents
• Relatives raising children
• Nevada Division of Child and Family Services (DCFS)
• Olive Crest
• UNLV
• Family Resource Centers

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. The PIP training plan and the Caring
Communities training plan were aligned, and trainings held on Collaborative Case Planning, Visitation and Supervisory training.

**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.

The research revealed that consistency exists among cohorts indicating that DFS staff value culture, with all of its incumbent diversity. Culturally sensitive services, however, were deemed lacking, as are services in general for child welfare clients. This became a service array issue, and continues to be a focus for improvement for DFS and Clark County.

**Service Array**
Early in 2007, DFS, in partnership with the CAC, embarked on a comprehensive service array assessment, with the goal of assessing the adequacy of agency and community services that child welfare clients require. Findings from the Child and Family Services Review (CFSR) revealed that a comprehensive array of services was lacking. Advocacy efforts continue to expand family preservation services and to allow priority access for child welfare clients to obtain mental health and substance abuse services.

**Kinship Infrastructure and Capacity Building**
Three major factors influenced the ability to build capacity. These included the use of Kin Care Coordinators, expansion of the DFS Diligent Search Unit, and expanded community outreach efforts.

**Kin Care Coordinators/Kinship Liaisons**
A key component of the Project was the employment of Kin Care Coordinators (KCC) by grant partner NV PEP. They would be assigned to each of the five community-based Neighborhood Family Service Centers (NFSC). They were to recruit, train and sustain a culturally diverse network of volunteer kin care mentors, with prior experience as caregivers, to provide home-based support to new caregivers; and to assist mentors to facilitate orientation and support groups for kin caregivers.

The recruitment and retention of relative caregivers with experience in the child welfare system to serve as KCC and/or volunteer mentors was a challenge from the Project’s inception. It was
difficult to find kin caregivers seeking full time work at an entry-level salary, and many had time and financial constraints related to their own care giving responsibilities. Stipends for the volunteers provided some assistance, however KCC and mentor recruitment continued to fall short of goals.

As the program evolved it took on the name Kinship Connections and creative efforts were made to increase referrals and participation. In September 2005, the KCCs began co-training a kinship class as part of the orientation for kin caregivers seeking foster care licensure. DFS began providing information on Kinship Connections during fingerprinting and at the time a child was released to a relative.

Kinship Connections was designed to provide mentoring, support, information and referral, advocacy and support groups specific to the issues kin caregivers have. Enrollment and participation never reached program goals.

In May 2007, NV PEP withdrew from the grant. The announcement resulted in the formation of a transition work group, consisting of all project partners, including NV PEP. Within two weeks, the four KCCs began fulltime employment with DFS as Kinship Liaisons. The Kinship Liaisons’ responsibilities were enhanced to include the education of kin caregivers, staff and stakeholders on kinship issues; advocating for kin caregivers; and collaborating with community providers and stakeholders for improved services and support for kin caregivers. These new responsibilities were closely linked with other agency initiatives and programs, including a specialized licensing unit for relative placements; a foster care retention unit staffed by Foster Parent Liaisons; foster parent licensure co-training; caregiver support groups; the newly created foster parent association; the DFS Placement Team; and caregiver events and activities.

The Kinship Liaisons were assigned to cover geographic areas congruent with (NFSC) coverage. A Kinship Caregiving Guide and a Kinship Resource Guide were created and are provided to each new relative placement. In the first six months there was a 17% increase in relative foster licensure. Kinship videos (We Are Still a Family: Adults Caring for Their Kin and My Special Family: Kids in the Care of Their Kin) that had been previously created by the Caring Communities Project were used in advanced foster licensing classes.

In September 2008, three Kinship Liaison positions were authorized as permanent DFS-funded positions.

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. As a result of diligent search services, children requiring out-of-home placements were placed with relatives 143 times during Year 2, 319 times during Year 3, 496 times in Year 4, and 541 times in Year 5.

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 “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.

**Special issues**

It is important to note special circumstances surrounding organizational demands and population growth that impacted this project.

**Simultaneous Organizational Demands**

In the first years of the Project, Clark County was integrating its child welfare system into a single administrative entity, DFS. The simultaneous organizational demands on State and County administrators and staff during the start-up year, including the phased-in transfer of more than 150 state child welfare workers, was challenging. Inherent in the merger of the two entities and the staff of each was establishing a new unified culture, mission and vision; reorganizing the entire department; rewrite of all policies and procedures; identification and assignment of office space, vehicles, equipment and supplies for all staff; immediate training regarding the new responsibilities; among other key tasks. Many of the agency’s resources were necessarily diverted to the large task of integrating the two entities into one organization.

Between fiscal year 2003 and 2009, DFS underwent substantial growth and change. Funded positions increased by 443, from 245 to its current level of 688. Programs were expanded and new ones added, in a community- and state-wide effort to improve child welfare services and outcomes.

During this same period of time, a Statewide Program Improvement Plan (PIP) was mandated by the U. S. Department of Health and Human Services Administration of Children and Family Services as a result of the Child and Family Services Review (CFSR) process. This required a thorough evaluation of agency operations, policies and procedures and the development of improvement plans, another large effort that required work effort to be diverted from client activities.

Coordination with differing PIP timelines delayed some of the SOC Project activities. Coordination was deemed essential to avoid duplication of efforts and to ensure sustainability. Coordination of differing timelines between the local and national evaluation activities was also challenging.

**Community Characteristics**

Clark County remains one of the fastest growing communities in the nation, with a 79% increase in population between 1990 and 2000. Over 35% of the population has lived in the County less
The community is becoming increasingly diverse with approximately 25% Hispanic, 10% African American, and 7% Asian residents. The Clark County School District estimates approximately 25% of its students speak a language (primarily Spanish) other than English at home and as their primary language.

**Funding Information**

The Improving Child Welfare Outcomes Through Systems of Care demonstration project provided grant funding in the amount of $2,500,000 over a 5-year period; each year, $500,000 was awarded. At the end of 5 years, $255,867.66 remained, which funded a no-cost extension, extending the Project to September 30, 2009.

DFS provided considerable materials and in-kind support to the Project team and Project activities, as did community partners throughout Clark County. The monetary value of the technical assistance provided by family members and community partners cannot be adequately quantified. Thousands of hours of expertise were contributed as DFS, community agency personnel and family members attended stakeholder meetings, program oversight meetings, and trainings related to implementation of SOC principles in our community.

A local charity, MGM Mirage VOICE Foundation, committed to a 10-year grant of $25,000 per year, to provide flexible funding to meet the immediate needs of children so they can be placed with relatives.

In the hiring of the three Kinship Liaisons, Clark County DFS has provided funding in the amount of approximately $140,000 for FY 2008/9. The cost of these staff will increase by approximately 10% each year.

University of Nevada Cooperative Extension Services is funding the copying of the 115-page *Raising Your Relative’s Kids: How to Find Help* in both print and CD. This will be distributed to many of the estimated 30,000 kinship families in Clark County.

**Overview of the Methodology**

**Introduction and Background**

*Evaluation structure.* The University of Nevada Las Vegas School of Social Work (UNLV-SSW) and DFS worked collaboratively to evaluate the impact and outcomes of the Project. The university team served as the external evaluators for the demonstration project. The evaluation component was funded at 10% of the total demonstration project budget. The evaluation team consisted of a faculty researcher who served in the capacity of lead evaluator, a university-based
evaluation coordinator, and multiple graduate research assistants, statisticians and hourly student workers.

In addition to working with DFS, the local evaluation team worked cooperatively with the national evaluators, namely Caliber and Associates. The local evaluation team was tasked with designing a protocol that would capture the outcomes of the Kinship Connections Program and later the Kinship Liaison Study. The national evaluation team tracked and reported demonstration outcomes related to the overall cross-site performance measures agreed upon by the nine grantee states/counties/tribes. This methodology section and the data results reported in Chapter 3 contain a summary of the procedures used for the local evaluation only.

**Evaluation elements.** This report will contain information derived from two data sources: (1) original outcome data pertaining to the *Kinship Connections Program* and the *Kinship Liaison Study* as collected by the local evaluation team; and (2) secondary analysis of administrative data drawn from the DFS internal client tracking system.

**Evaluation changes and history.** At the end of Year Four of the demonstration project the original evaluation plan was re-structured in order to accommodate the major programming change that took place with respect to the *Kinship Connections Program*. Prior to Year Five the local evaluation was largely structured around the reporting of outcomes from the *Kinship Connections Program*. When the *Kinship Connections Program* was dismantled and the Kinship Liaison effort initiated, the local evaluation plan changed. Although the overall methodology employed in the evaluation of the Project underwent significant changes since the Project’s inception in October 2003, the overarching intent of evaluation activities remained constant. Namely, the major purpose of the evaluation was to assess the experiences of a small cohort of DFS children and families involved in kinship care as reported from the perspective of the primary caregiver. The evaluation was primarily focused on measuring the experiences and perceptions of the group designated as the *target group* (described below) of the Project.

In brief, the evaluation protocol consisted of an *Implementation Evaluation* whereby process evaluation techniques were used to ascertain the impressions of key stakeholders. For example, a *Peer-to-Peer* measure was used to assess the impact of the *Kinship Liaison Program* support structure on relative caregivers. Additionally, a *Satisfaction Evaluation* was used to capture the reactions of relative caregivers and relative caregiver foster parent training participants. Finally, an *Outcome Evaluation* was used to provide data about the usefulness of the *Kinship Liaison Program*. Service data logs were organized and analyzed to provide data concerning the Kinship Liaison’s support capacity. Finally, program outcomes were captured through a relative caregiver foster parent training pre- and post-test study.

A full description of the Year Five Caring Communities Demonstration Project Evaluation plan will follow in subsequent sections of this chapter. However, the description of the overall methodology employed throughout the demonstration will be given in a chronological sequence whereby the Year One strategic planning and needs assessment is first described followed by a summary of the Year Two, Three and Four evaluation methodology. Finally, this chapter will conclude with a full description of the revised evaluation design (i.e., the Year Five evaluation protocol).
Year One – Strategic Planning and Development of the Needs Assessment

Overview of the Kinship in Nevada (KIN) Needs Assessment

The results of a comprehensive, three-year study of kinship care in the state of Nevada were used as the basis for the Project needs assessment. The needs assessment was incorporated into the Project strategic plan. The needs assessment contained the self-reported experiences of (n = 830) relative caregivers. Although data from the entire statewide assessment were analyzed and considered, the findings from those relative caregivers who resided in Clark County were the focus of the Project strategic plan.

The kinship survey contained several indices that were used to measure the respondents’ perceptions and experiences. The indices included: Reasons for Caring for Relative’s Children, Caregiver Motivation and Sustaining Factors Scale, Caregiver Perceptions and Experiences Scale, Service Needs and Community Resources, Caregiver’s Perception of Children’s Needs and Well-being, Childrearing Experiences, Caregiver Readiness and Capacity Scale, Family Involvement and Social Support Scale, Caregiver Strain Scale, Permanency Intentions and Caregiver, Child, and Family Characteristics.

Methodology employed in the needs assessment. The needs assessment was based on the experiences of five groups of relative caregivers: (1) TANF Kinship Caregivers and/or Non-needy Caretakers (statewide); (2) Community at large; (3) Department of Family Services (DFS) Child Welfare Relative Caregivers; (4) Washoe County Child Welfare Relative Caregivers, and (5) Rural Child Welfare Relative Caregivers. The unique characteristics of each type of caregiver are as follows:

1. TANF Kinship Caregivers and/or Non-needy caretakers: A relative caregiver to a dependent child whose biological parents are “absent” for a variety of reasons. The caregivers receive a monthly subsidy from the state. The subsidy derives from “TANF savings.” The caregivers must be at least 62 years of age, the child must be in the caregiver’s care for at least six months, and the caregiver must file for and obtain court approved legal guardianship. The caregiver must comply with and pass a personal and criminal history background check. This group receives the largest subsidy. And/or,

   Non-needy Caretakers: A relative caregiver of a child who may or may not be a “ward of the state/county.” The children may be under the supervision of DFS. The caregiver receives a monthly subsidy from the TANF program. This group receives the lowest subsidy. The caregiver’s income may be used to determine eligibility for certain portions of the program (e.g., food stamps).
2. **Community at large:** A relative caregiver who is biologically or legally related to a child who may or may not have any formal involvement with the child welfare system or welfare system.

3. **DFS Child Welfare Relative Caregivers:** A person who is biologically or legally related to a child considered to be a “ward of the county.” Children are in the care of the Clark County Department of Family Services (DFS). The relative caregiver may or may not be a licensed foster parent. Relative caregivers are typically grandparents, aunts, uncles, or older siblings. If foster care licensed, this group receives a monthly foster care stipend.

4. **Washoe County Child Welfare Relative Caregivers:** A person who is biologically or legally related to a child considered to be a “ward of the county.” Children are in the care of the Washoe Department of Social Services. The relative caregiver may or may not be a licensed foster parent. Relative caregivers are typically grandparents, aunts, uncles, or older siblings. If foster care licensed, this group receives a monthly foster care stipend.

5. **Rural Child Welfare Relative Caregivers:** A person who is biologically or legally related to a child considered to be a “ward of the state.” Children are in the care of the Division of Child and Family Services (DCFS). The relative caregiver may or may not be a licensed foster parent. Relative caregivers are typically grandparents, aunts, uncles, or older siblings. If foster care licensed, this group receives a monthly foster care stipend.

The KIN Needs Assessment comprised three distinct phases of research. The first phase of the study (Phase I – July 1, 2001-June 30, 2002) involved the use of the Delphi Technique to ascertain the perceptions and experiences of a group of fifteen relative caregivers. The second phase of the needs assessment (Phase II – July 1, 2002-June 30, 2003) consisted of a series of focus groups designed to uncover the needs and perceptions of relative caregivers. In total eight focus groups involving 80 caregivers were conducted. In addition to ascertaining caregiver perceptions of their needs and experiences, the focus groups were used to explore caregivers’ perceptions of “permanency.” The final phase of the needs assessment (Phase III – July 1, 2003-June 30, 2004) employed survey research. A comprehensive mail survey developed from the results obtained in Phase I and II. A summary of the three-phase research design is provided below. The summary is followed by a comprehensive discussion of the methodology employed in each research phase.

**Three Phase Needs Assessment**

**PHASE I:** Pilot Study Using the Delphi Technique

- Combination of caregivers (15 caregivers total)

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1 At the beginning of the study, the Division of Child and Family Services (DCFS) was the child welfare-administering agency. As of October 1, 2004 the final stages of “Integration” occurred. Currently, the Clark County Department of Family Services (DFS) is the child welfare agency.
• Email and phone interviews
• Four rounds used
• Based in Clark County

**PHASE II:** Series of Focus Groups

• Eight groups in total
• Eighty participants
• Four types of caregivers participated
• Based in Clark County

**PHASE III:** Mail Survey

• Statewide survey
• 150-items, Likert scales
• Eleven indicators (subscales) included:
  1. pathway to care
  2. caregiver motivation/sustaining factors
  3. caregiver perceptions and experiences
  4. service needs
  5. children’s needs and well-being
  6. childrearing experiences
  7. caregiver readiness and capacity
  8. family involvement and social support
  9. caregiver strain
  10. permanency intentions
  11. socio-demographic characteristics

The results of the “Service Needs and Community Resources” (i.e., service needs) subscale were a major component in the development of the Kinship Connections Program, trainings, orientation class and support groups. Caring Community project members and UNLV evaluators worked together to develop a list of major policy and program recommendations that resulted from the needs assessment. UNLV, DFS, Project members and other community stakeholders (including parents, families and caregivers) developed a response to the policy recommendations.

**Overview of the cultural competency needs assessment.** In addition to the kinship caregiver needs assessment that was undertaken in order to guide strategic planning for the demonstration project, a cultural competency needs assessment was completed. DFS spearheaded the cultural competency effort and the local evaluation team completed the analysis of the data that were collected. The intent of the needs assessment was to provide a comprehensive analysis of DFS’ level of cultural competency. Agency administrators, leaders and supervisors, staff, community agency members (i.e., DFS’s collaterals), foster families, and families receiving services were asked their perspective on cultural competency indicators using the Child Welfare Culture and Diversity Assessment instrument. The analysis of the cultural competency data was structured in
such a way that information about the impressions of individual groups (e.g., families receiving services) as well as comparative summaries (e.g., staff vs. supervisors) was discernable

Participants were asked to complete the survey that best matched their role in relation to DFS. Respondents were asked to rate each statement on a five-item Likert scale ranging from “Always” to “Rarely.” Certain questions in the Family surveys required “yes” or “no” responses. Each assessment sub-scale varied in length ranging from 55 statements for the Leadership/Supervisor survey to 17 statements for the Administration survey. Surveys included a comment section for participants who wanted to respond more specifically to each statement. The surveys were mailed to the respondent groups. Anonymously, the respondents self-administered the surveys and returned them by mail.

**Years Two-Four Evaluation Plan Overview**

Following the comprehensive needs assessments that were completed during the initial project period, the evaluation design as written in the original grant application was reaffirmed and initiated. The intent of this section is to describe the evaluation methodology that was in place during the second, third and fourth year of the demonstration project. Again, the local evaluation team was responsible for tracking and recording the child and family outcomes as they pertained to the demonstration target group (i.e., the kinship population supported by the *Kinship Connections Program*). With the national, cross-site evaluation efforts, Caliber tracked the infrastructure development progress in addition to some child and family outcomes that extended beyond just the demonstration target group.

The local evaluation involved a longitudinal, three cohort, non-experimental, one group pre- and post-test, multi-measure design with two follow ups (see Figure 1 below). Years Two, Three, and Four of the demonstration project represented the *Kinship Connections* portion of the project in which there was an attempt to enroll approximately 300 families (one hundred each year) into the demonstration.
Figure 1
Caring Communities Demonstration Project Child and Family Outcome Evaluation

PROJECT GOALS

- Increase Safety
- Increase Permanency
- Increase Well-being

PROJECT OBJECTIVES

- Increase Placement with Kin
- Increase Safety of Children Living with Kin
- Improve Physical and Mental Health of Children with Kin
- Increase Stability of Placement with Kin
- Increase Timely Permanency
- Increase Capacity of Kinship Caregivers

PROJECT ACTIVITIES

- SOC-driven Child and Family Intervention
- SOC-driven Kinship Connections Program
- SOC-driven Organizational Realignment

TARGET/Demonstration Group

January 1, 2005 - December 31, Cohort #1
January 1, 2006 - December 31, Cohort #2
January 1, 2007 - December 31, Cohort #3
The demonstration group (sample) comprised children who were victims of substantiated abuse and neglect in which a petition had been filed with the court and they resided with kin caregivers in the urban Las Vegas valley. Eligibility for the demonstration project was as follows: new placements with kin caregivers where the child had been placed with the relative caregiver within 180 days of CPS referral. Three cohort groups were to be selected across five neighborhood sites. Cohort One was children and relative caregivers who met the above criteria and entered the demonstration project January 1, 2005 – December 31, 2005. Cohort Two were children and relative caregivers who met the above criteria and entered the demonstration project January 1, 2006 – December 31, 2006. Finally, Cohort Three comprised children and relative caregivers who met the above criteria and entered the demonstration project January 1, 2007 – December 31, 2007. Although services and supports to the families continued, sample selection (cut-off period) for each cohort ended after 12 consecutive months.

The targeted 300 children and families were to be evaluated in three sequential steps (see Figure 2 below). A baseline using the Relative Caregiver Self-assessment survey and Child Addendum (described below) was completed within the first 30-days of involvement in the demonstration project. The Relative Caregiver Self-assessment and Child Addendum tools were repeated six months into service. The third administration of the tools occurred at 12-months of services. The two follow-ups were added to the project in order to fully understand the effects of system of care with caregivers. For evaluation purposes, the initial intervention period (i.e., analysis of client-level impact of the SOC supports and the Kinship Connections program) could range anywhere from one to twelve months. The 12-month marker was grounded in Adoption and Safe Families Act regulations. The 180-day marker allowed for sufficient recruitment of families into the demonstration without the selection of families that had permeated the system too deeply.
The *Relative Caregiver Self-assessment* tool and *Child Addendum* were the primary measures used to monitor and evaluate outcomes of those families involved in the demonstration project. These instruments are described in the section titled “Pilot Study” contained in Technical Appendix B. As a secondary measure of client-level outcomes, a *Case Worker Assessment* tool was used. This tool and the handling procedures are described in the “Pilot Study” section as well. A third measure, the *Client Service Log* was designed to track the type, frequency, and intensity of involvement that clients had in the demonstration project.²

Agency staff, parent advocate groups, relative caregivers, kinship committee members, and other key stakeholders actively participated in the planning of the local evaluation design. An evaluation sub-committee comprised of the afore-mentioned individuals and groups met regularly to plan and monitor evaluation activities. The data collection tools that were used to track child and family outcomes were developed and piloted collaboratively.

² Client service log data under the original evaluation design (i.e., Years Two-Four) were to be provided by the parent-partner organization that administered the *Kinship Connections Program*. Data acquisition was never realized.
**Kinship Connections Mentor Program**

A significant component of the Kinship Connections Program as originally designed included a caregiver mentor program. The parent-partner agency, NV PEP, paired established relative caregivers with new relative caregivers. In order to evaluate the mentor program a qualitative data collection plan was developed. The data collection process involved face-to-face, in-depth qualitative interviews with mentors one year after they completed the required mentor training program. A series of open-ended question coalesced around six major themes: (1) motivational factors, (2) relationship with assigned caregiver family, (3) nature of contact with assigned family, (4) perceptions of the usefulness of the required mentor training program, (5) support received in the mentoring role and (6) self-efficacy and intrinsic value derived from mentoring experience.

Due to the limited number of mentors recruited, trained and assigned to relative caregivers involved in the *Kinship Connections Program*, data in this category are extremely limited. Nonetheless, Chapter 3 contains a description of the information that was ascertained about the mentoring component of the *Kinship Connections Program*.

**Year Five Evaluation Plan**

**Overview**

The fifth year of the Project involved a major redesign of local evaluation activities due to the discontinuation of the *Kinship Connections Program*. During the last quarter of the fourth year of the demonstration, DFS transferred the staff who were previously employed by the parent-partner organization, NV 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 as the Kinship Liaison program in this document, 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 was 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 was to foster trust and support among all parties involved in the child welfare system.

As a result of the program shift surrounding the target population of the demonstration project, the evaluation team designed an evaluation protocol that could be used to measure the impact of the work of the kinship liaisons. The evaluation protocol consisted of three main components:

1. An *Implementation Evaluation* whereby process evaluation techniques were used to ascertain the impressions of key stakeholders involved in the kinship liaison study was implemented. The main stakeholder group of interest was the relative caregivers who were the recipients of services.³

³ Given the fact that only one year remained in the demonstration following the unexpected discontinuation of the *Kinship Connections Program*, a decision was made to focus on only one stakeholder group. Another contributing
A Peer-to-Peer measure was used to assess the impact of the kinship liaison support structure on relative caregivers.

(2) A Satisfaction Evaluation was used to capture the reactions of both caregivers and relative caregiver foster parent training participants; and

(3) An Outcome Evaluation was undertaken to assess the usefulness of the kinship liaison support structure. Two measures were used: service log tracking data and kinship foster care training pre and post tests.

The respondent groups involved in the evaluation redesign included: relative caregivers assigned a kinship liaison for one-on-one support work; relative caregivers who attended the DFS Foster Parent Training Program; and Kinship Liaisons.

The target enrollment for the Kinship Liaison study was originally 60 relative caregivers who received supports from the kinship liaisons, approximately 100-200 relative caregivers who attended foster parent training classes, all relative caregivers who accessed the services at any level and three DFS kinship liaison employees. Enrollment targets were exceeded thus providing ample power to conduct various statistical analyses that are reported in Chapter 3. In order to collect outcome data for the final year of the project, the design was modified to include three procedures: (1) review of administrative data which involved an analysis of the service logs that are maintained by the kinship liaisons for each of the relative caregivers that they support, (2) testing of the foster parent training curriculum and (3) measurement of relative caregiver perceptions and measurement of the liaisons’ self-efficacy with respect to their work with caregivers.

**Recruitment and Measurement Procedures**

*Research Participant Group #1 – Relative Caregivers who Receive Support from Kinship Liaisons.* The relative caregivers are groups of people (e.g., grandparents, aunts, uncles, etc.) who are caring for their relative’s children as a result of the children suffering abuse and/or neglect and then being removed from their parents’ custody by DFS. All children that are placed with relative caregivers are assigned a kinship liaison. However, the interaction and supports given, if any, are voluntary and dependent upon the wants and needs of the caregiver. Below is a description of the process and procedures employed to measure program outcomes related to the experiences of the caregivers.

