Foster Kinship Navigator Program:
A Two Study Mixed-Method Evaluation Project

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Dr. Mark S. Preston
Preston Management and Organizational Consulting
Las Vegas, Nevada
msprestonconsulting@gmail.com

Dr. Mark S. Preston is an independent management, organizational, and research consultant based in Las Vegas, Nevada. Dr. Preston works with non-profit and governmental social and human service agencies for the purpose of strengthening the practice effectiveness and well-being of both front-line and management staff. For inquires about this report please contact Dr. Preston at msprestonconsulting@gmail.com.

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1. Introduction

Established in 2011, Clark County Nevada's Foster Kinship agency provides educational and supportive services to formal kinship caregivers of children without safe and stable parental homes. Kinship care giving can be formal or informal; and the relationship status may be blood relative, extended family member, tribal kin, or "fictive kin". Foster Kinship is currently the only nonprofit agency in the State of Nevada providing navigator services to formal kinship families. For this reason, the agency's Board of Directors elected to expand services to other counties across the state. As part of this growth plan, Foster Kinship partnered with the State of Nevada's Division of Child and Family Services and Clark County's Department of Family Services (DFS) with the goal of securing federal funds from the Families First Prevention Services Act (FFPSA) within the Bipartisan Budget Act of 2018 (H.R. 1892).

A key feature of FFPSA is that it allows states to use Title IV-E funds to pay for social services designed to keep children from entering the foster care system. Payments include a 50% match for kinship navigator programs that meet the minimum standard of FFPSA's evidence-based requirements for promising practice (H.R. 1892). Promising practice is defined in FFPSA as a program or service that "has at least one contrast in a study that achieves a rating of moderate or high on study design and execution and demonstrates a favorable effect on a target outcome" (Wilson, Price, Kerns, Dastrup, & Brown, 2019; p. 43).

Kinship navigator programs eligible for the designation of "promising practice" are those that:

> (1) assist kinship caregivers in learning about, finding, and/or using navigator services to meet the needs of the children placed in their home or their own needs; and
> (2) promote effective partnerships among public and private agencies to ensure kinship caregivers have access to and use appropriate supportive services.

Eligible supportive services identified by FFPSA include any combination of:

> (1) financial support;
> (2) training and education;
> (3) support groups;
> (4) referrals to social, behavioral, or health services; and
> (5) case management assistance.

Ineligible programs are those designed to help the general public access supportive services, irrespective of whether or not they are a kinship caregiver (Wilson et al., 2019).

In 2019, Preston Management and Organizational Consulting was awarded a contract to evaluate Foster Kinship's navigator program for formal families. The evaluation contract required the completion of two separate, but interrelated, empirically-based studies. The purpose of the initial qualitative evaluation was to determine Foster Kinship staff's level of fidelity to its navigator program manual. The aim of the second quantitative evaluation was to ascertain if Foster Kinship's navigator program for formal kinship families met the minimum standard for promising practice under FFPSA's evidence-based requirements (Wilson et al., 2019). The next

section of this two study mixed-method evaluation project contains a brief description of Foster Kinship, along with a general overview of the services the agency provides to formal kinship families in Clark County Nevada.

Figure 1
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2. Foster Kinship / Service Descriptions

Foster Kinship is a small nonprofit human service agency that offers a diverse assortment of theory-based evidence-informed educational and supportive services to formal and informal kinship caregivers living in Clark County Nevada. In addition to a 10-person Board of Directors, Foster Kinship also employs a 15-person staff. To be eligible for Foster Kinship's array of social services, a kinship caregiver must be either a relative or a close family friend (i.e., fictive kin), who is caring for a child(ren) that is unable to live with their biological parent(s) and resides in the state of Nevada (Foster Kinship, 2020b). The agencies primary mission is to:

(1) increase kinship families knowledge of and access to supportive service and programs;
(2) decrease the risk of children in the state of Nevada from entering a non-kinship placement in the traditional foster care system.

Educational and supportive services offered by Foster Kinship include training services; informal, referral, and supportive services; and case management services. The latter four services constitute Foster Kinship's navigator program. What follows next is a description of all three types of services, basic demographic information, the number of formal kinship households that used navigator program services, as well as the number of households that used training services (see Table 1).

Table 1

2.1 Training Services

Training services offered by Foster Kinship include a foster care information session, licensing classes, car seat safety classes, CPR classes, and Quality Parenting Initiative online training. All trainings are designed to increase the safety, stability, and nurturing capacity of kinship families.

2.1.1 Kinship Information Session

This bi-weekly two hour information session gives new kinship caregivers a broad overview of Clark County's foster care system. Information disseminated in this training focuses on

permanency options, financial and legal issues, caregiver rights and responsibilities, and court timelines. Types of social services discussed include child-only TANF, Foster Kinship navigator services, and community resources for kinship families.

2.1.2 Kinship Licensing Classes

This set of classes are offered to kinship caregivers interested in being officially licensed by Clark County DFS as foster care providers. Training consists of five three-hour classes and topics covered include, but are not limited to, licensure; home inspections; confidentiality policies; child and caregiver grief, loss, and attachment; childhood trauma; behavior management; working with birth parents; family team meetings; abuse and neglect reporting laws; and issues related to permanency, reunification, and adoption.

2.1.3 Car Seat Safety Class

This three-hour class educates kinship caregivers on car seat safety recommendations and guidelines outlined by the National Child Passenger Safety Board.

2.1.4 CPR/AED/First Aid Training

Four hours of CPR/AED/First Aid training is provided to kinship caregivers who wish to be licensed as a foster care provider by Clark County's DFS.

2.1.5 Quality Parenting Initiative Training

Quality Parenting Initiative training is a self-study module-based curriculum that educates kinship caregivers on the State of Nevada's child-only TANF program's eligibility requirement and application process (Foster Kinship, 2019).

In 2019, 473 Clark County households received training services from Foster Kinship. Of these households, 92% participated in licensing classes. CPR/AED/first aid training was the next highest at 49.7 percent, followed by car seat safety classes at 44.8 percent. The highest percentage of households that participated in this training self-identified as White non-Latino (55.8%) and African-American (30.2%). Additionally, 81.4 percent of participating households were headed by a female (Foster Kinship, 2020a).

2.2 Navigator Program Services

Foster Kinship offers two types of navigator program services. The first is intake services and the second is case management services. All formal kinship caregivers who receive case

management services must first go through Foster Kinship's intake process. However, not all formal kinship caregivers who accept intake services also receive case management services.