**Measurement Procedures for Research Participant Group #1**

factor to the decision to measure only one stakeholder group was the fact that the national evaluation tracked the involvement and perceptions of other stakeholder groups.
<table>
<thead>
<tr>
<th>Name of Tool</th>
<th>Purpose/Description</th>
<th>Method of Administration</th>
<th>Administration Cycle</th>
<th>Time to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Relative Caregiver Self-assessment tool</strong></td>
<td>A series of Likert-item subscales that positioned the respondent to reflect on his/her experiences as a relative caregiver</td>
<td>Phone survey. A UNLV research assistant interviews the relative caregiver over the phone.</td>
<td>The phone survey took place two times: once at baseline (within the first 30 days that a caregiver begins to work with a KL) and then again 120 days into the caregiver’s involvement in the <em>Kinship Liaison Program</em>.</td>
<td>The phone survey took approximately 15-30 minutes to complete. The respondents received a copy of this tool in the recruitment packet that was mailed to their home so that they would have a chance to preview the survey and read along with the researcher over the phone as the questions were being asked.</td>
</tr>
<tr>
<td><strong>Peer-to-Peer Measure – Caregiver Version</strong></td>
<td>A series of Likert-items subscales that positioned the respondent to report about the extent to which the services and supports that he/she has received from the assigned KL were helpful.</td>
<td>Same as above</td>
<td>Same as above</td>
<td>Same as above</td>
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</table>

**Research Participant Group #2 – Relative caregivers who attended the Foster Parent Training Program.** Relative caregivers who choose to become licensed foster parents must attend a series of foster parent training classes. The training classes are held several times per month and run about three hours in length. The classes are taught by Kinship Liaisons as well as training staff employed by DFS. The classes were held at designated DFS facilities locally in Las Vegas. The UNLV researchers attend the training classes. The UNLV researchers provided an explanation of the purpose of the training evaluation and then disseminated all related forms and informed consents. The training participants self-administer all tools and then returned them to UNLV research assistants.

**Measurement Procedures for Research Participant Group #2**
<table>
<thead>
<tr>
<th>Name of Tool</th>
<th>Purpose/Description</th>
<th>Method of Administration</th>
<th>Administration Cycle</th>
<th>Time to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kinship Foster Care Training Socio-demographic Information Form</td>
<td>The purpose of the demographic measure was to be able to describe study participants on such key variables as gender, age range, type of caregiver, etc.</td>
<td>On-site. In person. Respondents’ self-administered the form. Research staff was present to assist and answer questions. Respondents’ completed tool at their desk before the training class began.</td>
<td>Respondents completed the demographic tool once just prior to the start of class.</td>
<td>1-3 minutes</td>
</tr>
<tr>
<td>Kinship Foster Care Satisfaction Evaluation Form</td>
<td>The purpose of this tool was for participants to provide feedback about the trainer’s knowledge, the usefulness of the training and the usefulness of training tools, handouts, etc.</td>
<td>The tool was completed on-site at the training and self-administered by the relative caregiver.</td>
<td>This tool was completed at the end of class. Participants completed the tool at their desk after the instructor had exited the classroom.</td>
<td>1-3 minutes</td>
</tr>
<tr>
<td>Knowledge Impact Pre and Post-Tests</td>
<td>The tests were designed to assess training participants’ general knowledge and understanding of important aspects of kinship foster care. The pre and post-tests consisted of five multiple choice and five true/false questions, identical in content.</td>
<td>The tests were completed on-site at the training and self-administered by the training participant.</td>
<td>The tests were completed at the beginning and end of training.</td>
<td>15 minutes</td>
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</table>

**Research Participant Group #3 – Kinship Liaisons.** The Kinship Liaisons were hired in an effort to expand the supports that were provided to relative caregivers. The role of the Kinship Liaison is to provide support and mentoring to relative caregivers. The Kinship Liaisons are individuals who at one point were relative caregivers themselves. In other words, Kinship Liaisons are peers to the relative caregivers. Via the peer relationship, the Kinship Liaisons assist caregivers by providing information and referral and other general support activities (e.g., assistance with completing paperwork). Given her role in the Project, each Liaison completed a tool that recorded her perceptions about the impact of her involvement with her assigned relative caregiver family.
### Measurement Procedures for Research Participant Group #3

<table>
<thead>
<tr>
<th>Name of Tool</th>
<th>Purpose/Description</th>
<th>Method of Administration</th>
<th>Administration Cycle</th>
<th>Time to Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Peer-to-Peer Measure – Kinship Liaison Version</strong></td>
<td>This tool is very similar to the Peer-to-Peer measure that the relative caregivers complete. The tool is a series of Likert-items subscales that positioned the KLs to report about the extent to which the services and supports that they provided to their assigned caregivers are perceived to be helpful.</td>
<td>The KL is emailed this tool. The KLs completed the tool and then sent it to UNLV electronically using a secured email account that had been set up for evaluation activities.</td>
<td>The KLs completed the tool two times: (1) within the first 30 days of involvement with their assigned caregiver and (2) at the end of 120 days of involvement with the assigned caregiver. The tool was completed on each of the caregivers that the KL enrolled in the evaluation.</td>
<td>10-15 minutes</td>
</tr>
<tr>
<td><strong>Service Log</strong></td>
<td>The KLs maintained a service log on each relative caregiver that was referred to the program. The service log detailed the amount of time they spend with each caregiver and it was a mechanism for recording the type of services provided to the caregiver.</td>
<td>During the Pilot study of Year Five evaluation procedures, UNLV researchers went on-site to DFS to review the service log data.</td>
<td>The logs were emailed to UNLV once per week.</td>
<td>5 minutes</td>
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</tbody>
</table>

### Kinship Liaisons

Kinship Liaisons focused 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.

### Training

Foster parent training was provided by the DFS Training Department. Kinship Liaisons pair with DFS training staff to conduct the trainings. Select portions of the kinship foster parent training derived from the Child Welfare League of America Tradition of Caring curriculum. The other training classes that the relative caregivers attended are based in the PRIDE training. The overall intent of the training is to create an interactive experience whereby relative caregivers were afforded the opportunity to understand and share their unique experiences. In an effort to engage training participants, the Kinship Liaisons shared their personal care giving stories and experiences. Training topics included: optimal outcomes for children in kinship
care, categories of child development, attachment, stress, distress and trauma, developmental effects of maltreatment, internalizing and externalizing child behaviors, grief process, factors that influence how loss is experienced, role of family, importance of family connections, changing family relationships, definitions of formal kinship care, do’s and don’ts of kinship care, aspects of legal custody, adoption, provisions of the Adoption and Safe Families Act, social support, child welfare services, formal services and informal services.

Training satisfaction measure. An adapted version of the National Resource Center for Foster Care & Permanency Planning’s (NRCFCPP) training evaluation tool was used to measure satisfaction. The tool is a 22-item (20 Likert items and 2 qualitative items) self-administered scale. The satisfaction tools were collected by UNLV research assistants at the close of every training class.

Knowledge impact measure. Pre and post-tests were given to relative caregivers who attended foster parent training classes during Year Five of the demonstration project. The purpose of the pre- and post-test was to measure the extent to which the relative caregivers acquired knowledge about the fostering experience and understood the legal aspects involved in their role. Relative caregivers self-administered the pre-tests during the registration and sign-in period of the training classes. The post-test was taken during the last 15 minutes of the training classes. The tests were used to measure essential curriculum areas contained in the training classes.

Service Tracking

Service Tracking Procedures and Data Acquisition. The evaluation team converted the DFS Kinship Liaison Program’s paper data tracking system into an electronic system using Excel spreadsheets that could be transmitted to the university weekly for analysis. Spreadsheets were developed for each Kinship Liaison so that she could track all contacts with relative caregivers and note the type of services that were provided. The service log comprised the following categories:

- case number
- dates of contact
- case status (e.g., eligible, active, inactive, ineligible)
- type of contact (e.g., phone, home visit)
- case notes
- foster care licensing training
- support groups
- information and referral
- crisis management and emergency planning
- referral and connection to community resources (e.g., furniture)
- problem solving (phone calls or face-to-face visit)
- advice/support regarding problematic child behaviors
- advice/support regarding interaction with biological parent(s)
- support/listening ear regarding caregiver fatigue, distress, sadness and other issues
- budgeting assistance
• resource planning
• written educational and informational materials
• conflict resolution
• debriefing and help with stressful situation
• Child and Family Team participation
• community events participation
• court appearance advocacy
• educational support (school appointments, IEPs, transportation assistance)
• public assistance support (TANF, childcare, housing, SSI, etc.)
• foster care pre-licensing assistance
• networking opportunities for caregivers
• explanation of permanency options
• explanation of caregiver rights & responsibilities
• information on recreational and extracurricular activities
• connection to interpretive services
• assistance with housing challenges
• other trainings

Analysis of Kinship Specific Administrative Data Trends

Trend study. An administrative data analysis was conducted by the local evaluation team in order to capture the changes in kinship caregiver services that occurred during the course of the demonstration project. The DFS Information Technology Department provided data sheets spanning five time points: 2004, 2005, 2006, 2007 and 2008. The administrative data analysis conducted by the local evaluation team differed from the one done by the national evaluators in that it focused solely on trend data concerning the target population (i.e., relative caregivers). The objective of the administrative data analysis was not to draw direct links between the Kinship Liaison Program and relative caregiver outcomes; instead, the aim was to discover any caregiver trends that occurred parallel to organizational shifts and policy re-designs. The following relative caregiver case variables were of interest for the administrative data review:

• recruitment
• licensure
• placement
• training
• adoption
• legal guardianship
• reunification
• TPR
• re-abuse
• placement disruption
• child well-being
• sibling placement and visitation
- parental visitation
- caregiver demographics
Chapter 2

Process Evaluation

This section will address implementation objectives that were enumerated in the original grant application. Under the objectives are two sections: Section “a” discusses what activities were planned, the timeline for completion, and who was responsible for the activity. Section “b” discusses processes and some information about outcome. The Lead Evaluator has included outcome and evaluation information in Chapter 3.

Concurrent with the work effort in the listed activities, the Lead Evaluator had identified research questions related to each implementation objective. These were not redundant activities or questions, but discreet unto the research process. For example, for Objective 1: Increase placements of children with kin when they must be removed from their homes, the program activities were directed at processes such as immediate diligent search for relatives and subsequent placement. The Lead Evaluator studied concurrent data related to the number of kin caregivers that were licensed as foster parents. The Lead Evaluator explains the research questions and findings in Chapter 3.

The overarching goal of the Project activities was to use a community-based system of care (SOC) approach to improve the safety, permanency and well being of children living with kin caregivers. As stated in Chapter 1, there were initially six objectives, with a seventh added at the end of the first year. They are:

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 physical and mental health of children living with kin;
4. Increase stability of placements with kin;
5. Increase timely permanency for children living with kin;
6. Increase the capacity of kin caregivers to care for the children living with them;
7. Align child welfare infrastructure w SOC principles.

SOC principles embraced by the local community include:
- Community-based
- Child and family involvement
- Interagency collaboration
- Cultural competence
- Individualized and strength-based
- Accountability.

The original approach to achieve objectives one through six began with a more effective intervention with children and families by conducting early assessments, involving both parents and kin in developing case plans, and linking children, families and kin caregivers to culturally/linguistically competent community-based services.
Through a partnership with NV PEP, Kin Care Coordinators (KCC) would be located at each of five community-based Neighborhood Family Service Centers (NFSC). The KCC would recruit, train and sustain a diverse network of volunteer kin care mentors, with prior experience as caregivers, to provide home-based support to new caregivers, and assist the mentors to facilitate orientation and support groups for kin caregivers.

The project partners (DFS, NV PEP and UNLV), the KCC and community providers would receive training in strength—based SOC and wrap around approaches, and culturally competent practices; and supervisors would become master practitioners and coaches to the staffs they supervise. The project would also realign the processes, policies and structures of local and state child welfare agencies to support the implementation of SOC principles in practice.

The Project would increase opportunities for kin care placements and increase safety, stability and timely permanency for, and improve the well-being of, children in kin care by providing improved services and supports to children and their kin caregivers.

The target population of the first six objectives included the parents, kin caregivers and families of children who were victims of substantiated abuse/neglect and who resided with kin caregivers in the urban Las Vegas valley.

An overview of the seven objectives and the activities enumerated to achieve each objective follows.

**Implementation of Objective No 1: Increase number of kin caregivers.**

The discussion about this objective and its five activities are separated into two sections. Section “a” discusses what activities were planned, the timeline for completion, and who was responsible for the activity. Section “b” discusses processes and some information about outcome. The Lead Evaluator has included outcome and evaluation information in Chapter 3.

The grant application listed five activities designed to achieve Objective #1. The activities are listed here.
Objective 1: Increase placements of children with kin when they must be removed from their homes

<table>
<thead>
<tr>
<th>Activities</th>
<th>Proposed Date(s) - x</th>
<th>Actual Dates - x</th>
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<tbody>
<tr>
<td>1.1 Recruit and hire the Project Coordinator</td>
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<td>1.2 Develop and implement the kin care mentor program</td>
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<td>1.3 Enlist advocacy and citizen groups to address resource needs of kin caregivers</td>
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<td>1.4 Develop and provide information to the public regarding available support services through the SOC</td>
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<td>1.5 Gather full information and initiate searches for relatives for those children under a court petition</td>
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</table>

1.1 Recruit and hire the Project Coordinator.

a. This was scheduled to occur the first quarter of the grant’s first year. Lead parties to accomplish this were the Project Director and Principal Investigator.

b. Tiffany Hesser entered into a contract with DFS on January 14, 2004, to serve as the Project Coordinator. She remained in this position five years, leaving the program in February 2009.

1.2 Develop and implement the kin care mentor program.

a. This was scheduled to occur during the first year of the grant. Lead responsibilities were assigned to NV PEP, Project Coordinator and Kin Care Coordinators (KCC). It was intended that a diverse network of volunteer kin care mentors, with prior experience as caregivers, would provide home-based support to new caregivers. KCC would develop training materials, and recruit and train kin caregiver mentors during the first year so that linkages to new caregivers could begin October 2004.
b. Project partner NV PEP assumed primary responsibility for this activity and began recruiting for KCCs in January 2004. It was the job of the KCC to recruit KC Mentors, and create a program to train and support the Mentors.

It was an expectation that both the KCC and KC Mentors would be people with experience as kinship caregivers involved with the child welfare system. Efforts continued through the first four years of the grant to recruit, hire and sustain KCC and KC Mentors, with varying degrees of success and never achieving program goal of five full time KCCs, each with several volunteer Mentors working with them. It was always challenging to locate qualified KCCs to accept a fulltime, entry level, para-professional position. The time and financial constraints of current kin caregivers precluded most from applying for these positions.

The number of KCC varied from zero to four over the first four years of the grant. The KCCs were successful in creating training manuals, all of which were submitted to the Children’s Bureau in the semi annual reports. They included: Volunteer Kinship Family Mentor Training Manual, Kinship Caregiving Guide, Kinship Resource Guide, Kin Caregiver Orientation Manual and the Kin Caregiver Brochure.

As with the KCCs, recruitment of KC Mentors fell short of goals, with similar reasons. There was the additional barrier of expecting the Mentors to provide services as unpaid volunteers. There were short-term improvements in the number of Mentors and the services they provided when small stipends were extended to them.

Referrals to the Mentor program, subsequently named Kinship Connections, commenced January 1, 2005, with the recruitment and training of four Mentors who were linked with four kinship families.

For a brief period of time during Year 3, there were six Mentors, and during that year a total of 46 kinship caregivers qualified for and agreed to accept Mentor services. Thirty-three support groups were held with a total of 56 participants. As stated, recruitment and retention of qualified Mentors was always a challenge.

In Year 4, NV PEP withdrew from the Project. Permission was sought and obtained from the Children’s Bureau to employ four KCCs through DFS. Due to on-going problems in successfully recruiting and retaining Mentors, a decision was made to alter the scope of work of the KCCs to better support kinship families involved in the child welfare system.

A successful component of both the Kinship Connectors program and its current status as a unit of DFS, is the co-training the KCCs do with the foster parent training team. They provide information specific to what kinship families seeking licensure as foster parents require. This is an on-going and well-attended training, and is regularly-scheduled component of DFS training activities.
Kinship Liaisons co-train with DFS foster care trainers on *Tradition of Caring, Kinship Foster Care Training* as one of four required classes for kin caregivers seeking foster care licensing. In the two reporting periods (April 1, 2008, to September 30, 2008; and October 1, 2008 to March 31, 2009) the Liaisons received 593 referrals on new kinship family placements. They provided training to 601 participants seeking foster parent licensing, and 192 kinship families were licensed.

In September 2008, three KCCs were made permanent positions at DFS as Kinship Liaisons, assuring sustainability for the program and the support of kinship families in the child welfare system. All three Liaisons have experience as kinship caregivers and were involved in the child welfare system.

Kinship Liaisons have been assigned to cover geographic areas congruent with Clark County’s NFSC coverage and have offices in three of the five NFSC locations. A daily kinship placement report has been created which enables Liaisons to connect with caregivers immediately upon placement. Contact is initiated with each family, and each family is given a Kinship Caregiving Guide and a Kinship Resource Guide. Kin caregivers are provided information, resources and assistance with foster care licensure and other application processes, as the caregiver may request.

Appendix A offers examples of the work performed by the Kinship Liaisons and the success experienced by kinship caregivers as a result of their efforts.

1.3 **Enlist advocacy and citizen groups to address resource needs of kin caregivers.**

a. This activity was lead by NFSC and was to engage the Citizen Advisory Committee (CAC), a multi-agency advocacy and advisory group to DFS. This 17-member committee studies, advises DFS and advocates for improved outcomes for children in the child welfare system. Per Clark county code, the CAC consists of representatives from court appointed special advocates, family court, children’s mental health, domestic violence services, foster and adoptive parents, the state Medicaid agency, local housing agencies, juvenile probation, parent advocates, former participants in the child welfare system, school district, substance abuse services, youth with foster care experience and child welfare advocates.

The CAC and its Kin Care Subcommittee were the pivotal resource in plans for collaborating with other agencies and organizations to achieve grant objectives. This activity was scheduled to commence at the beginning of Year 2 and extend through Year 5.

It was intended that the CAC assess the array of kin care services available in the community, and that the neighborhood councils affiliated with each of the five NFSCs would work with the NFSC Administration Team to seek needed resources. The NFSC governance structure, including Administrative and Management Teams, would also seek ways to resolve cross-system barriers to services. Quality assurance
protocols were to be established to ensure that the needs identified in individual plans were being addressed.

b. The results of a comprehensive, three-year study of kin care in the State of Nevada served as the basis for a needs assessment survey of the target population for this Project. The Kinship in Nevada (KIN) needs assessment was a collaborative project involving DCFS, DFS and UNLV and was provided in the semi annual report dated October 28, 2004.

Findings from Nevada’s Child and Family Services Review (CFSR) revealed that Nevada’s child welfare jurisdictions lacked a comprehensive array of services to meet the needs of children and families. Consequently, the State negotiated with the Administration of Children and Families (ACF) that its Program Improvement Plan (PIP) include a corrective action step to address this issue and to improve DFS’ service capacity in ensuring the safety, permanency and well being of children and families.

The CAC agreed to partner with DFS in the service array efforts. As previously stated, the members of the CAC include 17 diverse and distinct entities, representing a cross section of community stakeholders. The finalized report of the service array needs assessment was provided to the CAC in March 2008. The CAC decided that a stakeholder meeting would be the best venue to distribute the findings and develop a community call for action. The meeting occurred on September 26, 2008, with over 100 participants including community leaders, partner agencies, the philanthropic community and other stakeholders. Advocacy efforts continue to expand family preservation services and to allow priority access for child welfare clients to obtain mental health and substance abuse services.

The finalized report of the service array needs assessment was included in the semi annual report dated May 5, 2008.

1.4 Develop and provide information to the public regarding available support services through the SOC.

a. This activity was to be lead by the Project Coordinator and to begin the third quarter of the first year and extend through the grant’s fifth year.

The plan for increasing public awareness of SOC services was to educate residents on the needs of children and families, including those with mental health needs; ways to support their safety, permanency and well-being; the services provided through a NFSC; and the resources needed to support a SOC. Particular attention was to be given to appropriately communicating these messages in the African American and Latino communities and consultants were identified to create strategies to do so. Clark County’s website and its government access television station were identified as tools for information dissemination. Further, child advocacy groups and non-profit organizations offered opportunities to highlight services. Finally, R&R Partners, a
well-respected local public relations firm, agreed to provide pro bono marketing services.

In addition to information dissemination to the public, the grant committed to finalizing and disseminating its project plan to the Clark County Family and Juvenile Justice Services Policy and Fiscal Affairs Board, which is comprised of two County Commissioners and three District Court Judges, including the Family Court Judges.

b. The dissemination of information was a major grant activity and was consistently reported in the semi annual reports. Here are some of the featured activities and accomplishments.

- Kinship Guides were created by the KCCs as one of many tools to assist relatives with their care giving experiences. The Kinship Caregiving Guide and Kinship Resource Guide are widely distributed to all new kin caregivers and all new staff.

- A resource guide for families not involved in the child welfare system, Raising Your Relative’s Kids: How to Find Help was completed in late 2008 and distribution began in Spring 2009.

- On October 8, 2007, the local Las Vegas Review-Journal newspaper featured an article telling the stories of two kinship families. Their interactions with Kinship Liaisons were highlighted in the feature. This was provided in the semi annual report dated May 5, 2008. Children’s Bureau Express also featured an article on the Caring Communities Project in December 2007.

- In addition to the guides noted above, DFS has a brochure on Kinship Care for Children in the Child Welfare System. The brochure provides kin caregivers and their families a general overview of kinship care, including services, supports and permanency options. This brochure is available in Spanish.

- SOC values have been adopted as the guiding principles for NFSCs. Full-color posters of SOC principles and NFSC vision have been distributed to community partners and the NFSCs. The SOC poster is also available in Spanish.

- Two kinship videos have been produced to help raise awareness of kin issues amongst child welfare staff as well as during orientations and support groups for new kin caregivers who may be sharing similar experiences. Four youth who were raised by kin participated in the filming of My Special Family: Kids in the Care of Their Kin. Seven current and former kin caregivers participated in the filming of We Are Still a Family: Adults Caring for Their Kin. The videos are currently being utilized in new DFS’ staff trainings, as well as advanced foster parent continuing education trainings.

- The aforementioned trainings provide great opportunities for sharing information related to kinship care and Systems of Care. The training opportunities for
community providers always include SOC principles and are often co-trained by a Kinship Liaison.

- Regular staff meetings at all NFSC sites provide a venue for updating child welfare staff on kinship support services. Kinship Liaisons attend site meetings, which are made up of community representatives, to ensure they are similarly informed.

1.5 Gather full information and initiate searches for relatives for those children under a court petition.

  a. This effort was lead by DFS and was scheduled to begin the first quarter of the first year and extend the life of the grant.

  b. DFS had a pre existing program of “Diligent Search” whereby specially trained staff access local and national databases to seek the location of and access information on relatives of children in custody. This begins with a detailed interview with the parents, children and others involved in the family’s child welfare case.

In 2005, the DFS Diligent Search 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. As a result of diligent search services, children requiring out-of-home placements were placed with relatives 143 times during Year 2, 319 times during Year 3, 496 times in Year 4, and 541 times in Year 5. The program continues at its current staffing level.

Lessons Learned

Realistic Timelines. Building relationships, earning trust and creating opportunities for meaningful engagement takes considerable time. Ongoing planning meetings, inclusion of stakeholders in all activities and continued opportunities for family partners to meet and work with staff has been slower than anticipated, but built the foundation for long-term trusting relationships.

Need for Flexibility. When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of all parties to collaborate and remain flexible and open to new ideas is essential. A willingness to step back and regroup is often necessary in order to move beyond a standstill. Such willingness on the part of Project partners and stakeholders has proven helpful with some of the unexpected results of various efforts.

Volunteer Kinship Mentor program. As a result of lessons learned during this Project, the creation of a volunteer kinship mentor program was deemed unrealistic. Potential volunteers are occupied with their own family’s needs and many are struggling to achieve financial stability. A more realistic and successful objective (as described above in 1.2)
is to create a cadre of paid employees as Kinship Liaisons, supporting them through adequate compensation, fringe benefits, training and infrastructure as a child welfare agency is equipped to provide.