2.2.1 Information, Referral, and Supportive Services

Information, referral, and support services consist of a kinship helpline for formal kinship families to call and receive guidance on basic kinship care questions, the locations of community resources; and information on support groups offered by Foster Kinship. These services are provided by Family Advocates working in Foster Kinship's intake unit. Family Advocates also perform both in-person or over-the-phone needs assessments for case management and other community-based preventative, supportive, and/or rehabilitative services.

Information, referral, and supportive services were provided to 443 formal household residing in Clark County. The largest source of intake referrals was from Clark County DFS at 93 percent. White non-Latinos comprised the highest percent of households referred to intake services at 33.8 percent, followed by African-Americans at 32.4 percent and Latinos at 25.2 percent. Finally, females headed 85.5 percent of these households (Foster Kinship, 2020a).

2.2.2 Case Management Service

Families who receive case management services are all referred from Family Advocates working in Foster Kinship's intake unit. Formal kinship caregivers who qualify for and accept case management services are assigned a Family Advocate. In order to be eligible for case management services, formal kinship caregivers must:

    (1) complete a family evaluation with a Family Advocate,
    (2) demonstrate a specific short-term need,
    (3) demonstrate the capacity to provide a long-term stable home for a child(ren), and
    (4) be willing to actively participate in a family case plan.

Eligible formal kinship caregivers who sign a service consent form jointly fashion an individualized family case plan with a Family Advocate that specializes in case management services. Case planning may take place over-the-phone or in-person at Foster Kinship's main office. Individualized family case plans outline goals for formal kinship caregivers' (1) instrumental, informational, social, and emotional needs; (2) assistance with financial and legal applications, transportation, nominal financial assistance; as well as (3) access to Foster Kinship's resource center. The intent of these services is to provide formal kinship caregivers with pertinent co-determined supportive services; as well as facilitate prompt access to co-identified community resources that help further household stability (Foster Kinship, 2020b).

In 2019, 356 formal kinship households in Clark County were provided case management services. African-Americans comprised the largest percent of households referred to case management services at 34.6 percent. The second largest were Latinos at 29.4 percent and White

non-Latinos at 28.1 percent. Lastly, the percentage of households headed by a female was 72.3 (Foster Kinship, 2020a).

2.3 Other Navigator Programs

Although no consensus exists as to what types of social services are associated with navigator programs, Caliendo (2019) reviewed 73 programs throughout the United States that offered navigator services to formal kinship caregivers. Of these programs, five offered a combination of information and referral (i.e., intake), and case management services for formal kinship families consistent with Foster Kinship's navigator program:

(1) Arizona's Children's Association;
(2) YMCA of San Diego;
(3) Children's Home Network, Northern Florida;
(4) Department of Children and Family Services, State of New Jersey;
(5) State of Washington (Caliendo, 2019).

To date, none of these or any other navigator programs in the United States have yet to met the minimum standard of promising practice as outlined by FFPSA (see Table 2). The next section of this two study mixed-method evaluation project discusses the theoretical rationale which undergirds Foster Kinship's navigator program.

Table 2
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3. Transaction Costs

Originating from the field of economics (Crook, Combs, Ketchen, & Aguinis, 2013), transaction cost analysis offers several concepts that are applicable to navigator programs. Transaction costs are broadly defined as costs associated with the exchange of a good or service from one party to another (Williamson, 1981). In the context of navigator programs, two types of cost are most germane – search/information costs and bargaining/decision costs. The former are linked to finding a good or service, whereas the latter emerge from negotiating with the seller or service provider (Dahlman, 1979).

Both types of transaction costs can be characterized as exchange-related expenses arising from locating and/or receiving preventative, supportive, and rehabilitative social services. For example, if a grandmother's case plan requires her to attend parenting classes, she will, among other things, have to:

(1) search for potential parenting classes (search costs),
(2) decide which parenting class best meet her needs/child welfare requirements (decision costs),
(3) secure child care (search/decision costs),

(3) complete enrollment paperwork (information costs),
(4) travel to and from parenting class,
(5) attend parenting class, and
(6) resolve disagreements with the provider of the parenting classes (bargaining costs).

Each of these activities comes with costs that impact formal kinship caregivers' time, energy, financial resources, and ability to engage in other equally important activities. However, unlike biological parents, child welfare case managers and licensing workers are not legally mandated to help formal kinship caregivers minimize costs associated with these activities or other case plan requirements (Caliendo, 2019).

3.1 Navigator Programs

Guided by the aforementioned, the central idea that informs this two study mixed-method evaluation project is that navigator programs that service formal kinship families improve access to supportive services and strengthen placement stability by reducing formal kinship caregivers' transaction costs (see Figure 2). For example, when a child(ren) is placed with a kinship caregiver, the caregiver is likely to experience doubt around her/his ability to effectively manage the accumulating search/information and bargaining/decision costs associated with the kinship placement. Navigator programs lower these costs substantially by helping formal kinship caregivers:

(1) identify relevant social services (search costs),
(2) locate needed social services (search costs),
(3) fill out agency-related paperwork,
(4) with tangible and intangible resources (search/bargaining costs),
(5) mediate problems with social service agencies (bargaining costs), and
(6) effectively navigate their local child welfare system (bargaining costs).

In turn, the ability to successfully manage mounting transaction costs should increase the likelihood that kinship caregivers access and use requisite preventative, supportive, and rehabilitative social services. Research shows that one important by-product of improved access to social services is that foster children in kinship placements experience greater placement stability than their counterparts whose kinship caregivers do not receive navigator services (Koh, Rolock, Cross, & Eblen-Manning, 2014; Wheeler & Vollet, 2017). Unfortunately, evidence also exists that kinship caregivers have difficulty accessing supportive social services in their communities (Sakai, Lin, & Flores, 2011; Webster, Barth, & Needell, 2000).

3.2 Hypotheses

Based on the above, the following two hypotheses were tested:

(1) Formal kinship caregivers, who received Foster Kinship navigator program services, will be statistically and significantly more likely to become licensed by Clark County

DFS than their counterparts who do not receive Foster Kinship navigator services (*access to services*).

(2) Children placed with formal kinship caregivers, who received Foster Kinship navigator program services, will be statistically and significantly more likely to not experience a placement disruption than their counterparts placed with formal kinship caregivers who do not receive Foster Kinship navigator services (*placement stability*).

Figure 2

The next section of this two study mixed-method evaluation project addresses fidelity to Foster Kinship's navigator program manual. Sub-sections covered in this qualitative evaluation include the development of fidelity rubrics, intake unit's fidelity evaluation and findings, case management unit's fidelity evaluation and findings, and a summary of the fidelity evaluation's overall findings.

4. Fidelity Evaluation

Fidelity is generally defined as the "adherence of actual treatment delivery as specified in its original protocols" (Eslinger, Sprang, Ascienzo, & Silman, 2020). In other words, fidelity pertains to whether or not practitioners faithfully carry out tasks associated with an intervention in the manner prescribed by an agency's official protocols. If the answer is yes, observed changes in an individual's attitude, behavior, or life circumstance may be causally-connected to the intervention. If the answer is no, claims of causality between outcomes and intervention are highly suspect (Feely, Seay, Lanier, Auslander, & Kohl, 2018).

4.1 Fidelity Rubrics

At present, no evidence-based practice manuals or fidelity criteria exist for kinship navigator programs. For this reason, two Foster Kinship-specific fidelity rubrics were developed. Mowbray, Holter, Teague, and Bybee (2003) propose three basic steps for verifying fidelity to an intervention's protocol. In Step 1, possible indicators or critical components associated with the intervention are noted. In Step 2, data is collected in order to measure each indicator. The third, and final, step involves establishing the reliability and/or validity of each indicator with respect to its corresponding measure.

In line with this approach, an 8-step process was used to create fidelity rubrics for judging Foster Kinship navigator program staffs' adherence to protocol tasks listed in the agency's navigator program manual.

(1) An experienced intake coordinator and case manager were interviewed for the

purpose of identifying essential protocol tasks (Step 1).

(2) The same intake coordinator and case manager were observed performing their job tasks (Step 2).

(3) Discrepancies between stated and observed job tasks were clarified with intake unit and case management unit staff staff (Step 3).

(4) Protocol tasks in Foster Kinship's navigator program manual were reviewed (Step 2).

(5) Discrepancies between the navigator program manual and field observation findings were clarified with multiple staff (Step 3).

(6) Unique fidelity rubrics were developed for both the intake and case management Units.

(7) Intake and case management unit staff reviewed and offered feedback on their respective fidelity rubrics (Step 3).

(8) Each fidelity rubric was revised based on feedback from all intake and case management unit staff (see Table 3).

Table 3

After crafting two navigator program fidelity rubrics, the job tasks performed by Foster Kinship staff assigned to the intake and case management units were observed, documented on the corresponding fidelity rubric, and then judged against the protocol tasks listed in the kinship navigator program manual (see Appendix 1 and 2). Job tasks performed that were consistent with the manual's protocol tasks were assigned a plus (+), while uncompleted or unperformed protocol tasks were assigned a minus (-). Pluses were aggregated and divided by the total number of protocol tasks across all staff (subgroup percentages were also calculated). The resultant percentage was used to establish navigator program staff's level of fidelity to Foster Kinship's navigator program manual.

4.2 Intake Unit

All three intake unit staff were observed in their usual practice setting (Foster Kinship's main office) on two separate occasions during the month of June 2019. The intake unit's fidelity rubric was divided into two sections. The first section was the *Pre-Intake* section. This section consisted of four components: "Introduction", "Demographics", "Background", and "Call Closing". The second section was *Post-Intake*. This section contained three components: "Administrative", "Scheduling", and "Data Entry".

The three components were further divided into unique protocol tasks. The "Introduction" component included two protocol tasks. The "Demographic" and "Background" components included nine and seven protocol tasks, respectively. The "Call Closing" and "Administrative" components each contained five protocol tasks. Four protocol tasks were listed in the "Scheduling" component and the "Data Entry" component specified six protocol tasks.

4.2.1 Findings

The intake unit's overall fidelity to Foster Kinship's navigator program manual was 93%, or 207 out of a possible 222 protocol tasks (see Table 4). When broken down by sections, the *Pre-Intake's* fidelity percentage was 89% (123/138), while the fidelity percentage for the *Post-Intake* was 100% (84/84). Fidelity percentages for the *Pre-Intake's* four components were 92% (11/12) for the two "Introduction" protocol tasks, 96% (52/54) for the nine "Demographic" protocol tasks, 95% (40/42) for the seven "Background" protocol tasks, and 67% (20/30) for the five "Call Closing" protocol tasks. The fidelity percentage for *Post-Intake's* three components was 100%. Thirty-six out of 36 protocol tasks were completed for the "Administrative" component, 12 out of 12 protocol tasks were completed for the "Scheduling" component, and 36 out of 36 protocol tasks were completed for the "Data Entry" component.

Table 4

4.3 Case Management Unit

Similar to the intake unit staff, all three employees in the case management unit were also observed on two different occasions. Face-to face observations took place between June 2019 and July 2019 at the case management staff's usual practice setting (Foster Kinship's main office). The case management unit's fidelity rubric was broken into three sections: *Pre-Case Planning*, *Case Planning*, and *Post-Case Planning*. The *Pre-Case Planning* section consisted of three components: "Pre-work", "Greetings", and "Administrative". The *Case Planning* section also contained three components: "Assessment", "Technical Assistance", and "Referrals". The *Post-Case Planning* section possessed one component: "Data Entry".

Components on the case management unit's fidelity rubric were also broken into distinct protocol tasks. The "Pre-work" component was divided into 11 protocol tasks. More specifically, the "Greetings" component was split into five protocol tasks and the "Administrative" component was broken into eight protocol tasks. Three protocol tasks made up the "Assessment" component, two protocol tasks composed the "Technical Assistance" component, and six protocol tasks comprised the "Referral" component. Finally, eight protocol tasks were listed in the "Data Entry" component.

4.3.1 Findings

The overall fidelity to Foster Kinship's navigator program manual for the case management unit was 96%, or 260 out of a possible 270 protocol tasks (see Table 5). Fidelity percentages for the *Pre-Case Planning*, *Case Planning*, and *Date Entry* sections were 96% (150/157), 95% (62/65), and 100% (48/48), respectively. Fidelity percentages, across the three components, ranged from 100% to 88%. "Pre-work" (64/64), "Assessment" (18/18), and "Technical Assistance" (11/11)

components each had 100% compliance. "Administrative" and "Referral" components possessed fidelity percentages of 95% (56/59) and 92% (33/36), respectively. Lastly, the fidelity percentage for the "Greetings" component was 88% (30/34).