**KCC knowledge of the larger child welfare system.** By definition, KCC are peer mentors, not formally educated in social work or child welfare practice. They are passionate committed peers to relatives raising children. The Liaisons employed as part of DFS identified that they need to learn and understand the larger system so as to be more helpful in helping to manage relative caregivers’ expectations.

**Research questions assessing objectives** and **Findings** are reported in Chapter 3.

**Implementation of Objectives # 2-5.** The grant application and initial implementation plan combined the activities related to objectives # 2-5. This section addresses the activities related to all four objectives.

There are 14 activities that are discussed in this section. They are listed here.

**Table #. Objective # Activities and Timeline**

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<th>Objective 2: Increase the safety of children living with kin</th>
<th>Objective 3: Improve physical and mental health of children living with kin</th>
<th>Objective 4: Increase stability of placements with kin</th>
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<td>2.1 Develop, plan and prepare to address service needs of children placed in care</td>
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<td>2.2 Transfer of state child welfare staff to Clark County</td>
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<td>2.3 Collect needs assessment and baseline data</td>
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<td>2.5 Develop knowledge and skills of supervisors in child welfare and partner agencies as coaches to staff</td>
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<td>2.6 Initiate assessments and collaborative, coordinated services to children in kin care</td>
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As in the prior section, the discussion is divided into two sections: Section “a” discusses what activities were planned, the timeline for completion, and who was responsible for the activity. Section “b” discusses processes and some information about outcome. The Lead Evaluator discusses the research questions assessing the objectives and findings in Chapter 3.

2.1 **Develop, plan and prepare to address service needs of children placed in care.**

a. This was the responsibility of the Project Coordinator and the Neighbor Family Services Center (NFSC), and was to extend through the first year of the Project. It was intended that the CAC would assess the array of kin care services available in the community. Surveys, screenings and existing databases would be used to conduct an assessment of the needs and service array for children in kin care and their caregivers.

b. The Project’s oversight committee, the NFSC Administration Team, and its stakeholder advisory committee, the CAC, had standing agenda items at their monthly and quarterly meetings, respectively, to review and provide guidance for Project activities. The Kin Care Subcommittee of the CAC met monthly to actively engage in the planning process for the SOC grant. Smaller work groups addressing
implementation, evaluation and cultural competency met more frequently to generate planning suggestions around these issues. On September 2, 2004, a full-day strategic planning retreat was held to develop the Strategic Plan. The Strategic Plan was provided in the October 28, 2004 semi annual report.

2.2 Transfer of state child welfare staff to Clark County.

a. This was scheduled for completion in October 2004, and was the responsibility of Principal Investigator, Program Director and DCFS. Nevada was the only state that bifurcated child welfare existed, where responsibilities of child welfare services were divided between the county and the state. Until 2003, Nevada’s two large counties, Clark and Washoe, were responsible for child protective services and protective custody, while the state was responsible for permanency services including foster care and adoption. The 2003 Legislative Session approved the transfer of state staff to Clark County in three phases beginning in October 2003 and ending in October 2004.

b. In the first years of the Project, Clark County was integrating its child welfare system into a single administrative entity, DFS. The simultaneous organizational demands on State and County administrators and staffs during the start-up year, including the phased-in transfer of more than 150 State child welfare workers, was challenging. Inherent in the merger of the two entities and the staff of each was establishing a new unified culture, mission and vision; reorganizing the entire department; rewrite of all policies and procedures; identification and assignment of office space, vehicles, equipment and supplies for all staffs; immediate training regarding the new responsibilities; among other key tasks. Many of the agency’s resources were necessarily diverted to the large task of integrating the two entities into one organization.

The transfer of state staff to Clark County was completed as scheduled by October 2004. Residual work remained for several years as policies were rewritten, additional programs to support effective child welfare services funded and implemented and additional staff authorized and hired.

2.3 Collect needs assessment and baseline data.

a. This was scheduled to occur the second to fourth quarter of the first year, and was the responsibility of Lead Evaluator and Project Coordinator. Nevada’s Child and Family Services Review (CFSR) was viewed as an important tool in providing baseline and needs assessment data for this project. The final result of the CFSR was to provide the foundation upon which the plan was to be built. Additional baseline data was to be gathered as needed.

b. A process was developed by DFS, NV PEP and UNLV to collect baseline data on kin caregivers involved in the Kinship Connections program. The Lead Evaluator, UNLV, prepared and executed an extensive data collection plan that is discussed in detail in Chapter 3.
2.4 Develop knowledge and skills of child welfare staff and partner agencies in SOC and KC.

a. This was to occur commencing the second quarter of the first year and extend the life of the grant. Project Director and consultants were responsible for leading this effort.

Child welfare staffs, supervisors, KCCs and partners were to participate in training to increase their knowledge in strength-based SOC practices and wrap around approaches. In the Project’s first year, case management and clinical staff were to receive training in strength-based, culturally competent interviewing and report protocols that focus on achieving future goals. The training was to include how to concretely implement strength-based practices in safety, risk and family assessments; case and concurrent planning; child and family teams; domestic violence situations; and deliver individualized, culturally competent, community-based services.

A consultant was hired and committed to facilitate this comprehensive skill-building process; provide consultation for child welfare case managers, clinicians and administrators; and assist in institutionalizing SOC practices and values. Consultants in cultural competence and wrap around services were also to be accessed.

b. Training in SOC, kin care needs, best practices in child welfare, child and family teams (CFT), among other topics was a large and critical part of the Project. It involved staff from every part of DFS, supervisors, management, foster parents, kin caregivers, community agency partners, child advocates and others.

Training commenced in earnest in the Project’s first year, and continued through the life of the grant. A listing, including brief descriptions, of some of the more critical training activities follows.

- DFS hosted a Caregiver’s Conference, during which two kinship sessions were offered: one session focused on youth in relative care and the other on relative caregivers.

- DFS Family Preservation unit had training on the North Carolina Child and Family Assessment Scale for Reunification, which included participation by 32 community agency providers.

- To support Nevada’s policies for increased use of CFTs, monthly unit-based consultations for DFS’ permanency and investigative units have taken place during this reporting period. Supervisory units received orientations, policy and procedural information, practice details and demonstrations, instruction on setting up CFT’s for the consults, coaching strategies and strategies for employing systems of care principles into case planning with families. Over 100 live CFT
meetings were facilitated during these consults. The consultant’s report was submitted in the semi annual report dated October 20, 2006.

- DFS contracted with Action For Child Protection to develop an investigative protocol, to train CPS investigators, supervisors and managers on the protocol, and to train trainers who would teach this protocol on an on-going basis to all new investigators.

- In conjunction with DCFS, DFS participated in a Child Welfare Supervisory Learning Lab Project. The original curriculum was developed through a grant made possible from the U.S. Department of Human Services, Children's Bureau Quality Improvement Center and the University of Kentucky, School of Social Work. The purpose of the project was to create an organizational culture in the child welfare agency in which support, learning, competent supervision, teamwork, professional best practice and consultation are the norm.

- Several project partners, including family partners, DFS staffs and juvenile justice partners had the opportunity to attend the Georgetown Training Institutes. Training modules included: Creating a Positive Learning Environment and Supportive Supervision, and Critical Points of Child Welfare Supervision.

- Training on Child and Family Team case planning and solution-focused processes was provided for DFS and the staff of community agency partners beginning in 2007. A training of trainers on these processes was also developed and training in this area continues as of the writing of this report.

- DFS staffs and Clark County foster parents participated in a joint training by Heather Craig Oldsen on Partnering with Parents. Staffs and foster parents learned strategies for shared parenting when a child must be in an out-of-home placement. Caseworkers learned to make practice decisions that support shared parenting of children in out-of-home care.

- DFS clinical staff participated in training on the Marschak Interaction Method (MIM) The MIM assesses the overall quality and nature of relationships between caregivers and child. It is used to determine the caregivers’ capacity to protect and care for the child, the child’s capacity for forming relationships, the quality of the relationship between a child and a foster (potentially adoptive) parent, or the quality of the relationship between a child and his biological parents for decisions about reunification.

- Solution-Oriented Family Therapy Training for Family Preservation staff was provided in 2008.

Approved Trainer, conducted the PS-MAPP Leader Training. PS-MAPP Leader Certification Training offers best practice strategies in child welfare on how to train foster parents to team with the child welfare agency to assure safety, well-being, and timely permanence for children and youth who have been abused or neglected.

- The *PS-MAPP Deciding Together* Leader Certification Training was also provided in 2008. The program uses family consultations in combination with parent guidebooks to assess and develop (or enhance) 12 core skills for successful foster or adoptive parenting.

Training of new DFS staffs continues to include the CFT case planning and solution-focused curriculum that began as part of the Project. All new staffs also receive training on kinship issues, the kinship liaison program and SOC provided by the Project Director.

A kinship class is offered as one of the advanced foster parent trainings for continuing education. The kinship videos, *We Are Still a Family: Adults Caring for Their Kin* and *My Special Family: Kids in the Care of Their Kin*, developed in 2006 by the Caring Communities project are utilized in these trainings.

2.5 **Develop knowledge and skills of supervisors in child welfare and partner agencies as coaches to staff.**

a. This was scheduled to occur the second quarter of the first year through the fifth year and was the responsibility of the Project Director and consultants. Supervisors were key to successful implementation and sustainability of strength-based SOC practices. Thus, supervisors’ knowledge and skills were to be developed to enable them to become master practitioners and coaches of strength-based practices.

b. Consultants were engaged to provide “Supervisors as Coaches” training and consultation to approximately 50 child welfare supervisors, managers, directors and community agency managers. A work group of supervisors was created from volunteers and this group has developed and enhanced DFS’ internal training capacity.

A statewide Supervisory Summit was held in 2005, the purpose of which was to emphasize SOC principles in child welfare practice. The summit was designed to build on the Supervisor’s as Coaches trainings.

2.6 **Initiate assessments and collaborative, coordinated services to children in kin care.**

a. This was scheduled to commence in the first quarter of the Project’s second year and continue through year five. The Project Director and Principle Investigator were leading this activity.
Early screenings and assessments were to be conducted to determine the educational, physical and mental needs/strengths of children. The individual needs of children and their kin caregivers and targeted resources to meet the needs were to be identified by the CFT. CFTs were to collaborate with NFSC Administrative Team in identifying resources. As a result of this activity, children would receive improved assessments of their needs, and home- and community-based services matched to those needs. Kin caregivers would be provided increased supports through information sharing, support groups and a mentor network. Individualized, family-driven case planning was to address a primary and alternate permanency plan to ensure children would be placed in a permanent home in a timely manner.

b. DFS now provides an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screen on all children who enter out-of-home care. This screen includes a comprehensive physical evaluation, immunizations and a brief mental health screen.

Once a week a triage and screening meeting is held involving developmental specialists, mental health specialists, Clark County School District (CCSD) and senior Child Haven caregiver staff who have first-hand experience with the child. This team identifies children who require developmental services; mental or behavioral health services; and/or educational testing and services through CCSD. Linkages exist with community agencies (Child Find, Early Childhood Services and Nevada Early Intervention Services) to provide the needed services.

2.7 Collect project data.

a. The Lead Evaluator (UNLV) and the Project Coordinator were assigned responsibility for this activity that commenced the first quarter of the grant’s second year and extended through Year 5.

DCFS and DFS use and interface with UNITY, the Statewide Automated Child Welfare Information System (SACWIS). This provided comprehensive child welfare data. At the Project’s inception, there was a newly developed reporting module downloading UNITY data, which allowed a comparison of clients served through the child welfare and juvenile justice systems. Consultation was to be sought in developing an interagency data collection system, which was also to incorporate mentor services.

b. Data collection tools were distributed to kin caregivers and DFS caseworkers. As a result of changes in the program, these required revision, and were redistributed.

Solutions for Online Activity Reporting (SOAR) reports derive from UNITY, were developed and are utilized by DFS staff and supervisors. UNLV data collection reports were reviewed by the Caring Communities evaluation workgroup and agency policy modifies accordingly. Staff and supervisors received training on
accessing, interpreting and using SOAR reports to improve decision-making and outcomes for families.

A detailed discussion of this activity is included in Chapter 3.

2.8 Collocate partner services in community-based sites.

a. This was an effort scheduled to occur in the second quarter of the first year, and again in the fourth quarter on the fourth year. This activity was the responsibility of the Project Director and NFSC.

b. In Year 1, two of the five geographic service areas had collated services by identifying offices for KCC. The (now) three Kinship Liaisons are located at three of the five NFSC, in the neighborhoods where there is the greatest need for their services.

2.9 Integrate SOC values and principles into local and statewide child welfare training curricula, policies, structures and processes.

a. This activity was expected to begin at the start of the second year and extend the life of the grant. Lead responsibility for this activity was assigned to NFSC and DCFS. It was planned that existing government structures would provide direction for cross-systems coordination of services and policies and quality assurance reviews, and address financial, programmatic, and policy needs that arise. Among the structures anticipated to participate were the Caring Communities partners, NFSC Administrative Team and the Statewide Child Welfare Integration Committee.

b. This activity began somewhat slowly. While SOC principles had been adopted by DFS and its partner agencies, a comprehensive redesign of the agency’s policies and procedures didn’t begin in earnest until a contractor was hired in 2007. The grant’s Project Coordinator was a member of the policy update team, and grant partner NV PEP participated in the review of new policies before they were finalized.

Ten work groups addressing discreet area of the child welfare agency’s operations were constructed, and a staff member of the Caring Communities project participated on each work group. Community partner agencies representatives also participated in the redesign. As they were approaching finalization, the revised policies and procedures were posted at [www.mtgmc.com/projects/DFSpolicy](http://www.mtgmc.com/projects/DFSpolicy) for peer and public comment.

Training in the new policies and procedures have been provided to the staff teams working in Hotline, Investigations, In-Home, Licensing, Caregiver Support Services, Receiving and Placements. During summer 2009, training will occur for workers in Permanency, Adoption, Foster Parent Recruitment, and Child Haven.
2.10 **Jointly develop and implement assessment and access protocols for SOC services.**

a. This activity was expected to commence in second quarter of year one and conclude first quarter of year three. The Project Coordinator and NFSC had lead responsibilities.

The SOC initiative had raised awareness that if promising field practices are to be sustained, cross system collaboration must be formalized and organizational policies, processes and structures realigned to support desired practice. Work had commenced in this arena through pre-existing partnerships and efforts through two initiatives. First was the Neighborhood Care Center initiative, which was in the fifth of a six-year SAMHSA grant when this Project commenced. A broad array of community-based and family-focused services had been designed to address the needs of children with serious emotional disturbance and their families. Progress had been achieved on behalf of children in the child welfare services with mental health needs: individualized service planning, interagency coordination of services for children with serious emotional disturbance and their families; collocation of services for children, youth and families provided by DJJS, DCFS, NV PEP, and DFS; development of common values, mission, and management structure for the integrated, community-based sites; involvement of family representatives in NFSC administration; and wrap around services which were demonstrated to improve child functioning.

The second initiative was the Andre Agassi Foundation’s Family Intervention Team for Kids Violence, which has brought domestic violence, child protection, juvenile justice, and educational systems together to collaboratively address the needs of all family members touched by domestic violence. Gains at the time the Project commenced included teaming of child protection and domestic violence advocates resulting in lower child abuse recidivism rates; interagency service coordination; and cross-discipline training.

The Project initiative would align work done heretofore in these SOC initiatives in implementing assessment and access protocols.

b. In the first year of the Project, a single referral form and protocol was developed for the DFS clinical programs of Family Preservation and Family Consultation. Additionally, a single assessment interview protocol and report template was developed for clinical assessments for DFS clinical programs as well as its community-based contractors.

A standardized tool to be used by child serving agencies throughout Nevada was developed and implemented, the goal of which was to guide consistency in assessments and to facilitate communication among agencies. These standardized forms include Family Risk Assessment Protocol, Nevada Safety Assessment, Nevada Concurrent Planning Guide, Supervisory Review Instrument, Child Fatality Review...
and Independent Living Transition forms. An additional benefit of shared assessments, with family approval as may be required, is that it minimizes information having to be repeated by parents and caregivers. This assessment and access protocol is consistent with SOC principles and is required per DFS policy.

2.11 Develop family-friendly forms, applications and tools common to all partner agencies.

a. This was the responsibility of NFSC and DCFS, scheduled to commence in the third quarter of the first year, concluding the first quarter of the third year. It was the responsibility of the Project Coordinator and the NFSC.

Activities related to child welfare integration and collaborations with Neighborhood Care Center (NCC) and NFSC partners had highlighted practices, processes and policies in need of reform. As the Caring Communities Project was planned and implemented, families and staff would conduct a systematic review of forms, reports and assessments to ensure they capture information in a manner consistent with SOC values and practices. Consultant services provided technical assistance in identifying policies and processes needed to support and institutionalize strength-based practice.

b. NV PEP was identified as an agency that had experience and expertise in integrating family input to improve forms and tools, so was invited to be a partner in this activity. Family representatives reviewed local and national tools and feedback was provided. The local forms and tools went through several family edits to ensure family friendliness.

Consultants assisted in revisions to clinical assessment templates to ensure reports include children and families’ strengths are written in a manner understandable to families.

Additionally, an interagency work group including DFS, NV PEP, Special Defender’s Office and UNLV Law Clinic developed a brochure outlining families’ rights.

2.12 Implement a coordinated system of contracts for community residential care.

a. This was scheduled to occur during the grant’s second year, and was the responsibility of NFSC and DCFS. Various funding, collocation and service agreements existed or were under development with Nevada Medicaid, Welfare and Health divisions, and SOC partners. As needs of the kin care SOC emerged, SOC partners were to initiate discussions regarding cross-system needs with these agencies.

b. A coordinated and stratified system of emergency community residential care placements was developed to ensure consistency in service provision and reimbursement rates. Contracts were implemented with community placement providers for sibling groups.
2.13 Develop shared, flexible funding streams that support community-based services.

a. This was to occur during the fifth year of the grant, and was the responsibility of NFSC and DCFS. As child and family needs were identified, needed resources would also be identified. The CFT were to identify who would provide and pay for each needed service. NFSC Management and Administrative Teams, that can use their combined resources to provide needed services, would address complex resource needs. State and county agencies were to pursue policy changes needed to provide for blended funding and flexibility in accessing such funding.

b. Shared funding among child and family serving agencies did not evolve as was intended. This is a result of competing priorities, as well as competition within Nevada and Clark County for its acknowledged inadequate social service and treatment resources.

2.14 Identify funding to sustain Kin Care Coordinators and Kin Care Mentors.

a. This was scheduled to occur during the Project’s fifth year under the leadership of NFSC and DCFS.

b. Three Kinship Liaisons are now in permanent county-funded positions, assuring sustainability for advocacy and assistance to kinship families in the child welfare system.

In Year 4, a decision was made and authorized to eliminate the under-functioning Kinship Mentor concept from the grant activities; funding for Kinship Mentors was therefore not pursued.

Lessons Learned

Need for Flexibility. When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of all parties to collaborate and remain flexible and open to new ideas is essential. Such willingness on the part of project partners and stakeholders has proven helpful with unexpected bumps in the road and the need to alter a plan.

Remembering the Bigger Picture. While much time and effort was spent on the specific target population of kinship caregivers and the children in their care, it was helpful to have monthly reminders of SOC efforts in the broader child welfare context. By placing child welfare infrastructure updates on the monthly Kin Care Subcommittee agenda, project partners were better able to understand systemic change.
**Meaningful Engagement.** Finding ways to keep communication open and honest required continual effort on the part of all participants. Creating a safe environment for all partners to comfortably express themselves was necessary to have true meaningful engagement. Having all the right people at the table was not always enough. The willingness of project partners to listen to, respect and respond to each other was necessary to keep work moving in a positive direction.

**Data Limitations.** There is recognition that evaluation data doesn’t capture all of the efforts being done on the project. With a limited eligibility pool for the formal evaluation, it was important to find other ways to incorporate kin caregiver voice and concerns beyond the data collected. System partners needed to put forth extra effort to highlight the successes of the project and to share potential positive outcomes that could be expected by valuing the principles of SOC.

**Honesty and Openness.** Being honest can sometimes be uncomfortable in meetings, but issues can best be addressed when all parties are willing to listen to each other and be honest. This can be an intimidating process for family participants as well as agency representatives. Trust is built and developed over time and through respectful interaction of all involved participants.

**Family Engagement.** Relative caregiver, parents and youth in kin placements all need to be apprized of the potential long-term placement options. Relatives and youth need to hear and understand that reunification with the parents is a possibility until such time termination of parental rights has been initiated and has occurred.

**Child Welfare System Understanding.** The child welfare and legal systems are complex to families and, indeed, often to the professionals who work in it. Information needs to be offered repetitively and at critical points throughout families’ involvement in that system.

**Research questions assessing objectives** and **Findings** are reported in Chapter 3.

**Implementation of Objective #6: Increase Caregiver Capacity**

This section addresses the activities undertaken to address Objective #6. The three activities identified to address this objective are listed below.

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<th>Objective #6: Increase Caregiver Capacity</th>
<th>Proposed Date(s) - x</th>
<th>Actual Dates – x</th>
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</table>
3.1 Recruit and train Kin Care Coordinators

a. The Project Coordinator and NV PEP were responsible for this activity scheduled to occur in the first two quarters of the Project’s first year.

b. Efforts continued through the first four years of the grant to recruit, hire and sustain KCC with varying degrees of success and never achieving program goal of five fulltime KCC. It was always challenging to locate qualified KCC, with experience in the child welfare system and as kin caregivers, to accept a fulltime, entry level, para-professional position. The time and financial constraints of current kin caregivers precluded most from applying.

When NV PEP, for whom the KCCs worked, withdrew from the grant in Year 4, the four KCCs employed with NV PEP were transferred to DFS. In October 2008, the then remaining three KCCs, were hired into full time County-funded positions as Kinship Liaisons. The Kinship Liaisons are fully trained and are an integral part of the SOC for kinship families involved in Clark County’s child welfare system. Further, they are an important part of the training of relatives seeking foster care licensing and of the casework staff.

Appendix A offers examples of the peer-to-peer work performed by the Kinship Liaisons and the success experienced by kinship caregivers as a result of their efforts.

3.2 Recruit, train and sustain culturally and linguistically diverse network of kin care mentors.

a. This was scheduled to occur during the first year of the grant. Lead responsibilities were assigned to NV PEP, Project Coordinator and Kin Care Coordinators (KCC). It was intended that a diverse network of volunteer kin care mentors, with prior experience as caregivers, would provide home-based support to new caregivers. KCC would develop training materials, and recruit and train kin caregiver mentors during the first year so that linkages to new caregivers could begin October 2004.
b. Project partner NV PEP assumed primary responsibility for this activity and began recruiting for KCCs in January 2004. It was the job of the KCCs to recruit KC Mentors, and create a program to train and support the Mentors.

It was an expectation that both the KCC and KC Mentors would be people with experience as kinship caregivers involved with the child welfare system. Efforts continued through the first four years of the grant to recruit, hire and sustain KCC and KC Mentors, with varying degrees of success and never achieving program goal of five fulltime KCCs, each with several volunteer Mentors working with them.

Recruitment of KC Mentors fell short of goals primarily due to the reality of the time and financial constraints of their current kin care giving responsibilities. There was the additional barrier of expecting the Mentors to provide services as unpaid volunteers. There were short-term improvements in the number of Mentors and the services they provided when small stipends were extended to them.

Referrals to the Mentor program, subsequently named Kinship Connections, commenced January 1, 2005, with the recruitment and training of four Mentors who were linked with four kinship families.

For a brief period of time during Year 3, there were six mentors, and during that year a total of 46 kinship caregivers qualified for and agreed to accept Mentor services.

In Year 4, NV PEP withdrew from the grant project. Due to on-going problems in successfully recruiting and retaining Mentors, the Mentor program was disbanded, and the scope of work of the KCCs, now employed by DFS as Kinship Liaisons, was altered so the Liaisons provide direct services to kinship families involved in the child welfare system.

3.3 **Implement collaborative support services for kin caregivers at neighborhood sites.**

a. This was scheduled to commence in Year 2 and continue through Year 5. Primary responsibility was assigned to the Project Coordinator and the KCC.

b. Utilizing a CFT approach to case planning, staff were trained to provide individualized, strength-based, culturally competent services and supports to families. Kinship Liaisons are available to assist kin caregivers to advocate for and obtain culturally competent individualized services. Services are provided at the NFSCs.

**Lessons Learned**

**Need for Flexibility.** When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of all parties to collaborate and remain flexible and open to new ideas is essential. Such willingness on the part of project partners and
stakeholders has proven helpful with unexpected bumps in the road and the need to alter a plan.