Table 5

4.4 Summary

The fidelity evaluation yielded strong evidence that both intake and case management units complied with the protocol tasks listed in Foster Kinship's navigator program manual. The overall fidelity percentage across both units was 95%. The case management unit achieved a slightly higher fidelity percentage than the intake unit, 96% vs. 93%. Further, two out of the three sections (*Pre-Case Planning* and *Data Entry*) on the case management unit's fidelity rubric exhibited 100% compliance, whereas only one out of the three sections (*Post-Intake*) on the intake unit's fidelity rubric yielded 100% compliance. That said, each of the intake unit's other three sections were above 88% percent.

Three out of the six components ("Pre-Work", "Assessment", and "Technical Assistance") on the case management unit's fidelity rubric produced 100% compliance. Likewise, three out of seven components ("Administrative", "Scheduling", and "Data Entry") on the intake unit's fidelity rubric achieved 100% compliance. Percentages for the remaining seven components ranged from a high of 96% ("Demographics") to a low of 67% ("Call Closing"). Finally, only the intake unit's "Call Closing" component was below 88% compliance.

Interestingly, two-thirds (10 of the 15) of the intake units unperformed protocol tasks were from the *Pre-Intake* section's "Call Closing" component. One explanation for this high percentage of noncompliance is that two of the three intake coordinators had less than a month of experience in this job. Consequently, these intake coordinators may have focused on mastering protocol tasks perceived as central to the intake unit's primary goal. This line of reasoning may also explain why the "Greetings" component of the case management unit's fidelity rubric also had a compliance percentage below 90%.

In sum, Foster Kinship staff are responsible for a large and diverse number of protocol tasks that vary not only in terms of time commitment, but also on how they impact the intake and case management units' core mission. It appears these competing interests cause staff to engage in tradeoffs. More specifically, staff appear to prioritize time-consuming instrumental and informational protocol tasks that directly advance the intake unit's primary objective over brief and seemingly innocuous social protocol tasks.

5. Outcome Evaluation

The second study in this mixed-method evaluation project was an outcome evaluation. Sections

covered in this quantitative evaluation include research design, propensity score matching, secondary data, study variables, data analyses, and results; followed by a brief summary of the key findings.

5.1 Research Design

The ideal method for evaluating the effectiveness of an intervention involves comparing the impact of receiving *and* not receiving the intended treatment. Since the latter is impossible to measure, Morgan and Winship (2015) recommend creating a comparison group that mirror the intervention group across as many salient characteristics as possible (e.g., age, gender, ethnicity, socioeconomic status, etc.). However, unlike the intervention group, the comparison group does not receive any component of the intervention.

The gold-standard for constructing comparison groups is a randomized control trial. Randomized control trials alternately assign individuals to either a control or intervention group (Schwab, 2013). Randomization is important because it:

(1) increases the likelihood that comparison groups not only share salient characteristics, but do so proportionally; and
(2) helps ensure that pre-identified outcomes are a by-product of the intervention.

In other words, randomization permits one to claim a cause-effect relationship between the intervention and observed outcomes (Shadish, Cook, & Campbell. 2002). Unfortunately, in the field of human services, randomly assigning individuals to an intervention or control group is considered ethically questionable. This is due to the fact that the provision of life-altering services and/or resources must be denied or delayed to vulnerable children, adults, and/or families (Reamer, 2010).

When randomization is deemed undesirable for establishing comparison groups, intervention researchers recommend conducting a quasi-experiment (Shadish, Cook, & Campbell. 2002). Like randomized control trials, individuals in a quasi-experiment belong to either a intervention or comparison group. The essential difference between the two research designs is that quasi-experiments do not use randomization as a method for assigning individuals to one of these two groups. For this reason, groups in a quasi-experiment are likely to differ along key characteristics which can lead to biased outcomes. Thus, a quasi-experiment's core shortcomings are its inability to:

(1) rule out alternative explanations for the changes in the measured outcomes; or
(2) establish causality between measured outcomes and the intervention (Shadish, Cook, & Campbell. 2002).

One common method for overcoming these limitations is to form equivalent intervention and comparison groups using probabilistic mathematical approaches such as propensity score matching (Shadish, Luellen, & Clark, 2006).

5.1.1 Propensity Score Matching

Propensity score matching is a mathematical technique that probabilistically pairs members of an intervention group with members from a comparison group along salient characteristics. By eliminating unpaired individuals, propensity score matching replicates random assignment's capacity to remove biasing between-group differences (Shadish, Luellen, & Clark, 2006). This outcome evaluation followed three steps to create comparison groups using propensity score matching:

(1) Step 1, classify children as either part of an intervention group or comparison group.
(2) Step 2, identify salient characteristics from a review of the literature.
(3) Step 3, use a statistical matching algorithm to match children from the intervention group with children from the comparison group based on the set of pre-identified characteristics (Beal & Kupzyk, 2014).

The type of propensity score matching used in outcome evaluation was one-to-one nearest neighbor matching without replacement. Nearest neighbor matching employs a greedy algorithm to sequentially match each child in the intervention group with a corresponding child in the comparison group. If more than one child in the comparison group is equidistant from the matching child in the intervention group, the greedy algorithm randomly chooses one of the comparison group children.

Once a match has been established, this pair is no longer eligible for future matches (i.e., matching without replacement). The matching process continues until each child in the intervention group is paired with one child in the comparison group (Lane, To, Shelley, & Henson, 2012). The advantage of this matching technique is that it preserves logistic regression's independence-of-cases assumption (Rosenbaum, 2002).

5.1.2 Secondary Data

With respect to collection process, secondary data were acquired from the state of Nevada's Clark County DFS and Foster Kinship's navigator program. The two secondary data sets were merged using the former agency's child identification number. Inclusion criteria for this outcome evaluation were children formally placed in out-of-home kinship care by Clark County DFS from October 2016 to June 2019. Children were eliminated from the merged data set if their:

(1) placement occurred before October 2016 or after June 2019,
(2) current placement was located outside of Clark County,
(3) Clark County DFS identification number appeared more than once, and
(4) row had missing data.

Based on these inclusion/exclusion criteria, the total number of unique children in the merged data set was 5,602. Table 6 shows that 2,566 children were removed from the merged Clark County DFS/Foster Kinship data set. Two thousand five hundred and fifty-six of these children were deleted because the month and year they entered the Clark County DFS foster care system

was before or after the evaluation timeframe (i.e., October 2016 to June 2019). Another 240 children were excluded due to missing data. And 40 children were removed due to duplicate identification numbers; making the size of the merged data set 3,036 unique children.

Table 6

Finally, the dates of October 2016 and June 2019 were purposely selected. The month of June 2019 ensured that every formal kinship caregiver was able to complete up to six months of Foster Kinship navigator services, whereas October 2016 was the first month Foster Kinship's navigator program became fully operational.

5.2 Study Variables

Variables used in this outcome evaluation were chosen after a review of the kinship navigator research literature and discussions with Foster Kinship and Clark County DFS staffs (see Table 7). Face validity for each variable was corroborated through feedback from Foster Kinship staff. Reliability was established by comparing the two data sets. Data entry errors were clarified and discrepancies resolved through either a phone call or email to staff from the corresponding agency.

Table 7

5.2.1 Outcome Variables

Based on recommendations from the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures (Wilson et al., 2019), *placement stability* and *access to services* were selected as the two outcome variables examined in this quantitative outcome evaluation study.

Access to Services was defined as a kinship caregiver's ability to gain entry to or use services that help support her/his family's social, educational, health, legal, or financial needs (Wilson et al., 2019). This outcome variable was operationalized as becoming licensed as a foster care provider by Clark County DFS and was measured as 1 = licensed; 0 = not licensed. Licensure was verified using Clark County DFS' administrative data. Although not a requirement of either Clark County DFS or Foster Kinship, licensure grants formal kinship caregivers access to monthly foster care payments which helps lessen any financial needs.

Placement Stability was defined as the permanence of a child's living situation in foster care (Wilson et al., 2019). This outcome variable was operationalized as the occurrence of at least one placement disruption with the child and was measured as 1 = yes; 0 = no. A placement is considered disrupted when a child leaves her/his formal kinship placement for a non-planned

reason (i.e., kinship caregiver no longer wishes to foster the child). Placement disruption was verified using Clark County DFS' administrative data.

5.2.2 Covariates

Covariates used in this quantitative outcome evaluation study were the age, gender, and ethnicity of the primary kinship caregiver; adults in home; children in home; number of removals; number of placements; and prior involvement with Foster Kinship's navigator program.

(1) *Kinship Caregiver Age* was defined as the self-reported biological age of the primary kinship caregiver. This covariate was operationalized as birth year and was measured along a numeric scale.

(2) *Kinship Caregiver Gender* was defined as biological sex and operationalized as male or female. This covariate was measured as 1 = female; 0 = male.

(3) *Kinship Caregiver Ethnicity* was defined as the self-reported ethnicity of the primary kinship caregiver. This covariate was operationalized as six ethnic categories and measured as 1 = African-American, 2 = Asian, 3 = Latino, 4 = Native American, 5 = Pacific Islander, and 6 = White non-Latino.

(4) *Adults in Home* was defined as the total number of adults living in the formal kinship caregiver's home. This covariate was operationalized as a person 18-years old or older and measured as a whole number.

(5) *Children in Home* was defined as the total number of children living in the formal kinship caregiver's home. This covariate was operationalized as a person 17-years old or younger and measured as a whole number.

(6) *Lifetime Removals* was defined as the total number of times the child was removed from an official placement by Clark County's DFS prior to and during the study period. This covariate was measured as a whole number.

(7) *Lifetime Placements* was defined as the total number of times the child was placed outside her/his biological parent's home by Clark County DFS before and during the study period. This covariate measured as a whole number.

(8) *Prior Navigator Services* was defined as a formal kinship caregiver receiving Foster Kinship navigator services prior to October 2016. This covariate was measured as 1 = yes; 0 = no.

5.2.3 Matching Variables

Five matching variables were used to establish baseline equivalence between the intervention group and comparison group. Matching variables were chosen based on recommendations from the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures (Wilson et al., 2019). Along with placement date, variables used to match the intervention and comparison groups included parent's socioeconomic status, child's age, child's gender, and child's ethnicity.

(1) *Child's Age* was defined as biological age. This matching variable was operationalized as birth year and was measured along a numeric scale.
(2) *Child's Gender* was defined as biological sex and operationalized as male or female. This matching variable was measured as 1 = female; 0 = male.
(3) *Child's Ethnicity* was defined as the self-reported ethnicity of the child. This matching variable was operationalized using six ethnic categories and measured as 1= African-American, 2 = Asian, 3 = Latino, 4 = Native American, 5 = Pacific Islander, and 6 = White non-Latino.
(4) *Parent's Socioeconomic Status* was defined as the household income of the child's biological parents at the time of the initial removal by Clark County DFS. This matching variable was operationalized as yearly household income and verified by the parent's paycheck stub, tax return, or TANF benefits. Yearly household income was measured as 1= no income: 2 = $1 to $9,999; 3 = $10,000 to $24,999, 4 = $25,000 to $34,999; 5 = $35,000 to $49,999; 6 = $50,000 to $74,999; 7 = $75,000 and above. These six categories were based on U.S Census Bureau data for Las Vegas, Nevada households (U.S. Census Bureau, 2017).
(5) *Placement Date* was defined as the date the child was placed in the formal kinship caregiver's home. This matching variable was operationalized as placement month and year, and measured as 1 = October 2016, 2 = November 2016, 3 = December 2016, etc. To ensured that every formal kinship caregiver had at least 6-months of navigator services, the final placement date was June 2019.

5.3 Data Analyses

Descriptive statistics for the non-matched and matched data sets were obtained using SPSS 24.0. Since propensity score matching requires a complete data set (Lane, To, Henson, & Shelley, 2012), a missing data analysis was undertaken. Findings revealed that less than .02 percent of data were missing. If less than 5 percent of data are missing, Graham (2009) recommends using listwise deletion for addressing missing values. Propensity scores were calculated using the MatchIt package in R-studio version 3.1. Consistent with Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, a standardized difference below .05 was adopted as the cut-off threshold for baseline equivalence between the intervention and comparison groups (Wilson et al., 2019). Each hypothesis was tested in SPSS 24.0 using generalized least squares logistic regression with robust estimation. Generalized least squares logistic regression was chosen because it yields unbiased coefficients if statistical assumptions (e.g., heteroskedasticity) are violated in a particular data set (Nunnally & Bernstein, 1994).