**Volunteer Kinship Mentor program.** As a result of lessons learned during this grant, the creation of a volunteer kinship mentor program is deemed unrealistic. Potential volunteers are occupied with their own family’s needs and many are struggling to achieve financial stability. A more realistic and successful objective (as described above in 1.2) is to create a cadre of paid employees as Kinship Liaisons, supporting them through adequate compensation, fringe benefits, training and infrastructure as a child welfare agency is equipped to provide.

**Family Engagement.** Relative caregiver, parents and youth in kin placements all need to be apprized of the potential long-term placement options. Relatives and youth need to hear and understand that reunification with the parents is a possibility until such time termination of parental rights has been initiated and has occurred.

**Child Welfare System Understanding.** The child welfare and legal systems are complex to families and, indeed, often to the professionals who work in it. Information needs to be offered repetitively and at critical points throughout families’ involvement in that system.

Research questions assessing objectives and Findings are reported in Chapter 3.

**Implementation of Objective # 7: Align child welfare infrastructure with SOC principles.**

This objective was added as a result of strategic planning efforts that had occurred in Year 1. This objective was infused in almost every facet of Project activities with the goal of creating a sustained improvement in child welfare practices in Clark County. There were 21 activities that are enumerated in the chart below.

<table>
<thead>
<tr>
<th>Table #. Objective # Activities and Timeline</th>
<th>Proposed Date(s) - x</th>
<th>Actual Dates – x</th>
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<tr>
<td><strong>Objective #7: Align child welfare infrastructure w SOC principles.</strong></td>
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<tr>
<td>7.1 Children and families are provided culturally/linguistically competent community-based services e.g. wraparound, that match their needs</td>
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<tr>
<td>7.2 Engage African American and Latino representatives to participate in designing, building, delivering and sustaining the SOC for kin caregivers</td>
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<tr>
<td>7.3 Provide ongoing training to agency and</td>
<td></td>
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</tr>
</tbody>
</table>
7.1 Children and families are provided culturally/linguistically competent community-based services e.g. wraparound, that match their needs.
a. This activity was the responsibility of DFS and DCFS, and was to extend the last four years of the grant.

b. Medicaid redesign for Children’s Mental Health went into effect January 2006. Principles guiding this transformation included: bring services to the child and family; ensure equal access to non traditional services; provide front-end services to families; ensure continuity of care; family reunification; preserve sibling connections; minimize placement moves; maximize services to the child and family; and maintain treatment provider consistency.

By far, the largest non-English speaking group in Clark County speaks Spanish. DFS contracts with Spanish speaking professionals to complete assessments when demand exceeds availability within DFS. DFS actively recruits for Spanish speaking staff. Clark County Court Interpretative Services provides linguistic resources at no cost in more than 70 languages and dialects.

Utilizing a CFT approach to case planning, staffs are trained to provide individualized, strength-based, culturally competent services and supports to families. Kin Liaisons are available to assist kin caregivers to advocate for and obtain culturally competent individualized services.

An extensive research component to assess DFS and the community’s cultural competence was conducted under this Project. This revealed that consistency exists among cohorts that DFS staffs value culture, with all of its incumbent diversity. Culturally sensitive services, however, were deemed lacking, as are services in general for child welfare clients. This became a service array issue, and continues to be a focus for improvement for DFS and Clark County.

7.2 Engage African American and Latino representatives to participate in designing, building, delivering and sustaining the SOC for kin caregivers

a. This activity was the responsibility of Program Director, Program Coordinator and NV PEP, and was to extend the last four years of the grant.

b. African American participation is present and active at all levels of the Caring Communities Project. Efforts to engage the Latino community are on going, recently enhanced by a partnership with University of Nevada Cooperative Extension Services: a Spanish speaking community-based instructor is successfully engaging Latino kinship caregivers and crafting outreach consistent with input received.

SOC materials, including SOC posters, DFS Kinship brochures, and foster care licensing applications have been translated and are available in Spanish. Efforts are continuing to translate more materials (Kinship Foster Care curriculum and Kinship Resource guides) into Spanish. DFS has specific outreach in its hiring practices to Spanish speaking applicants, and has hired two Spanish speaking staffs specifically to work with kinship families and in this Project.
7.3 **Provide ongoing training to agency and community service providers in strength based SOC and wrap around approaches, and culturally/linguistically competent practices**

a. This activity was the responsibility of DFS, DCFS, contracted services, and was to extend the last four years of the Project.

b. SOC principles and practice applications are promoted through Nevada’s statewide plans including trainings for staffs and supervisors. Training in SOC, kin care needs, best practices in child welfare, cultural competency, CFT, among other topics, was a large and critical part of the project, involving staff from every part of DFS, supervisors, management, foster parents, kin caregivers and community agency partners, child advocates and others. Training to CPS and permanency units in the use of culturally competent, strength-based child and family teams is conducted on an on-going basis. A listing, including brief descriptions, of some of the more critical training activities is included above under #2.4.

7.4 **Disseminate information to the public about SOC through various avenues e.g. brochures, video, media, training and networking**

a. This activity was to be lead by the Project Coordinator and NV PEP and to occur Years 2-5.

b. The dissemination of information was a major grant activity and was consistently reported in the semi annual reports. A partial listing of accomplishments in this arena are included above under #1.4.

DFS has made consistent efforts to promote the kinship liaison effort internally, among its community partners and to kinship caregivers in the system via hosted conferences and community meetings; training with staff, community partners and others; training for foster parents; creation and distribution of brochures, videos, posters and resource guides; and through local and national publications. Project staffs speak on this topic at UNLV social work, child welfare and counseling classes. Multiple focus groups with child welfare and “at large” kinship families have occurred, including groups from the religious community, Spanish speaking and minority populations. Beginning mid 2008, a specific effort commenced to engage community organizations (religious groups, juvenile justice, service providers, schools etc.) in supporting kinship families using SOC principles; these efforts will transcend the grant.

7.5 **Provide training to interagency and community staff on the needs of kin caregivers and children in the child welfare system**

a. This activity was to be lead by DFS and NV PEP and to occur Years 2-5.
b. Training in SOC, kin care needs, best practices in child welfare, CFT, among other topics was a large and critical part of the project. Training involved staff from every part and level of DFS, foster parents, kin caregivers, community agency partners, child advocates and others.

Kinship Liaisons were integrated into the mainstream of service delivery and information sharing in 2008. They began, and continue, to provide information at DFS unit meetings and at NFSC site meetings, which include cross-agency partners such as child welfare, children’s mental health, juvenile justice, schools, developmental services and parent advocates. Kinship Liaisons and kin caregivers regularly participate in various committee and workgroup meetings providing the kinship voice. All new agency staffs receive training on kinship issues and how to collaborate with the kinship liaison staff.

Among the community agencies the Kinship Liaisons presented information to were Boys & Girls Clubs, Family Resource Centers, Foster Parent Support Groups, and Clark County School District Guidance and Counseling. They are participants in the multi-agency convening of organizations supporting kinship families, now called Kinship Connectors.

7.6 **Enhance supervisor skills and abilities re strength-based SOC approach so they can coach the staff they supervise.**

   a. This activity was to be lead by DFS, DCFS and contract services and to occur Years 2-5.

   b. Supervisors were key to successful implementation and sustainability of strength-based SOC practices. Thus, supervisors’ knowledge and skills were developed to enable them to become master practitioners and coaches of strength-based practices.

A statewide Supervisory Summit was held in 2005, the purpose of which was to emphasize SOC principles in child welfare practice. The summit was designed to build on the Supervisors as Coaches trainings.

Consultant services were retained to provide “Supervisors as Coaches” training and consultation to approximately 50 child welfare supervisors, managers, directors and community agency managers. A work group of supervisors was created from volunteers and this group has developed and enhanced DFS internal training capacity.

Monthly unit-based consultations were scheduled allowing each CPS and Permanency unit to meet with a consultant to gain skills for CFTs and strength-based documentation. Supervisors received consultation regarding their role as coaches to their staff. Supervisory training in SOC principles continues.

7.7 **Revise the Child Welfare processes, policies and structures to be consistent with SOC practices and values, including culturally/linguistically competent practices**
a. This activity was to be lead by DFS, DCFS and NFSC and to occur Years 2-5.

b. The redesign of the agency’s policies and procedures so as to coincide w SOC principles began in 2007. The grant’s Project Coordinator was a member of the policy update team, and Project partner NV PEP participated in the review of new policies before they were finalized.

Ten work groups addressing discreet area of the child welfare agency’s operations were constructed, and a staff member of the Caring Communities project participated on each work group. Community partner agencies representatives also participated in the redesign. As they were approaching finalization, the revised policies and procedures were posted at www.mtgmc.com/projects/DFSpolicy for peer and public comment.

Implementation of the completed policies and procedures were staggered for rollout from October 2008 to January 2009. A communication plan was created that requires key community partners be notified of subsequent policy changes to ensure the sustainability of SOC principles in DFS operations.

7.8 **Facilitate the development of needed services and resources as identified.**

a. This activity was to be lead by DFS, DCFS and NFSC and to occur through years 2-5.

b. Various efforts and instruments studies evaluated kinship families’ needs with a particular emphasis on what additional services were needed. Among the efforts were UNLV’s Kinship in Nevada Survey; Nevada’s Child and Family Services Review, and the Service Array study. Services have increased incrementally, especially in those provided kinship families, the largest of which is the advocacy offered kinship families, often even before the child is placed. Foster care licensing, and its incumbent resources and services, are regularly offered to qualified families involved in the child welfare system. Kinship Liaisons providing peer-to-peer support assist kinship families, as may be helpful, in the application process.

DFS now provides an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screen on all children who enter out-of-home care. This screen includes a comprehensive physical evaluation, immunizations and a brief mental health screen.

Once a week a triage and screening meeting is held involving developmental specialists, mental health specialists, CCSD and senior Child Haven caregiver staff who have first-hand experience with the child. This team identifies children who require developmental services; mental or behavioral health services; and/or educational testing and services through CCSD. Linkages exist with community agencies (Child Find, Early Childhood Services and Nevada Early Intervention Services) to provide the needed services.
7.9 Enlist the support of stakeholders, decision makers, community leaders, and elected officials to address needs

a. This activity was to be lead by NFSC, Principal Investigator and NV PEP and to occur through years 2-5.

b. The Citizens Advisory Committee (CAC) agreed to partner with DFS in accessing any gaps in services that children and families involved in the child welfare system require. The results of a comprehensive, three-year study of kin care in Nevada served as the basis for a needs assessment survey of the target population for this Project. The Kinship in Nevada (KIN) needs assessment was a collaborative project involving DCFS, DFS and UNLV and was provided in the semi annual report dated October 28, 2004.

Findings from Nevada’s Child and Family Services Review (CFSR) revealed that Nevada’s child welfare jurisdictions lacked a comprehensive array of services to meet the needs of children and families. Consequently, the State negotiated with the Administration of Children and Families that its Program Improvement Plan (PIP) include a corrective action step to address this issue and to improve DFS’ service capacity in ensuring the safety, permanency and well being of children and families.

A Service Array Assessment was completed and provided to the CAC in March 2008. The CAC decided that a stakeholder meeting would be the best venue to distribute the findings and develop a community call for action. The meeting occurred on September 26, 2008, with over 100 participants including community leaders, partner agencies, the philanthropic community and other stakeholders. Advocacy efforts continue to expand family preservation services and to allow priority access for child welfare clients to obtain mental health and substance abuse services. The finalized report of the service array needs assessment was included in the semi annual report dated May 5, 2008.

As kin caregivers and the Kinship Liaisons continue to participate in various stakeholder meetings and project activities, the kinship voice has been heard and its value recognized. DFS’ CAC is regularly updated on SOC activities and kinship needs and serves as an advocate to governing bodies.

7.10 Use data combined with SOC values to drive decision-making

a. This activity was to be lead by DFS, DCFS and NFSC and to occur Years 2-5.

b. A multi-year initiative to enable and implement effective evidence-based decision- making began with the development of COGNOS. The COGNOS reporting system was integrated into DFS business areas of Intake, Placement, Permanency, Court Processing, and Licensing. COGNOS indicators brought visibility to data and
allowed administrative staff to establish and monitor benchmarks for child welfare outcomes.

Data acquired over the course of this Project drove major Project redesign. As explained in Chapter 1, data revealed that the KCC and Kin Care Mentor programs were under-functioning, and were subsequently redesigned into what is now three full time, fully funded Kinship Liaison positions providing direct and voluntary service to kinship families.

7.11 Collect baseline and outcome data across partner agencies for the completion of the evaluation

a. This activity was to be lead by Lead Evaluator, Project Coordinator, DFS and NV PEP and to occur Years 2-5.

b. The Lead Evaluator, UNLV, prepared and executed an extensive data collection plan that is discussed in detail in Chapter 3.

In light of significant project changes in how kinship advocacy services would be delivered to the target population, new evaluation tools were developed and executed during Year 4. The research team continued to collaborate with Caliber on national evaluations as well.

The following research instruments were developed and provided as Appendixes to semi annual report dated April 30, 2008:
Relative Caregiver Assessment Tool
Peer-to-Peer Support Measure: Caregiver Version
Kinship Foster Care Training Satisfaction Evaluation
Kinship Foster Care Training Pre/Post Follow Up
Peer-to-Peer Support Measure: Kinship Liaison Version
Kinship Foster Care Training Satisfaction Pilot Study
Kinship Foster Care Training Pre/Post Pilot Study
Kinship Liaison Service Log Report
Kinship Liaison Peer-to-Peer Pilot Study

7.12 Pursue human resources processes that support recruitment and retention of culturally and linguistically diverse professional and paraprofessional staff

a. DFS was responsible for this activity that was scheduled to occur Years 2-5.

b. DFS worked closely with the Clark County Human Resources Department to improve applicant pools with an emphasis on Spanish-speaking applicants for casework positions.

Currently, DFS recruitment processes render an approximate eligible applicant pool of 25% Hispanic applicants for direct services positions. Variances to this percentage
may occur depending on classification titles. An estimated 20% of all newly hired staff, providing direct service to children and families, in 2009 are bi-lingual.

Recruitment postings for DFS positions are posted in various print publications, organizations, and associations to enhance a diverse applicant pool. Additionally, several outreach training sessions are held by the Human Resources Department throughout the community to provide hands-on guidance and training in submitting the e-application now utilized for application submittal.

The Human Resource team at DFS is completing the development of training to address a variety of diversity issues. The training titled, “Dynamic Diversity Training” will begin in 2010. The three hour training will consist of topics such as: working with bi-lingual clients, acknowledging cultural practices, maintaining cultural objectivity. All DFS staff will be encouraged to attend this course as part of their professional development in the agency.

In an effort to retain and encourage language diversity, the Service Employees International Union’s Collective Bargaining Agreement affords staffs fluent in a second language to receive a “bi-lingual” premium. This compensation is provided in the form of a stipend each pay period, contingent upon the employee’s completion of an Oral Proficiency Examination and using that language in 15% or more of their work activities.

7.13 Develop and implement assessment protocols for SOC services

a. This activity was the responsibility of DFS and was scheduled to occur during Year 2 and the first quarter of Year 3.

b. A single referral form and protocol was developed for DFS clinical programs, Family Preservation and Family Consultation. Additionally, a single assessment interview protocol and report template was developed for clinical assessments for DFS clinical programs as well as its community-based contractors.

A standardized tool to be used by child serving agencies throughout Nevada was developed and implemented, the goal of which was to guide consistency in assessments and to facilitate communication among agencies. These standardized forms include Family Risk Assessment Protocol, Nevada Safety Assessment, Nevada Concurrent Planning Guide, Supervisory Review Instrument, Child Fatality Review and Independent Living Transition forms. An additional benefit of shared assessments, with family approval as may be required, is that it minimizes information having to be repeated by parents and caregivers. This assessment and access protocol is consistent with SOC principles and is required per DFS policy.

7.14 Develop and implement access protocols for SOC services
a. This activity was the responsibility of DFS and to occur the second half of Year 2, and during the first three quarters of Year 3.

b. The access protocol for the (now dismantled) Kinship Connections program at NV PEP was recreated when the Kinship Liaisons were transferred to DFS on May 21, 2007. All children pending or placed with kin by the child welfare agency are apprized on this service, and Kinship Liaisons contact them in person or by phone. Families can accept or decline services. Written policies and procedures for the access of kinship services are now being rewritten and formalized.

A single referral form and protocol was developed for DFS clinical programs, Family Preservation and Family Consultation. Additionally, a single assessment interview protocol and report template was developed for clinical assessments for DFS clinical programs as well as its community-based contractors.

7.15 Develop family friendly forms applications and tools

a. This activity was to be lead by DFS and NV PEP and to occur Years 2 and 3.

b. NV PEP was identified as an agency that had experience and expertise in integrating family input to improve forms and tools, so was invited to be a partner in this activity. Family representatives reviewed local and national tools and feedback was provided. The local forms and tools went through several family edits to ensure family friendliness.

A consultant assisted in revising clinical assessment templates to ensure reports included children and families’ strengths and were written in a manner understandable to families.

Additionally, an interagency work group including DFS, NV PEP, Special Defender’s Office and UNLV Law Clinic developed a brochure outlining families’ rights.

7.16 Develop standardized forms across agencies when applicable and possible

a. This activity was to be lead by DFS, NFSC, DCFS and NV PEP and to occur Years 2-5.

b. Through the PIP, standardized forms were developed for consistency among child welfare agencies across the State. The Family Risk Assessment Protocol, Nevada Safety Assessment, Nevada Concurrent Planning Guide and the Supervisory Review Instrument have been distributed through PIP trainings. Child fatality review forms and Independent Living Transition forms have also been made consistent state wide. A Mental Health Screen for youth was implemented as a standardized assessment and referral form to ease access to services from child welfare to children’s mental health.

7.17 Implement a coordinated system of contracts for community residential care
a. This activity was to be lead by DFS and DCFS and to occur during Year 3.

b. A coordinated and stratified system of emergency community residential care placements was developed to ensure consistency in service provision and reimbursement rates. Contracts were implemented with community placement providers for sibling groups.

7.18 Explore and develop shared, flexible funding streams that supports community-based services

a. This activity was to be lead by DCFS and NFSC and to occur during Year 5.

b. Shared funding among child and family serving agencies did not evolve as was intended. There is an acknowledged lack of flexible funding at DFS and this impeded the realization of this goal.

7.19 Collocate partner services in community-based sites.

a. This activity was to be lead by NFSC and to occur the fourth quarter of Year 4.

b. In Year 1, two of the five geographic service areas had collocated services by identifying offices for KCCs. The (now) three Kinship Liaisons are located at three of the five NFSC, in the neighborhoods where there is the greatest need for their services.

7.20 Identify funding to sustain Kin Care Coordinators and Kin Care Mentors

a. This activity was to be lead by DFS, NFSC, DCFS and NV PEP and to occur during Year 5.

b. Three Kinship Liaisons are now in permanent county-funded positions, assuring sustainability for advocacy and assistance to kinship families in the child welfare system.

In year 4, a decision was made and authorized to eliminate the under-functioning Kinship Mentor concept from Project activities; funding for Kinship Mentors was therefore not pursued.

7.21 KCC will participate with Neighborhood Councils to ensure kin caregivers are included in NFSC activities.

a. This activity was to be lead by NV PEP and to occur during Years 2- 5.

b. Kinship Liaisons are located at the three NFSC where demand for their services is greatest. They are active participants in site meetings, sharing the kinship voice and
offering advocacy services for kinship families. Most NFSC do not have active Neighborhood Councils that meet regularly. The desired information exchange is occurring at the site meetings, unit meetings and “water cooler” conversation inherent in collocation.

**Lessons Learned**

**Need for Flexibility.** When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of all parties to collaborate and remain flexible and open to new ideas is essential. Such willingness on the part of project partners and stakeholders has proven helpful with unexpected bumps in the road and the need to alter a plan.

**Remembering the Bigger Picture.** While much time and effort was spent on the specific target population of kinship caregivers and the children in their care, it was helpful to have monthly reminders of SOC efforts in the broader child welfare context. By placing child welfare infrastructure updates on the monthly Kin Care Subcommittee agenda, project partners were better able to understand systemic change.

**Meaningful Engagement.** Finding ways to keep communication open and honest required continual effort on the part of all participants. Creating a safe environment for all partners to comfortably express themselves was necessary to have true meaningful engagement. Having all the right people at the table was not always enough. The willingness of project partners to listen to, respect and respond to each other was necessary to keep work moving in a positive direction.

**Institutionalizing SOC Principles.** The genuine institutionalization of SOC principles within a community or agency requires involvement of all relevant stakeholders. Achieving broad consensus on how to best serve children and families is fundamental in creating a new culture. The final work effort on behalf of families will then transcend any single agency’s mission and fiscal resources. One cannot overstate how challenging a proposition it is for policy makers and funders, not to mention practitioners, to relinquish control over resources they have a fiduciary responsibility to guard.

**Continuous Improvement.** The best policies, procedures and practices are subject to evaluation, improvement and update. Community stakeholders and staffs should anticipate the progression and evolution of a strong child welfare system. The subject of “continuous improvement” should be regularly addressed in forums, meetings and publications.

**Research questions assessing objectives** and **Findings** are reported in Chapter 3.
Chapter 3

Outcome Evaluation

Overview

Concurrent with the Project activities as described in Chapter 2, the Project was being evaluated by the research team at University of Nevada Las Vegas. The Lead Evaluator and team members identified research questions to assess each implementation objective, created a research and data collection strategy, analyzed the data and have reported their findings in this chapter.

A comprehensive outcome report containing multiple data displays and extensive discussion of demonstration findings is contained in Appendix B.2. As this is 213 pages, it is being made available upon request.

Here is brief summary of key findings specifically related to each of six project objectives.

Project Objective #1 – Increase Placement with Kin

Evaluation Question/Expectation for Change

The central evaluation question of focus regarding Project Objective #1 concerned the rate at which relative caregivers were licensed to provide foster care. It was expected that with the supports provided first by the Kinship Connections Program and then later the Kinship Liaison program, relative caregivers would be identified in a timely manner and provided with information about foster parent licensure. Likewise, it was expected that the collaborative nature of the work between DFS caseworkers, licensing staff and Kinship Liaisons would facilitate caregivers’ desire to provide placement for children. Finally, it was anticipated that critical organizational realignment (e.g., redesign of diligent search procedures and processes) and overall system of care driven interventions would increase placement with kin.

Findings and Discussion of Findings

The number of children placed with relative caregivers during the five-year grant markers is displayed below. During the grant period, the percentage of total children placed with relative caregivers increased from a low in 2004 of 16%, to 35% in 2007 and 32% in 2008.
Below is a five-year data trend illustrating the extent to which sibling placements occurred with relatives vs. non-relatives.

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<th>Month</th>
<th>Intact Sibling Groups: Relative</th>
<th>Partial Sibling Groups: Relative</th>
<th>Intact Sibling Groups: Non-Relative</th>
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**2004 Summary**

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<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
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<td>1785</td>
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<table>
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<th>Month</th>
<th>Intact Sibling Groups: Relative</th>
<th>Partial Sibling Groups: Relative</th>
<th>Intact Sibling Groups: Non-Relative</th>
<th>Partial Sibling Groups: Non-Relative</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
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<td>53</td>
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<td>59</td>
<td>186</td>
<td>24</td>
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<td></td>
<td>March</td>
<td>58</td>
<td>75</td>
<td>251</td>
<td>23</td>
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<td>April</td>
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<td>219</td>
<td>26</td>
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<td>July</td>
<td>76</td>
<td>62</td>
<td>210</td>
<td>17</td>
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<td>71</td>
<td>231</td>
<td>23</td>
</tr>
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<td>17</td>
</tr>
<tr>
<td></td>
<td>October</td>
<td>71</td>
<td>53</td>
<td>228</td>
<td>17</td>
</tr>
<tr>
<td></td>
<td>November</td>
<td>80</td>
<td>61</td>
<td>227</td>
<td>14</td>
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<td></td>
<td>December</td>
<td>85</td>
<td>62</td>
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**2005 Summary**

<table>
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<tr>
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<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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</tr>
</thead>
<tbody>
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<td>834</td>
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<td>2652</td>
<td>232</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Intact Sibling Groups: Relative</th>
<th>Partial Sibling Groups: Relative</th>
<th>Intact Sibling Groups: Non-Relative</th>
<th>Partial Sibling Groups: Non-Relative</th>
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</thead>
<tbody>
<tr>
<td>2006</td>
<td>January</td>
<td>84</td>
<td>90</td>
<td>299</td>
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<tr>
<td></td>
<td>March</td>
<td>90</td>
<td>67</td>
<td>250</td>
<td>17</td>
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</table>
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 with relative caregivers.

**Training.** It was anticipated that the redesigned foster parent licensing training that was tailored to the needs of relative caregivers would also help 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, 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. Below is a summary of training results.

Training participants were asked to rate the training on a variety of topics. Responses were as follows:

<table>
<thead>
<tr>
<th>Training Elements</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training session’s organization and logical flow.</td>
<td>Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>27</td>
<td>11.2%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>60</td>
<td>24.8%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>148</td>
<td>62.2%</td>
</tr>
<tr>
<td>Mean = 4.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>238</td>
<td></td>
</tr>
<tr>
<td>2. The trainer’s ability to relate to the group and respond to the questions and concerns that were raised.</td>
<td>Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>11</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td>46</td>
<td>19.2%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>180</td>
<td>75.3%</td>
</tr>
<tr>
<td>Mean = 4.69</td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>239</td>
<td></td>
</tr>
<tr>
<td>3. The trainer’s knowledge of the content/topic of training.</td>
<td>Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>5</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>47</td>
<td>19.7%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>186</td>
<td>77.8%</td>
</tr>
<tr>
<td>Mean = 4.74</td>
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<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>239</td>
<td></td>
</tr>
<tr>
<td>4. The trainer’s ability to show respect for the experience &amp; knowledge of participants.</td>
<td>Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>7</td>
<td>2.9%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>38</td>
<td>16.0%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>190</td>
<td>79.8%</td>
</tr>
<tr>
<td>Mean = 4.74</td>
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</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>238</td>
<td></td>
</tr>
<tr>
<td>5. The applicability of the training content to your day-to-day caregiving experiences.</td>
<td>Poor</td>
<td>2</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>3</td>
<td>1.3%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>16</td>
<td>6.7%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>66</td>
<td>27.7%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>151</td>
<td>63.4%</td>
</tr>
<tr>
<td>Mean = 4.52</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td>238</td>
<td></td>
</tr>
<tr>
<td>6. Rate the session on how the concepts, methods and tools presented were shown to be interrelated</td>
<td>Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Somewhat Poor</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td></td>
<td>Average</td>
<td>22</td>
<td>9.2%</td>
</tr>
<tr>
<td></td>
<td>Somewhat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>74</td>
<td>31.1%</td>
</tr>
<tr>
<td></td>
<td>Outstanding</td>
<td>140</td>
<td>58.8%</td>
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</tbody>
</table>

| **Total** | 238 |
Mean = 4.47

<table>
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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. The session(s) helped me gain new knowledge or enhanced my current knowledge about being a caregiver.</td>
<td>4</td>
<td>2</td>
<td>16</td>
<td>51</td>
<td>165</td>
<td>238</td>
</tr>
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<td>Mean = 4.56</td>
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Mean = 4.56

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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. The sessions helped me refine and/or learn how to implement parenting/caregiving skills.</td>
<td>4</td>
<td>2</td>
<td>23</td>
<td>56</td>
<td>152</td>
<td>237</td>
</tr>
<tr>
<td>Mean = 4.48</td>
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Mean = 4.63

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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Rate the training materials (e.g. handouts, binders) on clarity, usefulness and understandability.</td>
<td>1</td>
<td>2</td>
<td>15</td>
<td>49</td>
<td>171</td>
<td>238</td>
</tr>
<tr>
<td>Mean = 4.62</td>
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Mean = 4.62

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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Rate the training materials on the relevance to the topic.</td>
<td>1</td>
<td>1</td>
<td>11</td>
<td>61</td>
<td>163</td>
<td>237</td>
</tr>
<tr>
<td>Mean = 4.50</td>
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Mean = 4.50

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<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Rate the facility and location used for the training.</td>
<td>1</td>
<td>2</td>
<td>20</td>
<td>67</td>
<td>146</td>
<td>236</td>
</tr>
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<td>Mean = 4.69</td>
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Mean = 4.69

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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Rate the trainer’s ability to convey the purpose of the training.</td>
<td>1</td>
<td>1</td>
<td>9</td>
<td>49</td>
<td>176</td>
<td>236</td>
</tr>
<tr>
<td>Mean = 4.69</td>
<td></td>
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Mean = 4.69

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<th>Average</th>
<th>Somewhat</th>
<th>Outstanding</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>13. How would you rate the consistency between the stated purpose/objectives of the training and the actual training content?</td>
<td>2</td>
<td>0</td>
<td>12</td>
<td>70</td>
<td>236</td>
<td></td>
</tr>
</tbody>
</table>

Total 236
<table>
<thead>
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<th>Somewhat Poor</th>
<th>Average</th>
<th>Somewhat Outstanding</th>
<th>Outstanding</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>14. Generally speaking, how useful was the training content?</td>
<td>4</td>
<td>2</td>
<td>13</td>
<td>52</td>
<td>166</td>
<td>4.57</td>
</tr>
<tr>
<td>15. How would you rate the extent to which the training will make a difference in how you relate to the children?</td>
<td>5</td>
<td>1</td>
<td>22</td>
<td>60</td>
<td>146</td>
<td>4.46</td>
</tr>
<tr>
<td>16. Rate the amount of time given for discussion.</td>
<td>1</td>
<td>9</td>
<td>23</td>
<td>64</td>
<td>140</td>
<td>4.41</td>
</tr>
<tr>
<td>17. Rate the helpfulness of exercises, examples, stories, videos.</td>
<td>1</td>
<td>7</td>
<td>15</td>
<td>57</td>
<td>156</td>
<td>4.53</td>
</tr>
<tr>
<td>18. How well do you think the trainer did in relating complex theories/concepts to real life practical examples?</td>
<td>1</td>
<td>1</td>
<td>16</td>
<td>47</td>
<td>171</td>
<td>4.64</td>
</tr>
<tr>
<td>19. Rate the degree to which your expectations were met.</td>
<td>1</td>
<td>6</td>
<td>12</td>
<td>68</td>
<td>149</td>
<td>4.52</td>
</tr>
<tr>
<td>20. What is your overall rating of the training?</td>
<td>3</td>
<td>2</td>
<td>15</td>
<td>51</td>
<td>51</td>
<td>4.58</td>
</tr>
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Total: 236

<table>
<thead>
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<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
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</tbody>
</table>

<table>
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<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>152</td>
<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
<td>70.0%</td>
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<table>
<thead>
<tr>
<th>Rating</th>
<th>Count</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
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<td>64.4%</td>
</tr>
<tr>
<td>Average</td>
<td>166</td>
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<tr>
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</tr>
</tbody>
</table>
Most respondents provided positive comments about the training and its applicability to their caregiving responsibilities. A majority of respondents rated the training a 5 out of 5 on the applicability of the training content to their day-to-day caregiving experience (63.4%), the training’s ability to provide new or enhanced knowledge about being a caregiver (69.3%), how to refine or improve their caregiving skills (64.1%), and the extent to which the training will make a difference in how they relate to their children (62.4%). Finally, respondents were overall pleased with the training, with most rating the session a 5 out of 5 for both the degree to which their expectations were met (63.1%) and their overall rating of the training (69.8%).

As for contextual questions about the training, most respondents gave the training a 5 out of 5 on organization and logical flow (62.2%), the interrelation of the concepts, methods and tools presented (58.8%), the training materials’ clarity, usefulness and understandability (71.8%), the relevance of the materials to the topic (68.8%), the training facility and location (61.9%), the consistency between the stated purpose/objectives of the training and the actual training content (64.4%). Finally, most respondents gave the training a 5 out of 5 for how useful they found the training content (70.0%), the amount of time given for discussion (59.1%), and the helpfulness of exercises, examples, stories and videos (66.1%).

Finally, most participants gave the trainer high ratings. Most respondents gave the trainer a 5 out of 5. A majority of caregivers rated a 5 out of 5 on the trainer’s ability to relate to the group and respond to the questions and concerns that were raised (75.3%), the trainer’s knowledge of the content/topic of training (77.8%), and the trainer’s ability to show respect for the experience and knowledge of participants (79.8%). Additionally, most respondents gave the trainer a 5 out of 5 for her ability to convey the purpose of the training (74.6%) and how well the trainer did in relating complex theories/concepts to real life practical examples (72.5%).
Respondents gave high ratings to the trainer, and ranked the trainer’s knowledge of the content the highest ranking (M = 4.74). Respondents ranked the overall training a 4.58 out of 5, a very high rating. The lowest mean ranking was 4.41, which the caregivers rated for the time given for discussion. One respondent stated they wished there was more time for discussion, but understood it could easily get overwhelming with the number of caregivers at the training.
Overall, participants scored well on the pre-test selecting an average of 67.46% of the correct answers. On the post-test participants increased the average number of correct answers they selected to 76.41%.

Participants entered the training knowing the least about caregiver roles and responsibilities, selecting an average of 51% of the correct answers on the pre-test. This increased to 55.7% on the post-test. Participants began the training with the most knowledge regarding acceptable discipline strategies and styles. On average 83% selected the correct answers on the pre-test, while 86% selected the correct answers on the post-test.

Participants also entered the training with somewhat limited knowledge about permanency options, with a pre-test score of 58% and a post-test score of 60%. For the sub-scale of “knowledge of child behavior and emotions,” 75% of the caregivers initially selected the correct answers that increased to 82% on the post-test. Participants also demonstrated significant knowledge in the “culture/ethnic identity needs” section with 80% selecting correct answers on the pre-test, which increased to 85% on the post-test.
Project Objective #2 – Increase Safety of Children Living with Kin

Evaluation Question/Expectation for Change

The central evaluation question of focus regarding Project Objective #2 concerned the extent to which caregivers would self-report safety concerns. Also, the local evaluation used caseworker assessments to corroborate caregivers’ assessment of safety. It was expected that with the supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program, children would experience fewer incidents of re-abuse while in the care of relatives and relative caregivers would be able to self-identify issues and conditions that threaten child safety.

Findings and Discussion of Findings

Safety Outcomes for Children Placed with Relative Caregivers

The percent of re-abuse cases where relative care is the placement category during the five-year grant markers is shown below. The percentage of re-abuse cases when placed with relatives varied, with a low of 13% in 2008 to a high of 22% in 2005.

Caseworker assessment of safety. In assessing the safety and needs of the children, in general caseworkers who worked with all three Kinship Connections Program cohorts tended to agree more often than they disagreed with statements that asked if they felt that the relative placement was safe. For example, caseworkers strongly agreed most often that the risk of maltreatment was not indicated in the current placement and that the children’s housing needs were adequately addressed.

Caregivers’ assessment of safety. Caregivers enrolled in both the Kinship Connections Program and the Kinship Liaison Program were asked to assess their sense of safety at repeated times throughout the course of the evaluation. For the most part, caregivers report a sense of adequacy in their ability to keep the children safe. Below is a synopsis of the most salient safety findings.
The caregivers were asked if they had sufficient resources to meet ten basic needs. They were asked to rate their resources as “inadequate”, “barely adequate”, “adequate” and “more than adequate”. Nearly one-third of respondents stated that their resources in the categories of “money to buy clothes for the children” (28.4%) and one quarter respondents stated that their resources in the categories of “someone to watch children” (25.4%) and “health coverage for self” (24.2%) are inadequate or barely adequate.

<table>
<thead>
<tr>
<th>Safety assessment items reported in frequency and percent.</th>
<th>Inadequate</th>
<th>Barely Adequate</th>
<th>Adequate</th>
<th>More than Adequate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds for everyone N = 67</td>
<td>5 (7.5%)</td>
<td>3 (4.5%)</td>
<td>40 (59.7%)</td>
<td>19 (28.4%)</td>
</tr>
<tr>
<td>Money to cover utility bills N = 66</td>
<td>7 (9.1%)</td>
<td>8 (12.1%)</td>
<td>44 (66.7%)</td>
<td>7 (9.1%)</td>
</tr>
<tr>
<td>Money to cover rent/mortgage N = 66</td>
<td>6 (9.0%)</td>
<td>8 (12.1%)</td>
<td>47 (71.2%)</td>
<td>5 (7.6%)</td>
</tr>
<tr>
<td>Someone to watch the children N = 65</td>
<td>12 (18.5%)</td>
<td>5 (7.7%)</td>
<td>38 (58.5%)</td>
<td>10 (15.4%)</td>
</tr>
<tr>
<td>Balanced meals N = 66</td>
<td>0</td>
<td>0</td>
<td>46 (69.7%)</td>
<td>20 (30.3%)</td>
</tr>
<tr>
<td>Transportation N = 66</td>
<td>2 (3.0%)</td>
<td>2 (3.0%)</td>
<td>46 (69.7%)</td>
<td>16 (24.2%)</td>
</tr>
<tr>
<td>Strength to run my household N = 66</td>
<td>0</td>
<td>2 (3.0%)</td>
<td>41 (62.1%)</td>
<td>23 (34.8%)</td>
</tr>
<tr>
<td>Health coverage for myself N = 65</td>
<td>14 (21.5%)</td>
<td>2 (3.0%)</td>
<td>41 (62.1%)</td>
<td>8 (12.1%)</td>
</tr>
<tr>
<td>Health coverage for the children N = 67</td>
<td>1 (1.5%)</td>
<td>3 (4.5%)</td>
<td>48 (71.6%)</td>
<td>15 (22.4%)</td>
</tr>
<tr>
<td>Money to buy clothes for the children N = 66</td>
<td>7 (10.6%)</td>
<td>12 (18.2%)</td>
<td>40 (60.6%)</td>
<td>7 (10.6%)</td>
</tr>
</tbody>
</table>

**Project Objective #3 – Improve Physical and Mental Health of Children with Kin**

**Evaluation Question/Expectation for Change**

The central evaluation question of focus regarding Project Objective #3 concerned the extent to which improvements could be made in the physical and mental health of children who reside in kinship care. It was expected that with the supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program and the foster parent training classes, relative caregivers would acquire a skill set that would allow them to be valuable team members in identifying and addressing child behavior problems. Likewise it was anticipated that critical organizational realignment (e.g., early acquisition of Medicaid coverage, early medical screenings) and overall system of care driven collaborative work would improve children’s health conditions.
Findings and Discussion of Findings

Three conditions were studied to ascertain the well being of children who are placed with Relative Caregivers: behavior management issues; mental diagnoses (i.e., “disorder”); and medical condition (i.e., physical health). For the most part, the data trends suggest no significant difference in the health, mental health and behavior management of children who reside in non-relative placement versus relative placements. However, during certain marking period, the rate of mental health disorders does appear to double in the population of children who reside in other forms of out-of-home placement (i.e., non relative placements).

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Children</th>
<th>Health Category</th>
<th>Child Count</th>
<th>Percent of Total Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>719</td>
<td>BEHAVIOR</td>
<td>61</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>67</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>91</td>
<td>13%</td>
</tr>
<tr>
<td>2005</td>
<td>1,444</td>
<td>BEHAVIOR</td>
<td>56</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>77</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>99</td>
<td>7%</td>
</tr>
<tr>
<td>2006</td>
<td>1,805</td>
<td>BEHAVIOR</td>
<td>44</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>82</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>101</td>
<td>6%</td>
</tr>
<tr>
<td>2007</td>
<td>1,768</td>
<td>BEHAVIOR</td>
<td>36</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>117</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>74</td>
<td>4%</td>
</tr>
<tr>
<td>2008</td>
<td>1,463</td>
<td>BEHAVIOR</td>
<td>30</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>114</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>41</td>
<td>3%</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Year</th>
<th>Total Children</th>
<th>Health Category</th>
<th>Child Count</th>
<th>Percent of Total Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>3,912</td>
<td>BEHAVIOR</td>
<td>208</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>332</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>448</td>
<td>11%</td>
</tr>
<tr>
<td>2005</td>
<td>4,018</td>
<td>BEHAVIOR</td>
<td>229</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>365</td>
<td>9%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>347</td>
<td>9%</td>
</tr>
<tr>
<td>2006</td>
<td>4,052</td>
<td>BEHAVIOR</td>
<td>203</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>513</td>
<td>13%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>338</td>
<td>8%</td>
</tr>
<tr>
<td>2007</td>
<td>3,773</td>
<td>BEHAVIOR</td>
<td>167</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>DISORDER</td>
<td>512</td>
<td>14%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>MEDICALCONDITION</td>
<td>219</td>
<td>6%</td>
</tr>
</tbody>
</table>
Service Log. The most common support activity provided to caregivers via the Kinship Liaison Program is information and referral. In fact, about 61% of what the Liaisons do is provide information and referrals. 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.

Child Addendum. Caregivers rated the children’s well-being repeatedly throughout the course of the demonstration project. The data reveal a change with respect to children’s well-being from the time 1 vs. time 2 measures. For example, in the second measurement period caregivers tended to agree that the children’s relationship with other children (67.7%), their behavior at home (71%), and their physical health (78.7%) and mental health (58.3%) was good or very good in most cases. However, many caregivers did express concern about dental and mental health indicators of well-being. When there is a problem in the area of child well-being, the concern is least likely to center on the child’s physical health and more likely to involve dental issues or mental health concerns.

Project Objective #4 – Increase Stability of Placement with Kin

Evaluation Question/Expectation for Change

The central evaluation question of focus regarding Project Objective #4 concerned the stability rate of relative caregiver placements. It was expected that with the supports provided first by the Kinship Connections Program and then later the Kinship Liaison Program, relative caregiver placements would become more stable over time. Likewise, it was expected that the collaborative nature of the work between DFS caseworkers and Kinship Liaisons would help caregivers to better manage crises and cope with the stress and strain of caregiving. Finally, it was expected that the nature of the peer-to-peer relationship between caregivers and liaisons would provide a buffer to many of the stresses and strains involved in caring for children.

Findings and Discussion of Findings

The number of relative caregivers licensed as foster parents during the five-year grant markers is displayed below. Over the five-year period, the percentage of total foster parents who were relative caregivers increased 10 percentage points from 28 to 38%.
The percent of **placement disruptions** for children placed in relative care during the five-year grant period is displayed below. The percentage of placement disruptions (e.g., change in relatives, regular foster care, hospitalization, therapeutic placement, etc.) for children in relative care varied, with a low of 9% in 2004 to a high of 15% in 2007.

*Peer-to-peer support.* Relative caregivers are highly satisfied with the Kinship Liaison Program. Moreover, the peer-to-peer supportive relationship is highly valued by the relative caregivers. Both the caregiver and the Kinship Liaison complete the Peer-to-Peer measure after 30 and 120 days of the caregiver being enrolled in the Kinship Liaison Program. The Peer-to-Peer assessment asks the participant to rate the Kinship Liaison 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 rate the Kinship Liaisons high on all five peer-to-peer measures.
Caregiver Baseline and 120 Day by Subscales

Project Objective #5 – Increase Timely Permanency

Evaluation Question/Expectation for Change

The central evaluation question of focus regarding Project Objective #5 concerned the extent to which permanency could be achieved and achieved more timely for children who reside in relative care. It was expected that newly forged kinship support structures would facilitate more timely permanency for children. Also, it was anticipated that critical organizational realignment and overall system of care driven interventions would increase timely permanency.

Findings and Discussion of Findings

The number of children adopted by relative caregivers during the five-year grant period is displayed below. 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 until the end.
The number of children in a legal guardianship with a relative caregiver during the five-year grant period is displayed below. The percentage of total legal guardianship cases with a relative caregiver held fairly steady in a range of 85 to 90%, with the exception of 2005, in which 77% of legal guardianship cases were with relatives. However, important to note is the fact that at the beginning of the demonstration project only about 15% of relatives were legal guardians to the children in their care. By the end of the demonstration project this rate more than doubled.

Below the number of relative caregiver cases with successful reunification during the five-year grant period is displayed. The percentage of relative caregiver cases with successful reunifications increased dramatically, from a low of 4% in 2004 to a high of 28% in 2008.

Below is the percentage of relative caregiver cases ending in termination of parental rights (TPR) during the five-year grant period. The percentage of relative caregiver cases ending in a TPR held steady around 35-40%, with the exception of 2005, which reported 12%.
Self-assessment. The relative caregiver self-assessment tool that was administered to the caregivers enrolled in the demonstration included a measure of permanency knowledge and permanency intentions. The caregivers were asked four questions 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., Child and Family Teams (CFT)), 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.

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have been part of a Child and Family Team meeting.</td>
<td>Yes</td>
<td>34</td>
<td>50.7%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>31</td>
<td>46.3%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>2</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>2. To the best of your knowledge, what is the permanency goal for your relative's child?</td>
<td>Reunification</td>
<td>30</td>
<td>44.8%</td>
</tr>
<tr>
<td></td>
<td>Adoption</td>
<td>22</td>
<td>32.8%</td>
</tr>
<tr>
<td></td>
<td>Guardianship</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>Long term foster care</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Independent</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>living/emancipation</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>Do not know</td>
<td>7</td>
<td>10.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>3. If children cannot return home to their parents, are you planning to care for them on a permanent basis?</td>
<td>Yes</td>
<td>62</td>
<td>92.5%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>2</td>
<td>3.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>4. Are you aware of the various permanency options that can be pursued by relative caregivers?</td>
<td>Yes</td>
<td>47</td>
<td>70.1%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>17</td>
<td>25.4%</td>
</tr>
<tr>
<td></td>
<td>Not sure</td>
<td>3</td>
<td>4.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>67</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
When these caregivers were asked if they had been a part of a CFT, half (50.7%) reported they had (n = 34). Forty-six percent (46.3%) indicated that they had not (n = 31) while 3% were not sure (n = 2).

The primary permanency goal for the children was reunification, mentioned by 44.8% of the caregivers (n = 30). Thirty-three percent (32.8%) of the caregivers indicated that adoption was the permanency goal (n = 22), 4.5% reported that to their knowledge guardianship was the permanency plan for the child (n = 3) and another 4.5% reported the permanency goal was “other” (n = 3). Nearly two percent (1.5%) of the caregivers reported that long-term foster care (n = 1) or independent living/emancipation (n = 1) was the goal. Ten percent (10.4%) of the caregivers reported that they did not know the permanency goal at this time (n = 7).

Most of 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.

**Project Objective #6 – Increase Capacity of Kinship Caregivers**

**Evaluation Question/Expectation for Change**

The central evaluation question of focus regarding Project Objective #6 concerned the rate at which relative caregivers would report increases with respect to their capacity to provide care. In the first year of the demonstration project, a comprehensive needs assessment involving over n = 800 caregivers revealed serious needs in the areas of financial assistance, medical insurance for the children, assistance securing emergency funds, recreation opportunities for the children, information and referrals, assistance accessing dental care for the children, food assistance, training on legal issues related to care of the children, more living space for the children, and assistance getting school supplies for the children.

**Ranking of service needs for all caregivers.**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Service Need</th>
<th>Percent*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monthly Subsidy</td>
<td>65</td>
</tr>
<tr>
<td>2</td>
<td>Medical insurance for the children</td>
<td>64</td>
</tr>
<tr>
<td>3</td>
<td>Assistance securing emergency funds</td>
<td>61</td>
</tr>
<tr>
<td>4</td>
<td>Recreation opportunities for the children</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Information and referrals</td>
<td>52</td>
</tr>
<tr>
<td>6</td>
<td>Assistance accessing dental care for the children</td>
<td>51</td>
</tr>
<tr>
<td>7</td>
<td>Food assistance</td>
<td>48</td>
</tr>
<tr>
<td>8</td>
<td>Training on legal issues related to care of the children</td>
<td>43</td>
</tr>
<tr>
<td>9</td>
<td>More living space for the children</td>
<td>41</td>
</tr>
</tbody>
</table>
It was expected that with the supports provided first by the Kinship Connections program and then later the Kinship Liaison program, relative caregivers’ capacity to provide care would improve. Likewise, it was expected that the collaborative nature of the work between DFS caseworkers, licensing staff and Kinship Liaisons would facilitate caregivers in obtaining necessary supports and services to assume the caregiving role.

**Findings and Discussion of Findings**

The number of relative caregivers who underwent **foster parent training** during the five year grant marker is displayed below. The number of relative caregivers trained to become licensed foster parents grew significantly from 2006 to 2008.¹

---

¹ The data for 2004 and 2005 are not available.
Self-assessment. When key elements (e.g., measures of stress, ability to access help, impact of available services) of the needs assessment were repeated with demonstration caregivers, improvements in the overall capacity and condition of caregivers in noticeable. Findings related to stress, access to help and impact of services are noted below.