5.4 Findings

This section of the outcome evaluation contains propensity scores, descriptive statistics, and multivariate logistic regression findings. Propensity scores and descriptive statistics are shown for both the pre-matched and post-matched data set. Multivariate logistic regression outcomes are also presented for each hypothesis.

Table 8

Table 9

Table 10

5.4.1 Propensity (Balance) Scores

Table 8 to Table 10 contains descriptive statistics for the pre-matched data set. As shown in Table 11, only child's gender, child's ethnicity – African-American, and child's ethnicity - Latino possessed a standardized difference below the desired .05 cut-off. This finding indicates that baseline equivalence between the intervention and comparison groups was present for only three out of the seven matching variables.

Table 11

After completing the propensity score matching process, the post-matched data set included 1,116 children. Comparison matches were found for all 558 children in the intervention group. Tables 12 through Table 17 contain descriptive statistics for this data set. Unlike the pre-matched data set, all but one matching variables in the post-matched data set possessed a standardized difference below the .05 cut-off threshold (see Table 18). Due to its small size, the child's ethnicity - Native American variable did not yield any matches and was omitted from the post-match data set. In sum, baseline equivalence, as outlined by the Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures (Wilson et al., 2019), was achieved for six of the quantitative outcome evaluation study's matching variables.

Table 12

Table 13

Table 14

Table 15

Table 16

Table 17

Table 18

5.4.2 Descriptive Statistics / Multivariate Logistic Regression

Means, standard deviations, and zero-order correlations for the post-matched data set are displayed in Table 19. With respect to the multivariate logistic regression analyses, hypothesis 1 predicted that formal kinship caregivers, who receive Foster Kinship navigator program services, will be statistically and significantly more likely to become licensed by Clark County DFS than their counterparts who do not receive Foster Kinship navigator services (*access to services*). As expected, support was observed for this hypothesis as the intervention group was 3.40 times more likely to become licensed than the comparison group (*b*-weight = 1.22, $p > .05$). In terms of effect size, the Cohen's *D* for this finding was .68 (see Table 20).

Table 19

Table 20

Hypothesis 2 predicted that formal kinship caregivers, who receive Foster Kinship navigator program services, will be statistically and significantly more likely to not experience a placement disruption than their counterparts who do not receive Foster Kinship navigator services (*placement stability*). As with the first hypothesis, hypothesis 2 was also supported. The intervention group was 2.99 times more likely not to experience a placement disruption than the comparison group (*b*-weight = 1.10, $p > .05$). The Cohen's *D* for this finding was .60 (see Table 21). Jointly, these findings offer consistent evidence for the outcome efficacy of Foster Kinship's navigator program. As such, this outcome evaluation is the first known quantitative study to report statistically significant findings for a navigator program using a quasi-experimental research design with matched groups.

Table 21

5.5 Summary

Strong support was uncovered for the outcome evaluation's two hypotheses. Multivariate logistic regression findings suggest that the intervention group experienced better outcomes in terms of *access to services* and *placement stability* than the comparison group. In other words, formal kinship caregivers, who received navigator program services from Foster Kinship, were more likely to:

    (1) be licensed by Clark County DFS (*access to services*), and
    (2) experience no placement disruption (*placement stability*)

than formal kinship caregivers who did not receive such services. Further, the Cohen's *D* effect size for both findings can be classified as substantial (Cohen, 1992).

6. Conclusions

This two study mixed-method evaluation project sought to answer two research questions. The aim of the first study's research question was to determine Foster Kinship staff's level of fidelity to their navigator program manual. Using qualitative methods, this fidelity evaluation produced solid evidence that Foster Kinship's staff adhered to the protocol tasks outlined in the agency's navigator program manual. The overall fidelity percentage, across both the intake and case management units, was 95%. The case management unit (96%) exhibited a marginally higher level of fidelity to the manual than the intake unit (93%).

The second study was an outcome evaluation. The objective of this quantitative evaluation was to determine if Foster Kinship's navigator program met the minimum standard for promising practice under FFPSA's evidence-based requirements (Wilson et al., 2019). To answer this research question, secondary data was obtained from Clark County DFS and Foster Kinship. Propensity score matching using one-to-one nearest neighbor matching without replacement was performed to generate a matched data set of 558 intervention group and 558 comparison group children.

Two generalized least squares multivariate logistic regression analyses uncovered statistically significant differences between the intervention and comparison groups. In short, relative to the comparison group, the intervention group was:

    (1) 3.40 times more likely to become licensed by Clark County DFS (*access to services*).
    (2) 2.99 times more likely to experience no placement disruption (*placement stability*).

Further, each Cohen's *D* was substantively large at .68 for *access to services* and .60 for *placement stability*. In conclusion, findings from the qualitative fidelity and quantitative outcome evaluations offer consistent and solid evidence that suggests Foster Kinship's navigator program meets the minimum standard for promising practice as outlined by FFPSA's evidence-based requirements (H.R. 1892).

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Appendix 1 - Intake Fidelity Rubric Check List			
Introduction			
Describe Agency	Yes	No	N/A
Explain need to ask a few questions	Yes	No	N/A
Intake Database question			
Legal relationship	Yes	No	N/A
DFS involvement	Yes	No	N/A
Licensing status	Yes	No	N/A
Cargiver income	Yes	No	N/A
Child(ren) income	Yes	No	N/A
End of call			
Thank caregiver for answering questions	Yes	No	N/A
Thank caregiver for taking care of child(ren)	Yes	No	N/A
Explain that email will be sent by end of day	Yes	No	N/A
Explain if email not received to call	Yes	No	N/A
Explain if they have questions to call	Yes	No	N/A
Post Intake			
Run caretaker information through resource locator tool	Yes	No	N/A
Email/mail caregiver			
resource locator tool output	Yes	No	N/A
appointment confirmation	Yes	No	N/A
what to bring list	Yes	No	N/A
Record in client contact log			
intake	Yes	No	N/A
email/mail	Yes	No	N/A
Create appointment calender	Yes	No	N/A
Assign caregiver to to family advocate	Yes	No	N/A

Schedule appointment			
Assign caregiver to family advocate	Yes	No	N/A
Schedule type of appointment	Yes	No	N/A
Schedule number of hours	Yes	No	N/A
Email caregiver appointment confirmation			
Caregiver name	Yes	No	N/A
Name of case manager	Yes	No	N/A
Time of appointment	Yes	No	N/A
Date of appointment	Yes	No	N/A
Location of agency	Yes	No	N/A
Parking instructions	Yes	No	N/A
Rescheduling information	Yes	No	N/A
Items to bring to appointment	Yes	No	N/A
ID and proof of residency	Yes	No	N/A
Proof of household income	Yes	No	N/A
Birth certificates	Yes	No	N/A
Legal guardianship/custody paperwork	Yes	No	N/A
Welcome to bring child(ren)	Yes	No	N/A
Closing statement	Yes	No	N/A

Appendix 2 - Case Management Fidelity Rubric Checklist			
Before Caretaker Arrives			
Paperwork	Yes	No	N/A
Caregiver file	Yes	No	N/A
Client file check list	Yes	No	N/A
Pre-needs assessment	Yes	No	N/A
Consent form block grant	Yes	No	N/A
Income verification	Yes	No	N/A
Self-certification of income form	Yes	No	N/A
Resource locator tool	Yes	No	N/A
Consent form	Yes	No	N/A
Open tabs on computer			
Family Advocate (calender)	Yes	No	N/A
Helpline	Yes	No	N/A
Individual Account (Ovibase, Salesforce)	Yes	No	N/A
Introduction			
Welcome caregiver	Yes	No	N/A
Offer drink	Yes	No	N/A
Show bathroom	Yes	No	N/A
Child(ren)			
Assess maturity	Yes	No	N/A
Take to play room	Yes	No	N/A
Take to office	Yes	No	N/A
Offer toys	Yes	No	N/A
Offer snack	Yes	No	N/A
Offer drink			
Read consent form	Yes	No	N/A
Have client sign consent form	Yes	No	N/A
Administer			
Pre-needs assessment	Yes	No	N/A
Family Resource tool	Yes	No	N/A
Administer within first 15 mins.	Yes	No	N/A
Request			
Family Resource tool	Yes	No	N/A
Caregiver ID	Yes	No	N/A
Proof of residence	Yes	No	N/A
Financial Information	Yes	No	N/A
Any custody documents	Yes	No	N/A
(Placement letter, Temp/Guardian)			

Make copies of			
Family Resource tool	Yes	No	N/A
Caregiver ID	Yes	No	N/A
Proof of residence	Yes	No	N/A
Financial Information	Yes	No	N/A
Any custody documents (Placement letter, Temp/Guardian)	Yes	No	N/A

Case Planning

Listen to caregiver's family situation	Yes	No	N/A
Obtain caregiver's goals	Yes	No	N/A
Determine caregiver's needs			
Legal	Yes	No	N/A
Financial	Yes	No	N/A
Medical	Yes	No	N/A
Community resources	Yes	No	N/A
Emotional	Yes	No	N/A
Assist caregiver in completing paperwork			
Legal	Yes	No	N/A
Financial	Yes	No	N/A
Medical	Yes	No	N/A
Community resources	Yes	No	N/A
Emotional	Yes	No	N/A
Explain caregiver's service/resource options	Yes	No	N/A

Post-case planning

Provide caregiver with			
Family case plan	Yes	No	N/A
Case plan referrals	Yes	No	N/A
Activities they are required to participate	Yes	No	N/A
RLT printout	Yes	No	N/A
Copy of "Raising Your Relative's Child"	Yes	No	N/A
Time/Date of FK support group	Yes	No	N/A
	Yes	No	N/A

Document caregiver's caseplan, service/resource needs

Case file	Yes	No	N/A
Database	Yes	No	N/A

Table 1: Foster Kinship Services FY 2019
Training Services ($n = 473$)
Kinship Information Session
Kinship Licensing Classes
CPR/AED/First Aid training
Care Seat Safety Class
OPI Training
Navigator Program Services ($n = 799$)
Intake Services
Case Management Services

Table 2: Promising Practice Requirements
General Requirements
Absence of Confounding Factors
Missing Data Addressed
Measures are Reliable, Valid, & Systematically Administered
Statistical Methods are Appropriate
Additional Requirements for RCT
Randomization
Low Attrition Rate
Baseline Equivalence
Additional Requirements for QE
Baseline Equivalence, or
Statistical Control Baseline Differences

Table 3: Fidelity Rubric Steps
8-Steps

1. Interview experienced intake coordinator and case manager for the purpose of identifying core protocol tasks.
2. Observe same intake coordinator and case manager with clients in field.
3. Clarify any discrepancies between Step 1 and Step 2.
4. Review navigator program tasks in Foster Kinship manual.
5. Clarify with staff discrepancies between manual tasks and field observations
6. Develop unique fidelity rubric for intake and case management units
7. Have intake and case management staff review respective fidelity rubric.
8. Finalize fidelity rubrics based on staff feedback.

Table 4: Fidelity Findings - Intake Unit		
Pre-Intake	Frequency	Percentage
Introduction		
Describe agency	6/6	100
Explain need to ask a few questions	5/6	83
Total	11/12	92
Demographics		
Child's name	6/6	100
Child's birth date	6/6	100
Child's custody date	5/6	83
Caregiver's name	6/6	100
Caregiver's birth date	5/6	83
Caregiver's phone number	6/6	100
Caregiver's physical address	6/6	100
Caregiver's email address	6/6	100
Other's in home	6/6	100
Total	52/54	96
Background Information		
Caregiver needs	6/6	100
Legal relationship	6/6	100
DFS involvement	6/6	100
Licensing status	6/6	100
Cargiver's income	4/6	67
Child(ren)'s income	6/6	100
Reason for placement	6/6	100
Total	40/42	95
Call Closing		
Thank caregiver for answering questions	3/6	50
Thank caregiver for taking care of child(ren)	6/6	100
Explain that email will be sent by end of day	5/6	83
Explain if email not received to call	3/6	50
Explain if they have questions to call	3/6	50
Total	20/30	67
Overall	123/138	89

Post-Intake	Frequency	Percentage
Administrative		
Run caretaker information through RLT	6/6	100
Email/mail caregiver		
Resource locator tool	6/6	100
Appointment confirmation	3/3	100
Documents to bring to appointment	3/3	100
Record in client contact log		
Intake	6/6	100
Email/mail	6/6	100
Create appointment calender	3/3	100
Assign caregiver to family advocate	3/3	100
Total	36/36	100
Scheduling		
Assign caregiver to family advocate	3/3	100
Schedule type of appointment	3/3	100
Schedule number of hours	3/3	100
Email caregiver appointment confirmation	3/3	100
Total	12/12	100
Data Entry		
Family member	6/6	100
Income	6/6	100
Date of intake	6/6	100
Intake coordinator	6/6	100
Completed intake	6/6	100
Notes	6/6	100
Total	36/36	100
Overall	84/84	100
Grand Total	207/222	93