**Caregivers Experience with Stressful Conditions**

Caregivers were also asked to assess the extent to which they had experienced stressful conditions that included; being overwhelmed by the parenting responsibilities assumed, depression by the requirements to adequately care for the children, concern about the ability to parent, and unpreparedness to deal with the children’s emotional needs.

<table>
<thead>
<tr>
<th>Stressful experience</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Being overwhelmed by the parenting responsibilities assumed.</td>
<td>Not at all</td>
<td>36</td>
<td>56.3%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>24</td>
<td>37.5%</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>3</td>
<td>4.7%</td>
</tr>
<tr>
<td></td>
<td>Very frequently</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>64</td>
<td>100%</td>
</tr>
<tr>
<td>B. Depressed by all that is required to adequately care for the children.</td>
<td>Not at all</td>
<td>52</td>
<td>81.3%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>10</td>
<td>15.6%</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Very frequently</td>
<td>1</td>
<td>1.6%</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>64</td>
<td>100%</td>
</tr>
<tr>
<td>C. Concern about the ability to parent</td>
<td>Not at all</td>
<td>56</td>
<td>88.9%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>5</td>
<td>7.9%</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>2</td>
<td>3.2%</td>
</tr>
<tr>
<td></td>
<td>Very frequently</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>63</td>
<td>100%</td>
</tr>
<tr>
<td>D. Not being prepared to deal with the children’s emotional needs and issues</td>
<td>Not at all</td>
<td>55</td>
<td>87.3%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>8</td>
<td>12.7%</td>
</tr>
<tr>
<td></td>
<td>Frequently</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Very frequently</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>63</td>
<td>100%</td>
</tr>
</tbody>
</table>
Most caregivers (56.3%) indicated that they were not overwhelmed by the parenting responsibilities that they had assumed (n = 36). This was followed by 37.5% reporting that they “sometimes” were overwhelmed (n = 24), while 4.7% “frequently” feel overwhelmed (n = 3) and nearly two percent (1.6%) report they are “very frequently” overwhelmed (n = 1).

A majority of caregivers (81.3%) indicated that they were “not at all” depressed by the requirements to adequately care for the children (n = 52). Fifteen percent (15.6%) reported “sometimes” feeling depressed (n = 10), while nearly 2% (1.6%) indicated that they “frequently” or “very frequently” get depressed by all that is required to care for the children (n = 1).

A majority of the caregivers (88.9%) do not have any concerns about their ability to parent (n = 56). Nearly eight percent (7.9%) of respondents are “sometimes” concerned about their abilities, and 3.2% are “frequently” concerned about their abilities to parent.

Lastly, when caregivers were asked if they were stressed by not being able to deal with the emotional needs of the children, nearly all (87.3%) reported that they were not (n = 55), while 12.7% reported they “sometimes” were (n = 8).

**Caregivers Access to Help**

In the last question in this section, the caregivers were asked if they have been able to access help on ten items.

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Guardianship Information</td>
<td>I have accessed this</td>
<td>40</td>
<td>88.9%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>5</td>
<td>1.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>45</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>B. Respite care</td>
<td>I have accessed this</td>
<td>19</td>
<td>86.4%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>3</td>
<td>13.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>22</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>C. Child Care</td>
<td>I have accessed this</td>
<td>17</td>
<td>73.9%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>6</td>
<td>26.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>23</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>D. Copies of birth certificates and other documents</td>
<td>I have accessed this</td>
<td>29</td>
<td>78.4%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>8</td>
<td>21.6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>37</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>E. Financial assistance to aid in care or children</td>
<td>I have accessed this</td>
<td>35</td>
<td>66%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>18</td>
<td>34%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>53</strong></td>
<td><strong>100%</strong></td>
</tr>
<tr>
<td>F. Someone to help with school district</td>
<td>I have accessed this</td>
<td>11</td>
<td>84.6%</td>
</tr>
<tr>
<td></td>
<td>I have not been able to get this</td>
<td>2</td>
<td>15.4%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>13</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
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 (n = 36), followed by “transportation” which was accessed by 94.1% of those that sought it (n = 16), and “general information and referrals” (90.7%; n = 39).

When it came to not being able to access help, 34% of the caregivers indicated that they had not been able to get help with “financial assistance to aid in the care of the children” (n = 35), and “child care” (26.1%, n = 6). These were the highest occurrences.

_Caregivers Involvement with the Clark County Department of Family Services_

In this section the caregivers were asked to respond to ten items relating to their involvement with DFS.

_Involvement with DFS_

<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Caseworker is responsive to your needs</td>
<td>Not at all</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>18</td>
<td>28.1%</td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>14</td>
<td>21.9%</td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>40</td>
<td>62.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>64</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
<tr>
<td>2. Caseworker is aware of how the children are doing</td>
<td>Not at all</td>
<td>2</td>
<td>3.1%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>7</td>
<td>10.8%</td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>11</td>
<td>16.9%</td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>45</td>
<td>69.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
<tr>
<td>3. Caseworker is aware of how you are doing in your caregiver role</td>
<td>Not at all</td>
<td>3</td>
<td>4.6%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>6</td>
<td>9.2%</td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>13</td>
<td>20%</td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>43</td>
<td>66.2%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
<td><strong>100%</strong></td>
<td></td>
</tr>
<tr>
<td>4. Caseworker is respectful towards you</td>
<td>Not at all</td>
<td>1</td>
<td>1.5%</td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>4</td>
<td>6.1%</td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>8</td>
<td>12.1%</td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>53</td>
<td>80.3%</td>
</tr>
<tr>
<td>Item</td>
<td>Total</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------</td>
<td>--------------</td>
<td></td>
</tr>
<tr>
<td>5. Caseworker provides you with requested information in a timely manner</td>
<td>Not at all</td>
<td>5 7.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>7 10.9%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>16 25%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>36 56.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>64 100%</td>
<td></td>
</tr>
<tr>
<td>6. You feel involved with the case planning process</td>
<td>Not at all</td>
<td>9 14.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>8 12.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>16 25.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>30 47.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>63 100%</td>
<td></td>
</tr>
<tr>
<td>7. Your culture, values and beliefs have been respected with regard to caseworker interactions.</td>
<td>Not at all</td>
<td>2 3.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>1 1.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>11 16.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>52 78.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>66 100%</td>
<td></td>
</tr>
<tr>
<td>8. The services have been designed to fit your family’s needs</td>
<td>Not at all</td>
<td>3 4.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>12 18.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>17 25.8%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>34 51.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>66 100%</td>
<td></td>
</tr>
<tr>
<td>9. Satisfied with the services provided by DFS</td>
<td>Not at all</td>
<td>3 4.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>15 22.7%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>12 18.2%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>36 54.5%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>66 100%</td>
<td></td>
</tr>
<tr>
<td>10. DFS workers are collaborating with other workers and agencies to assist you and your family</td>
<td>Not at all</td>
<td>4 6.3%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sometimes</td>
<td>16 25.4%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Most of the time</td>
<td>13 20.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All of the time</td>
<td>30 47.6%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>63 100%</td>
<td></td>
</tr>
</tbody>
</table>

All ten items had the highest percentage of responses falling under the “all of the time” category. The item that received the highest percentage of “all of the time” responses (80.3%) was “caseworker is respectful towards you” (n = 34). This was followed by 78.8% reporting that “your culture, values and beliefs have been respected with regard to caseworker interactions” all of the time (n = 52), and 69.2% indicating that “caseworker is aware of how the children are doing” all of the time (n = 45).

**Issues that Affected Data, Program Strengths and Lessons Learned**

**Data Limitations**

Many of the limitations inherent in the use of self-reported data are evident in this evaluation. Also, although an extensive pilot was done to assure the reliability and validity of the new tools used in this evaluation, further work is needed in order to fully establish the psychometric properties of the tools. With respect to the training findings,
given the participants’ time constraints in attending foster parent training classes, evaluators were not able to implement a comprehensive and multi-questioned pre and post-test to assess participants’ knowledge. In many instances two, three or a single construct was used to ascertain caregiver knowledge. Although there is some evidence that knowledge increased for training participants after having attended training, at this time given the fact that there is no follow-up measurement, it is undeterminable as to whether those knowledge gains are sustained over time. Another limitation related to the research design concerns the use of a non-experimental, one group pre and post test measure. Ideally, a design employing a control group (i.e., differences between those caregivers who receive services and supports vs. those who do not) would have been desirable in order to measure the true impact of the programs. Likewise, a cohort analysis was used to ascertain any differences that might exist between program participants from year-to-year (i.e., as the impact of System of Care became more evident throughout the agency). However, the evaluators concede the fact that a measure of difference between cohorts cannot be fully attributed to changes that were happening at the system level. Multiple extraneous factors (that are not controlled for) were in operation. The intent of this report is not to imply a direct cause-effect relationship between the programs and the results that were seen. In fact, an organizational analysis was not the aim of the evaluation; therefore, there should not be an attempt to infer a direct relationship between the organizational re-alignmentshifts and the outcomes seen with respect to the project objectives. Finally, given the small sample size and lack of representativeness, extreme care should be exercised in the interpretation of the findings.

Years Two-Four

Program Strengths

Relative Caregiver Self-Assessment. Numerous aspects of the Kinship Connections program were found to be highly favorable by kinship caregivers. For example, the relative caregivers felt as though the Kinship Care Coordinators (KCC) as well as the Mentors were very helpful to them. In addition, relative caregiver attendance at the orientations and trainings had begun to increase during the second year of the demonstration project. In terms of the caregivers’ involvement with the caseworkers, they report that the workers are very respectful of them and they honor their family’s values and beliefs.

Child Addendum. Results from the Child Addendum survey reveal several promising conditions. For example, when asked about whether the caregiver would be a permanent resource for the child in his/her care if the child could not return home, the caregivers overwhelming responded in the affirmative.

Caseworker Assessment. Increasingly, caseworkers were becoming more and more favorable about the supports and assistance that were offered to their client families who were enrolled in the Kinship Connections program. Several of the caseworkers viewed the program as highly useful to their clients.
Lessons Learned

Relative Caregiver Self-Assessment. During the Kinship Connections program there was seemingly slow progress with respect to caregivers’ self-reports of safety and caregivers’ knowledge about permanency.

Child Addendum. The frequency of contact between the children in care and their siblings or birth parents (conditions that are associated with reunification) was not as high as expected.

Caseworker Assessment. Quite a few caseworkers did not express an opinion about the usefulness of the Kinship Connections program when asked to do so. This might possibly be due to the fact that workers’ involvement with the program had not been sustained long enough for them to form an opinion.

Year Five

Program Strengths

Relative caregiver self-assessment. The relative caregivers in this sample indicated that they are aware of and engaged with both their kinship liaison and assigned DFS case worker. They report a high level of satisfaction with their involvement with workers and the kinship liaisons and they feel valued and respected.

As it pertains to recognizing safety and resource needs, the relative caregivers are able to self-evaluate their strengths as well as areas in need of development. For the most part, relative caregivers report a sense of adequacy with respect to such core needs as meals, transportation and health coverage for the children in their care.

The majority of the caregivers in this evaluation are aware of the permanency goals for the children in their care. A great majority of the caregivers indicated that they are willing to care for their relative’s child on a permanent basis should the planned permanency plan not come to fruition.

The caregivers in this evaluation report tremendous strengths and capacities. For example, caregivers responded favorably about the amount of time they have for the children in their care and the quality of that time. Caregivers feel confident about their ability to parent and they are aware of how to access help and assistance when needed.

Peer-to-Peer support. On every peer support measure caregivers respond positively about their involvement with their assigned kinship liaison. Caregivers’ rate especially high the Kinship Liaison’s ability to keep them accountable as it relates to caregiver responsibilities.
Service impact. Although there was a decrease in the number of referrals to the Kinship Liaison program in the last half of the 2008 year, the Liaisons still provided services to over 520 relative caregiver families. With great frequency, Kinship Liaisons provide caregiver families with information and referrals, foster care pre-licensing assistance, written education and informational materials. Also, trend data suggest that caregivers are being identified more quickly, they are becoming licensed to provide care, children are being placed with relatives more frequently, relative placements are stable and incidents of re-abuse in relative care are decreasing.

Training Evaluation. Relative caregivers who took part in the foster parent licensing training are highly satisfied with the training. The training participants rate the training as outstanding and are especially impressed by the trainers’ display of respect toward them, the trainers’ knowledge of the content, the trainers’ ability to relate the content to the participants, and the trainers’ ability to convey the purpose of the training. Also, the peer-based training model seems to help training attendees improve their knowledge scores by ten percentage points.

Lessons Learned

Relative Caregiver Self-Assessment. The safety assessment used in this evaluation measured caregivers’ perception of need. Nearly one-third of respondents stated that their resources in the categories of “money to buy clothes for the children” (28.4%) and one quarter respondents stated that their resources in the categories of “someone to watch children” (25.4%) and “health coverage for self” (24.2%) are inadequate or barely adequate.

Peer-to-peer support. Although caregivers consistently scored the Kinship Liaisons very high on all the support subscales, there is a discernable difference in how the Liaisons rate their efforts versus how the families rate their effort. Unlike the pilot phase of the kinship liaison study, the findings reported herein reveal that liaisons over estimate their impact on families. Specifically, the caregivers did not rate the Liaisons as highly as they rated themselves when it concerned the sense of support that they derived from the kinship liaison relationship (this phenomenon occurs at both the baseline and follow-up measurement periods).

Service impact. Although there are ranges of potential support activities that can be provided to relative caregivers, several are not implemented. Such findings may speak to the need to re-examine the process that is used to assess caregiver families’ needs. Additionally, consideration may be given to the need to further operationalize the fields in the service log as to reinforce data entry standardization and conformity.

Training evaluation. Modest increases in knowledge are seen at the end of the training in part due to the fact that caregivers enter the trainings relatively knowledgeable about certain curriculum areas (e.g., knowledge about “acceptable discipline styles/strategies”). The training category whereby participants enter with the least amount of knowledge is “permanency knowledge” and “caregiver roles/responsibilities.” The data reveal that
caregivers do not make many gains in these two categories even after the benefit of training. Continued work with respect to these curriculum areas is needed. In fact, reinforcement of “permanency knowledge” and “caregiver roles/responsibilities” should occur in the peer-to-peer relationship given the fact that complete understanding of such issues may extend the purview of a time-limited foster parent training class.

**Project Objective #7 – Align child welfare infrastructure with systems of care principles**

Objective #7 was added at the end of Year 1. This objective was not quantifiable in the same way as the preceding six objectives, and was not included in the Lead Evaluator’s scope of work. Child welfare infrastructure alignment is addressed in the discussion of process evaluation in Chapter 2.
Chapter 4

Use of Program Implementation Data to Understand Outcomes

Relationships between implementation of activities and participant outcome results

Relationship among the grant team, evaluation team and project oversight team.

From the inception of the grant application and resulting Project activities, there was a strategic effort to provide a three-prong approach involving the grant team, the evaluation team and the project oversight team. This involved engaging a community oversight committee that would guide the grant team and Project activities and the work effort of the evaluation team. Year 1 of the grant was, to a large degree, dedicated to engaging community members in various planning and advisory meetings, resulting in a strategic plan that was submitted at the end of Year 1.

There was a systematic effort to integrate SOC principles into local child welfare practice and the policies and procedures of DFS. As a result a decision was made that oversight for the Project activities would be provided by the DFS Citizen Advisory Committee (CAC). This Committee, per Clark County Code, consists of representatives of 17 distinct entities and disciplines, whose purpose is to study and advise DFS and advocate for improved outcomes for children in the child welfare system.

Project partners agreed that a Kin Care Subcommittee would be formed under the CAC. Numerous ideas were generated through 38 meetings of the CAC, its Kin Care Subcommittee, Implementation Work Groups, Evaluation Work Groups, Cultural Competency Work Groups and consultation with Caliber and Associates. Strategic planning efforts culminated in the finalization of the action steps for the plan, building upon the mission, vision, goal and objectives developed under previous SOC projects. The oversight provided by the agency and community partners represented in the CAC and its accompanying subcommittees continued throughout the period of the grant.

A strategic planning retreat was held in March 2007, involving 33 community stakeholders, and resulted in recommendations from the group around sustainability of positive grant outcomes and improvements.

These activities created a Project plan that was properly developed and supported by many community constituents, including community agencies, advocates, kinship caregivers, parents and others.
Relationships among concurrent activities occurring in the local child welfare community.

In the first years of the Project, there were simultaneous organizational activities occurring at DFS and in the local child welfare community. Clark County was integrating its child welfare system into a single administrative entity, DFS. The simultaneous organizational demands on state and county administrators and staff during the start-up year, including the phased-in transfer of more than 150 state child welfare workers, was challenging. Inherent in the merger of the two entities and the staff of each was establishing a new unified culture, mission and vision; reorganizing the entire department; rewrite of all policies and procedures; identification and assignment of office space, vehicles, equipment and supplies for all staff; immediate training regarding the new responsibilities; among other key tasks. Many of the agency’s resources were necessarily diverted to this task of integrating the two entities into one organization.

Nevada was also 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. The PIP training plan and the Caring Communities training plan were aligned, and trainings held on collaborative case planning, visitation and supervisory training.

In July 2006, Thomas Morton was appointed the new Director of DFS. He initiated a Safe Futures Plan to improve child welfare operations and outcomes, which resulted in many programmatic improvements and enhancements.

Policy and procedure redesign was necessary and was accomplished in 10 service areas. Each service area had a workgroup consisting of management and staff, including staff from the Caring Communities evaluation team. Three phases of policy and procedure implementation ensued; staff training will conclude in summer 2009.

These activities and others created a unique and sometimes overwhelming opportunity to marry the goals of this Project to a redesign of the entire local child welfare organization.

Decision to revamp the Kin Care Coordinator and Kin Care Mentor program.

A key component of the Project was the employment of Kin Care Coordinators (KCC) by grant partner NV PEP. The KCCs were to recruit, train and sustain a culturally diverse network of volunteer kin care mentors, with prior experience as caregivers, to provide home-based support to new caregivers; and to assist mentors to facilitate orientation and support groups for kin caregivers.

The recruitment and retention of relative caregivers with experience in the child welfare system to serve as KCC and/or volunteer mentors was a challenge from the Project’s inception. It was difficult to find kin caregivers seeking full time work at an entry-level salary, and many had time and financial constraints related to their own care giving
responsibilities. Stipends for the volunteers provided some assistance, however KCC and mentor recruitment continued to fall short of goals.

When NV PEP withdrew from the grant in May 2007, this became an opportunity to revamp the Project. A transition team of all Project partners, including NV PEP, recrafted the program so that the four KCCs began fulltime employment with DFS as Kinship Liaisons. The Kinship Liaisons’ responsibilities were enhanced to include the education of kin caregivers, staff and stakeholders on kinship issues; advocating for kin caregivers; and collaborating with community providers and stakeholders for improved services and support for kin caregivers. These new responsibilities were closely linked with other agency initiatives and programs, including a specialized licensing unit for relative placements; a foster care retention unit staffed by Foster Parent Liaisons; foster parent licensure co-training; caregiver support groups; the newly created foster parent association; the DFS Placement Team; and caregiver events and activities. In September 2008, three Kinship Liaison positions were authorized as permanent DFS-funded positions. This has mainstreamed these functions into the culture of DFS, simultaneously providing stability and permanency in support of kinship families.

National Grantee Meetings

Of benefit to the local Project partners was the opportunity to maintain a relationship with colleagues around the country also involved in a SOC demonstration project. This included the monthly cross-site conference calls, site-specific conference calls, as well as project director conference calls. This created an opportunity to learn from others successes and challenges, and was reinforcing to staff that could share their own ideas, difficulties and “wins.”

Twice yearly visits to the Children’s Bureau in Washington DC afforded the opportunity to establish a collegial relationship with the eight other entities involved in a SOC demonstration project. This was particularly beneficial for by its very nature, a demonstration project is charting new ground and local colleagues, experiencing similar issues, challenges and successes, do not exist.

As part of the twice-yearly grantee meetings, Clark County attendees had the opportunity to participate in the SOC TANF Child Welfare and Tribal TANF Child Welfare Meetings in Washington DC in 2007. This opportunity afforded attendees exposure beyond their own state to learn of emerging trends and best practices.

Regular contact with Caliber and Associates’ liaisons included on site visits, monthly conference calls and insights specific to Clark County’s own issues.

Data Limitations

There is recognition that evaluation data does not always capture all of the Project’s efforts and outcomes. In years one, two and three of the Project, NV PEP provided a very narrow pool of client data for evaluation. Even the data provided by DFS had
inadequacies due to limitations imposed by Nevada Revised Statute for release of client data, including for legitimate research, as was the case for this Project. When releasing data, it was necessary for DFS staff to redact 11 data points, a task too large for the limited staff available to complete this assignment.

The expansion of the Quality Assurance function in Year 4 of the Project rectified most of these problems resulting in more vibrant and useful data supplied to the Lead Evaluator.

**SOC principles that appeared to be more effective in fostering desired outcomes**

The following is a discussion of the SOC principles in the local child welfare system, and changes/enhancements that occurred as a result of Project activities.

**Community based services**

Community based services is a value in the Clark County child welfare system that was highlighted in the previous SOC SAMHSA grant. Children and family services are dispersed into five neighborhood family service centers strategically placed around the valley. They incorporate children’s mental health, child protective services, foster care and adoption, juvenile justice, parent advocacy and other critical services families require.

It is an acknowledged reality in Clark County that there are insufficient services provided in the non-profit community to address families’ social service, treatment and other needs. For example, family counseling and substance abuse treatment programs are inadequate to address the real and immediate needs of child welfare clients. Additional barriers families experience are inadequate or inconvenient public transportation and office hours insufficiently broad to easily accommodate a working family’s needs or desires. DFS continues to struggle to adequately fund and support these agencies so they can assist in the provision of requisite services to child welfare clients.

Kinship Liaisons enhance families’ access to and participation in services that benefit the kinship families. They do this by information and referral and advocacy on behalf of individual families. Kinship Liaisons, skilled in maneuvering bureaucracies, can help families arrange services more quickly than the families can do on their own.

**Child and family involvement**

Child and family involvement has been enhanced in Clark County through this Project’s activities. Utilizing a CFT approach to case planning, staff are now trained to provide individualized, strength-based, culturally competent services and supports to families. Parents, relatives and youth participate in the CFTs and in the design of services and approaches to enhance child safety and wellness. Grant partner NV PEP’s mantra “Nothing to us without us” is a philosophy that is embraced more earnestly as a result of
Project activities such as staff and supervisory training, CFTs, newly written policies and procedures, and liaison services provided to foster and kinship families.

The addition of fully funded Kinship Liaisons continues to speak volumes about DFS’s commitment to child and family involvement. The transition from being viewed by casework staff as non-professional outsiders to that of valued colleagues in the provision of effective case planning and service delivery has assisted staff at all levels in understanding the value of genuine family, as well as peer, involvement. The evolution in the acceptance of the peer Liaisons occurred relatively quickly, and hinged in large part on the commitment DFS had made in insuring their permanent role in the agency.

**Interagency Collaboration**

Interagency collaboration began at the Project’s inception and in the first and sustaining Project activity: Project oversight would be provided by DFS’ CAC. All of the Project’s sub partners represented multi-agency collaborations. Among the multi-agency entities working to infuse SOC principles into sustaining DFS practice were the Kin Care Subcommittee of the DFS CAC, Implementation Work Groups, Evaluation Work Groups, Cultural Competency Work Groups, Strategic Planning Work Groups, and the 10 sub committees of the Policy and Procedure Work Group.

In an effort to both enhance and sustain interagency collaboration in support of kinship families, this Project retained the services of a local consultant who convened focus groups of diverse kinship cohorts that identified their needs and desires to appropriately care for their relatives’ children. These findings verified previous studies, and were shared with leaders of dozens of local social service agencies who have now come together in an organization they have named Kinship Connectors. The mission of Kinship Connectors is to connect organizations to meet the needs of kinship families. The first deliverable of Kinship Connectors is the completion and distribution of *Raising Your Relative’s Kid: How to Find Help*, a 115-page “user friendly” resource guide, now undergoing multi-media distribution through the agency representatives to thousands of Clark County kinship families.

**Cultural Competence**

Cultural competency was addressed in several grant activities. Minority and non-English speaking populations have been engaged. African American participation is present and active at all levels of the Caring Communities Project. Efforts to engage Latino community are on going, recently augmented by a partnership with University of Nevada Cooperative Extension Services that employs a Spanish-speaking community based instructor who is very successful in engaging Latino caregivers.

SOC principles and practice applications are promoted through Nevada’s statewide plans including trainings for staff and supervisors. Training in SOC, kin care needs, best practices in child welfare, culturally competency, CFT, among other topics, was a large and critical part of the Project, involving staff from every part of DFS, supervisors,
management, foster parents, kin caregivers, community agency partners, child advocates and others. Training to CPS and permanency units in the use of culturally competent, strength-based child and family teams is conducted on an on-going basis. A listing, including brief descriptions of some of the more critical training activities, is included in Chapter 2.

An extensive research component to assess DFS’ and the community’s cultural competence was conducted under this Project. This revealed that consistency exists among cohorts that DFS staff value culture, with all of its incumbent diversity. Culturally sensitive services, however, were deemed lacking, as are services in general for child welfare clients. This became a service array issue, and continues to be a focus for improvement for DFS and Clark County.

**Individualized and Strength-Based Approach**

Individualized and strength-based practice has been achieved by a systematic delivery of training to staff and supervisors. Supervisors were and are key to successful implementation and sustainability of strength-based SOC practices. Thus, supervisors’ knowledge and skills were developed and enhanced to enable them to become master practitioners and coaches of strength-based practices.

Consultant services were retained to provide “Supervisors as Coaches” training and consultation to approximately 50 child welfare supervisors, managers, directors and community agency managers. A work group of supervisors was created from volunteers and this group has developed and enhanced DFS’ internal training capacity.

A statewide Supervisory Summit was held in 2005, the purpose of which was to emphasize SOC principles in child welfare practice. The summit was designed to build on the Supervisor’s as Coaches trainings.

Monthly unit-based consultations were scheduled allowing each CPS and Permanency unit to meet with a consultant to gain and enhance skills for CFTs and strength-based documentation. Supervisors received consultation regarding their role as coaches to their staff. Supervisory training in SOC principles continues.

**Accountability**

Accountability is reinforced in child welfare systems by the inclusion of family partners in all facets of evaluation and service delivery. By collaborating with family members in oversight and steering committees, training, policy and procedure development and their critical involvement in CFTs, DFS’ capacity to examine practice from the perspective of families. Community partners, including families, are included in any policy revision to insure accountability as well as adherence to the other five SOC principles.

A multi-year initiative to enable and implement effective evidence-based decision-making began at DFS with the development of COGNOS, a business intelligence
software tool developed by IBM. The COGNOS reporting system has been integrated into multiple DFS business areas. The interface between COGNOS and UNITY (Clark County’s SACWIS system) brings visibility to data and allows senior administrative staff to establish and monitor benchmarks for child welfare outcomes. Quantifiable data is available through COGNOS reports related to services provided by the Kinship Liaisons.
Many project activities were specifically designed to address sustainability, particularly those identified under Objective 7 – “Align child welfare infrastructure with SOC principles.” Other Project activities also addressed sustainability, and are also discussed here.

**Sustainability Narrative**

**Policies and Procedures**

The redesign of the agency’s policies and procedures so as to coincide w SOC principles began in 2007. The grant’s Project Coordinator was a member of the policy update team, and Project partner NV PEP participated in the review of new policies before they were finalized.

Ten work groups addressing discreet area of the child welfare agency’s operations were constructed, and a staff member of the Caring Communities project participated on each work group. Community partner agencies representatives also participated in the redesign. As they were approaching finalization, the revised policies and procedures were posted at [www.mtgmc.com/projects/DFSpolicy](http://www.mtgmc.com/projects/DFSpolicy) for peer and public comment.

Implementation of the completed policies and procedures were staggered for rollout from October 2008 to January 2009. A communication plan was created that requires key community partners be notified of subsequent policy changes to ensure the sustainability of SOC principles in DFS operations.

**Kinship Liaisons**

A key component of the Project was the employment of Kin Care Coordinators (KCC). They were to recruit, train and sustain a culturally diverse network of volunteer Kin Care Mentors, with prior experience as caregivers, to provide home-based support to new caregivers; and to assist mentors to facilitate orientation and support groups for kin caregivers.

As the program evolved it took on the name Kinship Connections. Kinship Connections offered support, information and referral, and kinship-specific support groups. Unfortunately, enrollment and participation by kin caregivers did not reach program goals. Successful recruitment and retention of Kin Care Mentors never achieved Project goals.
In May 2007, when NV PEP withdrew from the grant, the four KCCs began fulltime employment with DFS as Kinship Liaisons. The Kinship Liaisons’ responsibilities were enhanced to include the education of kin caregivers, staff and stakeholders on kinship issues; advocating for kin caregivers; and collaborating with community providers and stakeholders for improved services and support for kin caregivers. These new responsibilities were closely linked with other agency initiatives and programs, including a specialized licensing unit for relative placements; a foster care retention unit staffed by Foster Parent Liaisons; foster parent licensure co-training; caregiver support groups; the newly created foster parent association; the DFS Placement Team; and caregiver events and activities.

It was a significant cultural shift at DFS for staffs to embrace the contributions of “non professional” Liaisons who were peers to family members. Their participation and, finally, acceptance by DFS staffs was a result of the commitment DFS made in permanent funding to support the positions, as well as procedural guidelines and access implemented in support of their function. Liaisons were stationed at NFSCs that most needed their services and began attending unit and team meetings. Their insights and assistance were deemed as adding value by casework staff, not as interference as originally perceived. In September 2008, three Kinship Liaison positions were authorized as permanent DFS-funded positions, assuring the sustainability of their contributions to the stability of kinship families.

Training

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. Dozens of training programs, requiring many thousands of staff hours, have occurred in such. Training programs, agency and community partner participants are provided in Chapter 1. Training that infuses SOC principles regularly occurs for new staff as well as refresher and skill enhancement of existing staff and supervisors.

DFS Improvement Strategies

In July 2006, Thomas Morton was appointed the new Director of DFS. He initiated a Safe Futures Plan to improve child welfare operations and outcomes, which positively impacted this Project. New programs were designed in consideration of the principles of SOC. Highlighted programs developed during the 5-year term of this project are listed in Chapter 1.

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
“caring community” to sustain support for the estimated 30,000 kinship families in the Las Vegas valley. A working group of social service agency representatives have now formed as “Kinship Connectors” whose mission is to connect organizations to meet the needs of kinship families. A resource guide, *Raising Your Relative’s Kids: How to Find Help*, was written and is currently being finalized undergoing multi-media copying and distribution through a partnership with University of Nevada Cooperative Extension Services.

**Neighborhood Family Services Centers**

NFSCs and its leadership structure, the Administrative Team, has formalized cross-agency partnerships and the co-location of services (child welfare, juvenile justice, schools, developmental services, parent advocates and children’s mental health.) SOC principles guide the NFSC administrative structure and operations; long-term leases exist among the partners housed in these Centers.

**MGM VOICE Grant**

A local business has provided flexible funding in the amount of $25,000 a year for 10 years. This funding supports unmet kinship family needs such as emergency funding for food and prescriptions, and non-emergency needs such as child care, educational fees and transportation.

**Citizen Advisory Committee Kinship Sub Committee**

The Kin Care Sub Committee of DFS’s CAC was formed in Year 1 of the Project. This Committee has been perpetuated, assuring a continuing focus on the needs of kinship families and adherence to SOC principles.

**Sustainability Table**

The Sustainability Table follows. Procedures related to Child and Family Teams is attached (#5-1) as illustrative of DFS’ infusion of SOC principles in its policies and procedures.
# Sustainability Table

<table>
<thead>
<tr>
<th>SOC Principle</th>
<th>How has this principle been embedded into practices and services?</th>
<th>On what evidence is this based?</th>
<th>How has this principle been institutionalized?</th>
<th>Oh what evidence is this based?</th>
<th>What resources were necessary to embed or institutionalize this principle?</th>
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<tbody>
<tr>
<td>Family Involvement</td>
<td>Training at all levels over sustained periods of time in SOC and family involvement.</td>
<td>DFS training records</td>
<td>Rewritten DFS policy and Medicaid regulations required family involvement; Child &amp; Family Teams (CFT) is written in policy.</td>
<td>Policies and procedures (P&amp;P) were listed on public websites before implementation; Medicaid regs are public record</td>
<td>Interagency and cross jurisdiction collaboration; extensive work effort over several years.</td>
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<tr>
<td>Individualized, Strengths-Based Services</td>
<td>Extensive training, consultation and supervisory learning labs continue to occur to imbed this practice in DFS operations</td>
<td>DFS training logs and staff evaluation forms and procedures</td>
<td>DFS policy and procedural manuals, Input on family strengths mandated in case plan, CFT and UNITY templates</td>
<td>Policies and procedures were listed on public websites before implementation.</td>
<td>Commitment to staff training, obtaining expert consultant services, creating train-the-trainer programs. A budget to train both internal staff and external partners.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>All relevant P&amp;P direct staff to weigh culture, language, community in considering placement &amp; services. Specific</td>
<td>Policy memo re North Carolina Family Assessment Summary</td>
<td>P&amp;P on Hotline, Investigations, In-Home, Licensing, Caregiver Support Services, Receiving</td>
<td>Policies and procedures were listed on public websites before implementation.</td>
<td>Dedicated internal resource and contracted services to write P&amp;P and train staff accordingly. Contracted services (and money for</td>
</tr>
<tr>
<td><strong>Interagency Collaboration</strong></td>
<td>Most agency policy and practice teams are multi-agency efforts: CFTs, Citizen Advisory Committee (CAC), Neighborhood Family Service Center unit meetings, Neighborhood Resource Teams et al.</td>
<td>Newly developed MOU w/ partner agencies for Neighborhood Resource Teams</td>
<td>The 17-member multi-disciplinary CAC is mandated by Clark County code.</td>
<td>Clark County code is a public document</td>
<td>Community, management and multi-agency mandate and expectation that agency representatives will collaborate on family and child welfare decisions and treatment; and the accompanying allocation of resources as this takes more time than working autonomously.</td>
</tr>
<tr>
<td><strong>Community Based Services</strong></td>
<td>Neighborhood Family Service Centers were created during prior SOC efforts; DFS participates with other agencies in many forums: Nevada Youth Care Providers, Child Welfare Network, Monthly provider meetings, Service Array</td>
<td>Long term leases exist for these Centers; multi-discipline staff collocate in the Centers</td>
<td>P&amp;P direct or infer community-based placement and treatment as the preferred</td>
<td>P&amp;P were on public websites while being drafted</td>
<td>Financial resources for office space for DFS as well as the need to subsidize some partners’ lease costs. Engagement of financial decision makers is necessary in achieving this.</td>
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<td>Assessment</td>
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<td><strong>Accountability</strong></td>
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<td>Family involvement throughout the child welfare process infers and guides accountability</td>
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<td>CFT policies included in Attachment 5-1</td>
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<tr>
<td>P&amp;P mandate roles &amp; responsibilities at casework and supervisor levels</td>
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<td>P&amp;P were on public websites while being drafted</td>
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<td>Accountability begins at the top, and through all levels of management and staff. Human Resource P&amp;P must also support this.</td>
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<td><strong>CFSR and PIP Related</strong></td>
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<td>First CFSR completed; second begins Aug 09.</td>
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<td>State and local improvements in place.</td>
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<td>PIP completed and implemented.</td>
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<td>Statewide policies now exist in dozens of program areas</td>
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<td>Staff and administrators dedicated to creating systemic change in the local and State CW system.</td>
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<td><strong>Other Systems Change Efforts</strong></td>
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<tr>
<td>DFS Improvement Strategies (Chapter 1, page 3); Training in SOC at all levels of DFS, and with community partners</td>
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<tr>
<td>Policy and procedure redesign to correspond with SOC principles</td>
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<td>Support of and incumbent resource allocation by county administration, Judicial officers, and community is required to rebuild and appropriately fund a lagging child welfare system</td>
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Attachment 5-1

Clark County Department Of Family Services

5110. Child and Family Team Policy
The Child and Family Team (CFT) is a gathering of family members, friends, fictive kin, community members, service providers, and other interested parties who join together to strengthen the family’s capacity to provide for the safety, well-being, and permanency of its children. In addition to participating in key case decisions, the CFT serves as an important support for families.

a. Child and Family Team Membership
Child and Family Team (CFT) members include people who are committed to the family and child(ren) and who are invested in helping the family members improve their capacity to ensure the safety and well-being of the children. The members of the family play an important role in identifying members of the CFT. The permanency case manager must help the family identify potential members by ascertaining whom the family members turn to when they need help.

Members of the CFT include:

- The child(ren)’s parent(s)/caregiver(s).
  
  NOTE: It is important that both parents/caregivers are included in the CFT if two [2] parents/caregivers live in the home.
- The assigned permanency case manager.
- The permanency supervisor or senior case manager in exceptionally complex case situations.
- Collateral services providers (e.g., family support workers, adoption social workers, youth support workers, foster parent liaisons, Department of Family Services [DFS] clinical services staff, kinship liaisons).
- Court Appointed Special Advocate (CASA) workers, mental health service providers, and substance abuse service providers.
- Any other people identified by the family in conjunction with the permanency case manager who are committed to the family and child(ren) and who are invested in helping them change.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the permanency case manager.
• Out-of-home caregivers may be members of CFTs with the agreement of the family, the caregiver, and the permanency case manager.
• Attorneys representing the parent(s)/caregiver(s) and the child(ren) (guardians ad litem), who must be notified of each CFT.

CFT meetings held for specific purposes may include other participants as applicable and as agreed upon by the family and the permanency case manager.

When parents whose parental rights are intact do not live together, the permanency supervisor may determine that separate CFT meetings must be held for each parent. Separate CFT meetings are necessary when:

• There is a plausible threat of violence.
• There is a likelihood that including both parents will result in a level of disruption that will interfere with the purpose of the CFT.
• There is a Court Order stipulating that the parents cannot have contact.

b. When Child and Family Team Meetings Must Be Held
Child and Family Team (CFT) meetings must be held at key decision points of permanency service provision, including:

• Transition from CPS investigation or the In-Home Services Unit to permanency services (Transitional CFT).
• Development of the formal case plan (Formal Case Planning CFT).
• Each case plan review (Case Plan Review CFT).
• Whenever nonemergency change of placement is considered or emergency change of placement occurs (Change of Placement CFT).
• Whenever a major change in visitation (e.g., moving from supervised to unsupervised visits, adding overnight visits) is being considered.
• Whenever reunification is being considered (Reunification CFT).

NOTE: The permanency supervisor and the supervisor of a different unit within the Permanency Unit, In-Home Services Unit, or CPS must attend the Reunification CFT.
• Thirty (30) days following reunification.
• Thirty (30) days before planned case closing.
# CFTs Required During Permanency Services

<table>
<thead>
<tr>
<th>CFT</th>
<th>Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transitional CFT</td>
<td>Will be scheduled within three (3) business days, and no more than five (5) business days, following the Plea Hearing.</td>
</tr>
<tr>
<td>Formal Case Planning CFT</td>
<td>Twenty (20) business days from the Transitional CFT meeting.</td>
</tr>
<tr>
<td>Case Plan Review CFT</td>
<td>After thirty (30) and sixty (60) days from the completion of the formal case plan and every ninety (90) days thereafter.</td>
</tr>
<tr>
<td>Change of Placement CFT</td>
<td><em>Planned Change of Placement</em> – Between five (5) and ten (10) days preceding change of placement. <em>Emergency Change of Placement</em> – Within two (2) business days of change of placement.</td>
</tr>
<tr>
<td>Reunification CFT</td>
<td>Whenever the permanency case manager and supervisor determine that reunification may be possible within thirty (30) days.</td>
</tr>
<tr>
<td>Emergency CFT</td>
<td>Whenever a family crisis creates a threat to a child’s safety, permanency, or well-being.</td>
</tr>
<tr>
<td>Case Closing CFT</td>
<td>Thirty (30) days before case closing is planned.</td>
</tr>
</tbody>
</table>

c. **Child and Family Team Meeting Process**

The permanency case manager usually takes the lead in facilitating the Child and Family Team (CFT) meeting. It is the CFT meeting facilitator’s role to elicit information and input relevant to the purpose of the CFT from all participants. Each participant’s opinion regarding decisions being considered at the CFT meeting must be considered seriously and with respect. Every effort to reach consensus among the CFT members must be made. However, since it is the Department’s responsibility to ensure the child(ren)’s safety, permanency, and well-being, the permanency case manager must maintain final authority for decisions that are within the Department’s authority (e.g., unsupervised visitation, change of placement, reunification).

**Documentation**

5120. **Effective Communication**

During all stages of permanency service provision, when working with a limited-/non-English-speaking person or a person with audio/visual impairment, the
permanency supervisor/case manager shall make every effort to facilitate effective communication between him/her and that individual. This includes:

- Determining the primary language or preferred mode of communication of the family.
- Assigning a permanency case manager who is certified to communicate in the language (foreign or sign) of the family.
- Procuring the services of an interpreter (e.g., through the Family Court’s interpreter services) who has agreed to respect the confidential nature of permanency services provision when a limited/non-English-speaking or hearing-impaired person will be involved.
CHILD AND FAMILY TEAMS PROCEDURE

Introduction to Child and Family Teams (CFT)

A child and family team meeting is a gathering of family members, fictive kin, friends, and other invested stakeholders who join together to strengthen a family and achieve child safety, permanency and well-being.

Families require a supportive circle of family, friends and others whom the family can trust and who can help respond to the issues the family is facing. Bringing a team together contributes a variety of constructive benefits including:

- Increasing the variety of options for solutions;
- Preventing removal;
- Increasing the likelihood of matching the appropriate service to needs;
- Identifying kinship placement opportunities;
- Increasing the capacity to overcome barriers; and
- Creating a system of supports that will sustain the family over time.

The team that comes together provides an alliance of support for the family and facilitates the family’s participation in decision-making regarding safety, permanency, and well-being for their children. This process is meant to be solution-focused and should draw on a family’s history of solving problems, determine times when the family is currently able to solve the problem, and develop the family’s vision for their future.

Child and family team meetings are based on a number of beliefs and practice values. The following are some of the most important principles that support the process:

- Genuineness, respect, and empathy are the three core helping conditions of successful engagement with families.
- The focus should be on needs rather than symptoms. Unless the underlying conditions producing the behavior are addressed, symptoms will merely be suppressed only to reappear later.
- People are capable of change, and most people are able to find the solutions within themselves, especially when they are helped in a caring way to identify that solution.
- All people and families have strengths.
- Recognizing strengths in families builds a foundation for a trusting relationship and a platform for change.
- A solution that a family generates with a team is more likely to fit that family because it will respond to their unique strengths and needs.
- A family is more invested in a plan in which the family members believe they are full partners in the decision-making process.
- When extended family members and friends become part of a team, they frequently identify solutions that no formal system would be able to generate.
- When a number of caring people are brought together, energy is generated that fuels the change.

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1 Principles have been adapted from Handbook for Family Team Conferencing, The Child Welfare Policy & Practice Group (July 2001)
Logistics of a Child and Family Team Meeting

1. Why should a child and family team meeting be held?
Almost any situation can be addressed through a child and family team meeting. Child and family team meetings should occur when decisions are being made regarding the child and family.

Situations where child and family team meetings should be carefully evaluated and planned include:
- Certain types of sexual abuse situations;
- Domestic violence cases (particularly where the victim is still dependent on/vulnerable to the partner, and a continuing risk of violence remains);
- Court involvement that includes restraining orders or warrants for parents of family members; and/or
- When termination of parental rights has already been determined and filed, and the child has been stabilized in a permanent adoptive home.

2. Who should attend?
The creation of the team begins with the family’s own response to the question, “Who can you turn to when you need help?” Some families need help in identifying potential supports, so gentle coaching may be necessary to help the family think creatively. If parents or grandparents are unavailable, for example, the family member may need to be encouraged to consider a minister, a neighbor, or a work colleague. Other team members include all the formal agencies involved in the case, such as mental health counselors, family advocates, guardian ad litem, Court Appointed Special Advocate, child’s counsel, child’s care provider, person planning to adopt the child, or teachers.

To an extent, the family is the decision maker about who is invited to attend, inclusive of service providers, community partners, and informal supports. The caseworker should discuss with the family who needs to attend the CFT, including the family’s own support system. The caseworker should offer encouragement about who might be helpful to the process and should help the family broaden its definition of who is family and who would be a good team member. If the family finds it difficult to identify potential team members, the worker can help by asking a few questions such as:
- Who do you spend holidays with?
- Who cares about what happens to your family?
- Who do you talk to on the telephone?
- Who attends your children’s birthday parties?
- Who calls you when they are in trouble and need your help?

All members of the CFT should be encouraged to maintain a stable membership to support the child and family. The worker or other meeting organizer should elicit a commitment from all members to attend meetings consistently and to be flexible in addressing the changing needs of the family.

If a family is adamant that certain individuals not attend, i.e. a relative they are having a dispute with, a foster care provider that is perceived as a threat, the family has the right to request the

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2 Principles have been adapted from Handbook for Family Team Conferencing, The Child Welfare Policy & Practice Group (July 2001)
meeting be held without those individuals. However, at the time of the CFT, the team must identify ways to get input from these individuals if it is critical for the issue at hand.

**Children and CFT’s**
Children should be invited when they are old enough to understand issues, contribute to, and benefit from the meeting. In many cases children can participate for a portion of the meeting and then can be excused for more adult discussions. Children (all ages, as appropriate) must be involved in the case planning process whenever possible.

### 3. When should the Child and Family Team meeting be held?

CFT’s must be held under the following circumstances:

- Prior to removal in non-emergency situations;
- Effective May 1, 2007, child and family teams will be required for all children, under the age of three, who have been placed into protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.
- Effective July 1, 2007 child and family teams will be required for all children age 0-6 years old, who have been placed into protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.
- Effective September 1, 2007 child and family teams will be required for children of all ages who have been placed in protective custody and placed either at a hospital, child haven, or shelter home. These CFTs must be held within 48 hours of placement.
- Initial Case Plan;
- Case Plan Review a minimum of every six months;
- Prior to Reunification;
- Developing a Visitation Plan;
- Placement of child;
- For higher level of care placements, every 90 days to review treatment
- Developing Transitional youth plans for youth age 15 and above
- Crisis stabilization.

A child and family team may be called, by any of the team members, at any time, for reasons other than those listed above, including but not limited to: critical decision making; change in family circumstances; encountering barriers to achieving goals, tasks, etc;

Whenever possible, CFTs should be scheduled at a time and place convenient for the family. The caseworker or facilitator should make all efforts to get all team members to participate. However if time is an issue and critical decisions must be made, the CFT may take place with just those members critical to the issue at hand.

As a rule CFT’s should be no more than one hour long and therefore should focus on solutions to the family’s most urgent needs. Because CFT’s are critical to decision-making, longer meetings may sometimes be necessary.

### 4. Where should a Child and Family Team meeting be held?

The best place to hold a CFT is in a setting that promotes openness, confidential discussion, and decision-making. Government offices or meeting rooms may not be the most comfortable setting for families. Families should be consulted about where they would like to hold the meeting. In the event that the meeting must take place in an office, it is desirable to ensure that the space is a comfortable one.

### 5. What is needed to conduct a child and family team meeting?


A. Information Gathering and Assessment
The caseworker should:
- Help the family determine the concerns and issues they believe can be addressed at a CFT;
- Organize and review the case file;
- Review all assessment documents, court reports, social summaries, etc;
- Make a list of critical questions left unanswered after completing the case review or any questions raised by conflicting information; and
- Conduct a strengths/needs assessment with the family:
  - Identify individual and family strengths.
  - Identify underlying needs.
  - Prioritize needs based on the issues that seem most important to the family and cause the greatest safety risks to children.

B. Preparation for the CFT
- Explain to the family that the purpose of the meeting is to develop action steps to meet the identified needs directed towards critical goals within the context of the presenting needs;
- Determine the main outcomes that the family wants to occur at the meeting. Ask, “What would you like to have happen as a result of this meeting?”
- Clarify the role of the facilitator and who that will be;
- Encourage the family to talk about their strengths/needs, to ask questions and contribute ideas in the design of services;
- Discuss confidentiality issues with the family and team;
- Discuss with the family who should be invited to the meeting;
- Help participants understand the family’s primary goal prior to the meeting;
- Help parent or other family members prepare to tell the story of how they became involved with the agency; and
- Ask all team members to be prepared to name some strengths of the child and family.

C. The CFT Meeting:
1. Introduction/Purpose
- The facilitator should explain that the purpose of the meeting is to develop a plan based on strengths/needs and to address the factors that placed the child at risk, by the development of specific goals and steps;
- The facilitator should ask the parents or a family member to tell the family’s story that explains the family’s current situation and the reason for the meeting;
- The facilitator should ask the group to establish “ground rules”. (Some suggestions include be respectful, one person speaks at a time, everyone gets a chance to talk, it is okay to disagree, what is discussed is confidential, everyone’s contributions are valued.); and
- The facilitator should gain agreement among the team about the purpose of the meeting.

2. Summary of Family Assessment
- Strengths/needs may be listed on a flip chart for each family member;
- The discussion should be kept away from services until needs are identified;
- Substitution of services for goals or needs statements should not occur.
  Needs should address the risk factors that brought the child into care; and
- The need of the child in care for family contact and maintaining connections, including arranging visitation, should always be addressed.
3. Identify Needs to be Addressed
   - At least one objective should be selected for each need; each risk factor must be addressed by specific goals;
   - Each goal should describe how to determine that progress is being made toward meeting the need;
   - Some goals are long-term and some short-term.
   - There should be discussion that goals may change if the goals are achieved, and that steps will change if a more appropriate match of needs/services is necessary, or if a more effective method of service delivery is available.

4. Prioritize Goals and Brainstorm Strategies
   The group should:
   - Create extensive lists of possibilities; all ideas are valid;
   - Not limit possibilities;
   - Always consider natural helpers/informal supports; and
   - Be creative and inventive.

5. Select Strength-Based Objectives/Action Steps
   The group should:
   - Select and prioritize action steps for each objective;
   - Insure steps are small, measurable, have time limits and are matched to needs;
   - Identify who, what, and when to accomplish steps;
   - Design some steps to be short so as to permit early success; and
   - Discuss a plan for crisis.

6. Closing the Meeting
   The facilitator should:
   - Thank family and other team members for their effort and cooperation;
   - Advise team that the plan will be reviewed regularly and revised when needed;
   - Note that any member can request a review;
   - Set date for next meeting or review of work; and
   - Summarize the meeting on the Child and Family Team Summary Form and pass to each team member to sign.

6. Follow up to the Child and Family Team meeting
   The caseworker should:
   - Give a copy of the Child and Family Team Summary Form to their supervisor for review;
   - Distribute the Child and Family Team Summary to team members within 5 business days
   - Document the Child and Family Team in UNITY under Case Conference within 5 days. Include who was present, the purpose of the meeting, and the recommendations made;
   - Ensure prompt distribution of the summary to the team;
   - Within the specified time, ensure services have been initiated;
   - Assess progress with the family often;
   - Develop a plan for oversight;
   - Reconvene the team if steps are not being accomplished or progress toward the goal is insufficient; and
   - If safety allows, always consult everyone affected by a change to the plan before a decision is made.
Chapter 6

Recommendations for Future Policies, Programs and Evaluations

Policy and Practice

The underpinning of the Caring Communities Demonstration Project, directed at improving outcomes for children placed with relatives, was to create and sustain a SOC approach to all child welfare practices in Clark County. This was achieved by the systematic alignment of Project activities with concurrent organizational improvement. Foremost among the simultaneous activities were DFS improvement strategies; policy and procedure redesign; staff, supervisory and partner training; and the statewide Program Improvement Plan. The opportunity presented itself to align many facets of the entire organization and local child welfare system even further with the principles of Systems of Care. The recommendation, therefore, is to identify early on those concurrent activities that can support Project activities and outcomes, while infusing and sustaining Project principles in child welfare operations.

Expanding successful concepts into the greater child-serving community

The proposed Project was to increase the safety, permanency and well-being of children requiring out-of-home placement by increasing the number placed with relatives, and providing supportive services to the children and relative caregivers. Project efforts, specifically the work of the Kinship Liaisons, made a direct and positive impact on the hundreds of children and families they serve each year. One of the lessons learned during the course of the Project was to “remember the bigger picture” and this was accomplished by placing child welfare infrastructure updates on the monthly Kin Care Subcommittee agenda.

It is estimated that for every one child in relative’s care known to and/or involved in the local child welfare system, there are at least ten additional children living with relatives. Year 5 of this Project emphasized the need to expand supportive services to these “at large” kinship families. In this example of expanding “what works” to enhance child welfare, a relatively minor amount of Project resources were expended to create a multimedia resource guide directed to the needs of “at large” families, to create a community-based distribution system for the guide, and to capitalize on community agencies’ interest in supporting these families through the creation of Kinship Connectors. While DFS and the Project supported the creation of Kinship Connectors, it is a community based and community driven consortium of public, non-profit and faith based organizations whose mission is to connect organizations to meet the needs of kinship families. The recommendation therefore, is to strategically seek means of expanding positive Project outcomes to the larger child-serving community.
**Data-driven decision making**

Effective data collection and analysis should drive program development and procedures. Planning for evaluation from the Project’s inception can help keep the Project on track and help identify specific Project components that impact positive outcomes.

The Lead Evaluator explains data results and limitations in the following paragraph:

The data results observed in the Project are promising but very preliminary in nature. The demonstration project has yielded several key discoveries. First, a rich data set containing the experiences of over 800 relative caregivers has been collected. Critical information concerning the needs of relative caregivers, their perceptions and key elements and conditions that predict safety, permanency and well being for children is now available. Secondly, the demonstration project was able to illustrate the successful impact of a peer-to-peer programming model with relative caregivers. Third, the benefit of peer trainers for relative caregivers seeking foster parent licensing was shown in this demonstration project. In fact, significant gains in caregivers’ knowledge and skill acquisition were noted after their involvement in a peer-training model. Fourth, through intensive study of Kinship Liaisons’ service and support logs, the Project was able to predict those types of interventions that are most likely to increase caregivers’ satisfaction and capacity/skills as well as their ability to assure safe and responsive environments for the children in their care. Finally, through the use of trend analyses the demonstration project discovered the impact of organizational re-alignments and policy restructuring on such vital kinship outcomes as placement, timely permanency and safety. Future evaluations of kinship programs and services should establish the direct connection between the outcomes that were observed in this demonstration and the peer-based programming that was implemented. In order for there to be more definitive conclusions about the impact of peer-based programs, future evaluations and research should seek to employ more rigorous designs that randomize caregivers into different conditions. Likewise, evaluators and researchers should seek to develop manualized and systematic procedures that specify in detail the actual components of the peer-based program that seem to have the most positive benefit for relative caregivers and the children in their care.

The recommendation, therefore, is to strive to use data to guide policy and program development

**Need for Flexibility**

When a plan is not producing desired results, flexibility and ingenuity are required. The willingness of Project partners and stakeholders to step back and regroup is often necessary in order to move the Project, including better client outcomes, forward.

This Project benefited from the stable presence of the Project Coordinator who remained in that grant-funded role for a full five years, as did the Lead Evaluator. These two
critical positions created an operational and historical perspective and could strategically influence discussions about program shift, as was necessary in the role of the Kin Care Coordinators (KCCs.)

**Institutionalizing SOC Principles**

The genuine institutionalization of SOC principles within a community or agency requires involvement of all relevant stakeholders. Achieving broad consensus on how to best serve children and families is fundamental in creating a new culture. The final work effort on behalf of families will then transcend any single agency’s mission and fiscal resources. One cannot overstate how challenging a proposition it is for policy makers and funders, not to mention practitioners, to relinquish control over resources they have a fiduciary responsibility to guard.

**Continuous Improvement**

The best policies, procedures and practices are subject to evaluation, improvement and update. Community stakeholders and staff should anticipate the progression and evolution of a strong child welfare system. It is therefore recommended that the subject of “continuous improvement” should be regularly addressed in forums, meetings and publications.
Appendix A

Success Stories

Two reports follow that provide first-person testimonials about the impact of peers in stabilizing homes where relatives are care giving children that would otherwise be in foster homes with caregivers unrelated to them.

“All things being equal,” reports DFS Director Thomas Morton, “placement with a relative is in the best interest of a child because it maintains the continuity of the family and the identity of a child. It’s a familiar setting. These are people with whom the child has had contact.” Should the child be reunified with his or her parent(s), the child can continue a relationship with the relative, an uncommon situation with traditional non-relative foster care.

These reports illuminate the very personal, responsive and immediate services that peer Kinship Liaisons provide. Reading “between the lines,” one can surmise the child’s placement with the relative would not have been successfully maintained without this level of care, concern and competence in accessing required services, such as child care, food and supplies, transportation and, in one instance, supervised visitation with the drug-abusing mother.

Report #1

A first hand report from relative caregiver

To whom it may concern,

My name is Dawchica and I’m currently a kinship foster parent. My sister was in a really horrible hit and run accident on March 5, 2008. As the result of the accident, she passed away on August 12, 2008. She left behind, 2 lovely little boys, Xavier, age 6, and Isiaha, age 5.

When the accident first happened the boys lived in my home for a week until I had to return back to work. I left the boys in my younger sisters’ care, which resulted in the children ending up in Child Haven. There had been a huge fight between my sister and the biological father of the children. With their dispute, the police was called and the boys were off to Child Haven. When I picked the boys up the next day, I was stressed, upset, hurt, and not knowing what was to become of the situation. I was already dealing with my sister being in a coma and later, on and off life support as well as the trauma to my nephews and daughter that their mom and aunt, respectively, had died. On top of it all, they ended up in the (child welfare) system. I didn’t care how I would get through financially I just wanted them back with their family!
Upon the release from Child Haven, I was told that I would get daycare assistance for the boys. I was told part truths. I went down to EOB with my voucher and was denied. I make too much money, even for a household of 4. I was told that I had to obtain my foster license and was given a number to the kinship unit. I called that same day in tears because I had to find childcare soon. I even had to use many annual leave as well as sick days from my place of employment.

When I called the kinship office, Brandy (kinship liaison) picked up. She was not in my region but she helped me. She met me at my place of employment within 30 minutes. I don’t know if she sensed my urgency over the phone but she was very accommodating and I am forever thankful. She went through the paperwork very thoroughly and led me in all the right directions. She answered all of my questions and set me up with every class needed to obtain my license within that 2-3 week period. It was expedited very quickly.

Brandy keeps in contact with me at least 2-3 times a month and is always advising me of different programs that will help benefit my family. Brandy has been supportive by telling me of her past experiences and advising me of how she became a liaison. Having that network of someone that was sitting in similar shoes has helped me emotionally and mentally. It’s been food for my soul to know that I have someone like her looking out for me. Not only has she helped me with the beginning of this process, she keeps me in the loop of future endeavors as well as handling many obstacles that I have faced with childcare and my caseworker. As my nephews would say, “She has my back.”

Thanks to the department of kinship liaisons.

Sincerely,
Dawchica (last name redacted)

A first hand report from a Kinship Liaison about assisting caregiver, Aunt Dawchica

I received a telephone call from a 31-year-old Maternal Aunt; she was frantic on the phone. She told me that she had her nephews placed in her home. She needed childcare as soon as possible. She had been taking her nephew to work with her because she could not afford childcare and she had been denied childcare assistance because of her income.

I asked her where she was and she told me that she was at work and she was down the street from me so I asked her if I could meet with her at her office with all of the items she needed so I could assist her with Foster Care licensing process which would help her with some of her circumstances.

The aunt’s 25 yr old sister (and mother of two boys) had been hit by a car and might not live long. The aunt was willing to take the boys into her home and raise them, if necessary, but needed immediate help to realize that end. I scheduled her for a kinship training class for Saturday, fingerprinting for the following Monday and asked if she
needed help in completing the foster license application. She returned the application to me on Monday.

I walked her application over to a licensing worker and explained the situation and asked if she could help expedite the license. She replied yes and called the aunt and scheduled the home study for Wednesday. The aunt was completely ready for the home study, as we had discussed what was required.

On that Friday the aunt was licensed as a relative foster parent, and I was able to help her apply and qualify for childcare assistance so she could go to work without worrying about losing her job. The family was quickly stabilized because of the financial assistance available as a result of the foster license.

The boys’ mom soon passed away. I was the first person the aunt called and she began the process of making funeral arrangements. She declined my offer to come visit. I contacted the caseworker and she immediately contacted the family to see if they needed assistance with respite or any other services.

**Report #2**

_A first hand report from a Kinship Liaison about assisting a relative caregiver_

Miss Jonetta is a 69-year old great grandmother to a one-month old drug exposed infant who cannot safely go home with his mother. I met her in a kinship class that I was co-training. She was seeking foster licensing as a relative caregiver as she needed the financial and social supports that licensing and casework support would provide.

I scheduled an appointment for me to go to her home on the following Monday to assist her with her application. She told me about issues with her family, in particular with the baby’s mom (her granddaughter.) Mom was coming and going at will, and property and money were often missing. I contacted the caseworker about supervised visitation that was immediately arranged.

I asked and Miss Jonetta told me about her needs. I set a goal of one full week working on behalf of Miss Jonetta and Richard, so that I could work with her on getting licensed as a relative foster parent, getting WIC, food, respite care and classes in infant care and development.

I also assisted her with learning how to use an infant car seat as she had never used one. Everyday I went to her home she practiced properly strapping Richard in the car seat and placing him in the car.

I took her to all of her appointments that week so we could expedite all of the needed services. She is from another state and on a fixed income. I took her to the Senior Resource Center and they assisted her with grocery gift cards, a bus pass, referral to a
food bank that is close to her home, formula, diapers, clothes and some pantry items. They also gave her vouchers for Goodwill thrift store to get furniture and infant supplies. Finally, they helped her with a voucher and referral to an optometrist, as she desperately needed glasses.

I scheduled an appointment with the Urban League and they fit us in that next week so we could get WIC started. I then went to a Church where we got diapers and wipes.

Miss Jonetta is now pending foster licensure and Richard is thriving in her care. It’s too early to know if Mom will be able to complete treatment and have Richard placed with her. In the mean time, this is a good home for Richard!

May 2009
Appendix B

Pilot Testing of Evaluation Tools

Pilot Results in Years Two, Three and Four

This section describes the pilot effort that was undertaken in order to establish the psychometric properties of the two primary data collection tools:1 Relative Caregiver Self-assessment survey and the Case Worker Assessment form.

Relative Caregiver Self-assessment Tool. The Relative Caregiver Self-assessment Tool contains six parts: (1) Part I: Background Information, (2) Part Two: Safety Assessment, (3) Part Three: Permanency Assessment, (4) Part Four: Well-being Assessment, (5) Part Five: Strengths, Capacity, and Community Resource Assessment, and (6) Part Six: Family Engagement and Service Impact Assessment. The Relative Caregiver Self-assessment Tool was developed using three primary sources: review of empirical literature, findings from the project’s needs assessment (i.e., the Kinship in Nevada – KIN Survey), and an existing system of care tool, namely the System of Care Practice Review (University of South Florida – Louis de la Parte Florida Mental Health Institute).

Relative caregivers (i.e., the target population) self-administer the Relative Caregiver Self-assessment Tool at three regularly scheduled intervals: (1) baseline (within the first 30-days of the start of service), (2) six-months into service, and (3) one-year after the start of service. The Relative Caregiver Self-assessment Tool is a measurement of caregivers’ perceptions of all major project outcomes and related indicators (i.e., safety, permanency, well-being). Additionally, the tool is intended to be used as a device for gathering caregivers’ perceptions of the extent to which services align with major system of care principles and values. The last sub-scale of the Relative Caregiver Self-assessment Tool positions caregivers’ to share feedback about their level of satisfaction with services.

Case Worker Assessment. The Case Worker Assessment tool is a brief scale designed with the same child and family outcomes and indicators found in the Relative Caregiver Self-assessment Tool. Through a series of Likert-item questions, workers assess the extent to which relative caregivers and the children in their care are progressing while receiving services. Specifically, workers ascertain the degree to which safety, permanency, and well-being goals are being met. Moreover, through the Case Worker Assessment tool evaluators are able to determine the extent to which workers’ efforts are in keeping with system of care values and principles. For example, workers are asked

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1 Originally there was a third data collection tool, the Case Record Checklist. Given the fact that the national evaluation (i.e., Caliber evaluation) involved a comprehensive case record review a decision was made to delete the case record review form from the local evaluation plan.
questions about service receipt, contact with families, family engagement, service impact, and the use of family strengths, culturally specific resources, and community partners. The administration timeline for the Case Worker Assessment tool includes a 30-day baseline and a three-month follow-up.

Planning Process for Pilot Study

- Pilot study began November 1, 2004.

- Caring Communities project members, DFS and NV PEP staffs involved in the pilot study included:

  Ann Rubin (DFS)
  Tiffany Hesser (DFS)
  Natalie Rose (NV PEP)
  Jackie Hall (DFS)
  Keisha English (Supervisor NW Site DFS)
  Mark Lissor (Supervisor East/Renaissance Site)
  Ramona Denby (UNLV)
  Susan Mears (UNLV-CUP)
  NV PEP (Kinship families)

Objectives of the Pilot Study

- Objective #1: Assess the extent to which the instruments indicate content and face validity and construct validity (i.e., logic of items, representativeness of items, clarity of instructions).

- Objective #2: Assess the extent to which the instruments indicate reliability (i.e., stability, consistency).

- Objective #3: Test the proposed handling procedures (e.g., mailing process, coordination between UNLV and NV PEP, communication procedures between UNLV, supervisors, and workers).

Validity Test Procedures

- Panels of experts were organized in order to examine the proposed instruments:

  Relative Caregiver Self-Assessment
  Case Worker Self Assessment

- Panel #1 was convened to examine the Case Worker Assessment:
Panel #1 – DFS Northwest Site

1. One supervisor
2. One assistant manager
3. Five workers (two were “in-home” workers)

- Panel #2 - was convened to study the Relative Caregiver Self-Assessment

Panel #2 – NV PEP

1. Five (5) NV PEP relative caregivers.
2. Mostly grandmothers and aunts.

Reliability Test Procedures

- A test-retest was conducted to measure: question clarity, variance in responses, reliability, and construct validity (correlation of items that measure the same thing).

- Case Worker Assessment:

  1. The initial “test” was initiated November 18, 2004.
  2. The “re-tests” were distributed November 29, 2004.²
  3. At the time of the pilot, the East Site comprised five (5) investigators and three (3) in-home workers.
  4. All components of the instrument were tested.
  5. During the initial test, six (6) workers completed the instrument on relative caregiver families that were currently on their caseload. Five (5) of the workers completed the instrument on two families each and one (1) worker completed the instrument on only one family. Total number of families equals, N=11.
  6. At “re-test” the total usable³ instruments collected was, N=5.

Relative Caregiver Self-Assessment Pilot Test:

Components tested: background, safety assessment, permanency assessment, well-being assessment, strengths, capacity, and community resources assessment, and family engagement and service impact assessment (with the exception of mentor questions).

² “Re-tests were actually received on December 17, 2004 (it is estimated that the duration between the test and re-test was approximately two weeks).
³ See preliminary results for explanation of the term “usable.”
In partnership with NV PEP 25 relative caregiver families were identified for the “test/re-test.”

**Preliminary Results of Pilot Study**

Objective #1: Validity Check

*Case Worker Assessment:*

**General Observations**

7. Improve clarity of instructions (50% of the workers completed the instruments correctly while the other 50% did not).

8. Layout and typesetting issues (e.g., spacing, larger font).

9. Differentiate Child #1 from subsequent children.

10. Reinforce to workers that the tools intended use is to track families’ progress over time and not to assess the extent to which the workers’ analysis of safety, well being, etc. is an accurate depiction.

11. Add statement of confidentiality and handling procedures.

12. Remind workers why they are receiving the instrument.

13. Limit the number of anchors on the scales or use a dichotomous scale.\(^4\)

**Safety Scale**

14. Concerning the safety scale, differentiate caregivers’ vs. families’ financial needs.

15. Concerning the safety scale, specify that the measurement concerns the current placement only.

**Permanency Scale**

16. Concerning the permanency scale, use “concurrent planning” language.

\(^4\) We decided not the go with a dichotomous scale and not to limit the anchors to the extent that was recommended. The scale needs to produce sufficient amount of variance on the items in order for the results to have meaning. We compromised by limiting the instrument to a five point-scale and providing qualitative coding/language to accompany the anchors.
Well-being Scale

17. Specify the fact that the measurement concerns the current placement only.

Service Scale

18. Use the vernacular that workers use (i.e., use the term “case plan” not “service plan”).

Strengths Scale

19. Such terms as “values,” “resources,” “strengths,” have different meanings for different workers. Provide examples of these terms.

Relative Caregiver Self-Assessment:

General Observations

1. Two caregivers called the university to receive help completing the instrument via telephone.

2. Administration of the instrument should occur in shorter time increments as a way to provide a quality assurance check that services are being established for families in a timely manner. (Instead of baseline, six month, and 12-months, families recommended baseline, 3-months, and 6 months).

3. Shorten instrument as much as possible.

Objective #2: Reliability Check

Case Worker Assessment:

- Test/re-test scores ranged from .56 (the needs of relative caregiver have been prioritized to 1.00 (an alternate/concurrent permanency plan has been established.

- This analysis contains only five (5) usable subjects. Workers were instructed to disregard a second administration of the instrument if during the interim significant changes occurred within the family or case plan. Additionally, the N on the re-test was reduced because at least half of the workers’ re-test was performed on children not easily linked to the first test.
Relative Caregiver Self-Assessment

- Test-retest scores were not usable. However, internal consistency was computed on the safety, permanency, and well-being sub-scales. The Cronbach’s Alphas were: safety = .79; permanency = .68; and well-being = .91.

Objective #3: Handling Procedures

Lessons Learned:

- The testing intervals lead to the conclusion that the instruments would not be received from participants within the specified time.

- There was no protocol established for handling situations were the child returned home during the 12-month demonstration period. How would the questions be answered?  

- In order to increase the reliability on the Caseworker Assessment, terms and concepts were rewritten and standardized.”

The pilot activities concluded with a thorough re-working of necessary scale items. The entire demonstration project team remained engaged during this period and shared in the re-review of study tools and data collection protocols. Final human subjects modifications were made and the local evaluation team received authorization to begin enrollment of the first cohort.

Pilot Results - Year Five

Kinship Liaison Study instrumentation. During the pilot phase of the Kinship Liaison Study there were 21 relative caregivers initially enrolled in order to test evaluation procedures and to establish the reliability of the Peer-to-Peer measures. Split-half tests were used to ascertain the reliability scores for the Peer-to-Peer Caregiver and Peer-to-Peer Kinship Liaison tools. Cronbach Alphas scores were .96 for the caregiver tool and .84 for the kinship liaison tool.

Training instrumentation. The pilot of the training tools took place November 17, 2007, through January 15, 2008. A total of 64 training participants were involved in the initial training pilot. Several iterations of the pre and post-tests were developed after a series of item analyses were conducted. Pilot results indicated that training participants were highly satisfied with the training. However, only modest increases in training

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5 This observation really reinforced the need for evaluators to work closely with the Project Coordinator and DFS supervisor to become informed immediately when a case closes or a child is reunited with birth parents. It was determined that in order to gather a true “case closure” measure, data collection needed to occur as close to the case closure date as possible.
participants’ knowledge from pre- to post-test were observed during the pilot study. The pilot study revealed that training participants embark upon the training process with a relatively high degree of knowledge in the areas of attachment and grief. Conversely, training participants enter training with limited knowledge about the legal aspects of care giving. Likewise, prior to foster parent training, the caregivers’ knowledge about permanency issues is somewhat limited. At the close of training, participants were able to correctly identify appropriate courses of action relating to care giving. The training seemed most helpful in the areas of caregiver knowledge about the formal and legal aspects of care giving. Nonetheless, the pilot results revealed that more curriculum attention (and perhaps follow up and reinforcement post training) was needed in order to increase the caregivers’ knowledge about permanency and the legal aspects of care giving. When it comes to these two categories, approximately 50% of the pilot participants are still unable to identify correct responses at post-test. Pilot findings were presented to the Caring Communities project team, administration and the caregiver services unit so that training adjustments could be made.

Service Tracking instrumentation. During the pilot phase analysis of the service logs revealed that the kinship liaisons worked with 472 different families, which entailed 2,364 contacts. Data revealed a service pattern whereby an experienced peer engaged families in a timely manner. The array of supports provided to caregivers by kinship liaisons augmented the services that they receive from the primary DFS caseworker. After careful review of the service tracking system during the pilot phase, the log which originally contained six variables: dates of contact, case status (e.g., eligible, active, inactive, ineligible), type of contact (e.g., phone, home visit), community resource requested (e.g., housing, clothing, furniture, utilities, finances, licensing), duration of contact and case notes was redesigned to more fully capture the 27 different resource categories.

Appendix B.2 contains a comprehensive outcome report containing multiple data displays and extensive discussion of demonstration findings. As it is 223 pages, it is being made available on request.