Table 5: Fidelity Findings - Case Management Unit		
Pre-Case Planning	**Frequency**	**Percentage**
Pre-work		
Caregiver file	6/6	100
Client file check list	6/6	100
Pre-needs assessment	6/6	100
Consent form - block grant	6/6	100
Income verification	5/5	100
Self-certification of income form	6/6	100
Resource locator tool	5/5	100
Consent form	6/6	100
Open tabs on computer		
Family advocate	6/6	100
Helpline	6/6	100
Individual account	6/6	100
Total	64/64	100
Greetings		
Welcome caregiver	6/6	100
Offer something to drink	6/6	100
Show bathroom	2/6	33
Child(ren)		
Assess maturity	3/3	100
Take to play room	2/2	100
Take to office	2/2	100
Offer toys	3/3	100
Offer snack	3/3	100
Offer something to drink	3/3	100
Total	30/34	88

Administrative			
Read consent form		5/6	83
Have client sign consent form		6/6	100
Administer			
	Pre-needs assessment	6/6	100
	Family resource tool	6/6	100
	Administer within first 15 mins.	6/6	100
Make copies of			
	Family resource tool	5/6	83
	Caregiver ID	6/6	100
	Proof of residence	6/6	100
	Financial information	5/6	83
	Any custody documents	5/5	100
	Total	56/59	95
Overall		150/157	96

Case Planning		Frequency	Percentage
Assessment			
Listen to caregiver's family situation		6/6	100
Obtain caregiver's goals		6/6	100
Determine caregiver's needs		6/6	100
	Total	18/18	100
Technical Assistance			
Assist caregiver in completing paperwork		6/6	100
Explain caregiver's service/resource options		5/5	100
	Total	11/11	100
Referrals			
Provide caregiver with			
	Family case plan	6/6	100
	Case plan referrals	6/6	100
	Activities they are required to participate in	5/6	83
	RLT printout	5/6	83
	Copy of "Raising Your Relative's Child"	5/6	83
	Time/Date of FK support group	6/6	100
	Total	33/36	92
Overall		62/65	95

Post-Case Planning (Data Entry)	Frequency	Percentage
Demographics	6/6	100
Income	6/6	100
Needs assessment	6/6	100
Case plan	6/6	100
Resources	6/6	100
Activities		
Intake	6/6	100
Resource locator tool	6/6	100
Follow-up contact date	6/6	100
Total	48/48	100
Grand Total	260/270	96

Table 6: Matching Data Set	
Combined Data Set	**5,602**
Data Removed	**2,566**
Outside Study Timeframe	2,302
Missing Data	224
Household Income 203	
Child's Ethnicity 15	
Caregiver's Ethnicity 6	
Duplicate Cases	40
	3,036

Table 7: Study Variables
Outcome Variables
Placement Licensed
Placement Disruption
Covariates
Caregiver's Age
Caregiver's Gender
Caregiver's Ethnicity
Adults in Home
Children in Home
Lifetime Removals
Lifetime Placements
Prior Navigator Services
Matching Variables
Child's Age
Child's Gender
Child's Ethnicity
Socioeconomic Status
Placement Month

Table 8: Matched Data Set - Demographics		
Child		
	Mean	S.D.
Age (years)	5.7	4.90
Gender	Frequency	Percent
Female	1,523	50.2
Male	1,513	49.8
Ethnicity		
African American	1,205	39.7
Asian	50	1.6
White (Non-Latino)	881	29.0
Latino	843	27.8
Native American	18	0.6
Pacific Islander	39	1.3
Kinship Caregiver		
	Mean	S.D.
Age (years)	46.5	13.12
Gender	Frequency	Percent
Female	2,515	82.8
Male	521	17.2
Ethnicity		
White (Non-Latino)	1,069	35.2
Other	1,967	64.8
Covariates		
Child	Mean	S.D.
Lifetime removals	1.2	.59
Lifetime placements	3.9	3.96
Kinship Caregiver		
Adults in Home	1.4	.69
Children in Home	2.8	1.94
Prior Navigator Services	Frequency	Percent
Yes	925	30.5
No	2,111	69.5

$n = 3,036$

Table 9: Matching Data Set - Socioeconomic Status		
Monthly Household Income	Frequency	Percentage
No income	486	16.0
1 to 10,000	902	29.7
10,000 to 24,999	922	30.4
25,000 to34,999	550	18.1
35,000 to 49,999	119	39.0
50,000 to 74,999	26	.001
75,000 to 99,999	31	.01

$n = 3,036$

Table 10: Matching Data Set - Placement Month					
Month	Frequency	Month	Frequency	Month	Frequency
10/2016	112	09/2017	78	08/2018	105
11/2016	119	10/2017	101	09/2018	107
12/2016	76	11/2017	105	10/2018	94
01/2017	64	12/2017	65	11/2018	79
02/2017	90	01/2018	70	12/2018	105
03/2017	100	02/2018	80	01/2019	110
04/2017	84	03/2018	96	02/2019	69
05/2017	87	04/2018	85	03/2019	106
06/2017	52	05/2018	85	04/2019	123
07/2017	106	06/2018	83	05/2019	92
08/2017	119	07/2018	115	06/2019	74

$n = 3,036$

Table 11: Pre-Matching Comparison					
	Control (*n* = 2,478)		Treatment (*n* = 558)		Standardized
Variables	Mean	S.D.	Mean	S.D.	Difference
Child's Age	5.800	4.960	5.400	4.599	.082
Child's Gender	.500	.500	.500	.500	***.002***
Child's Ethnicity					
African American	.398	.490	.391	.488	***.014***
Asian	.019	.135	.007	.084	.101
Latino	.278	.448	.274	.477	***.009***
Native American	.007	.085	0	0	.121
Pacific Islander	.015	.120	.005	.073	.092
White (Non-Latino)	.282	.450	.323	.468	.087
Socioeconomic Status	2.742	1.226	2.543	1.061	.173
Placement Month	20.804	9.711	17.332	8.856	.374

Bold and Italicized = Below acceptable standardized difference of .05.

Table 12: Intervention Group - Demographics		
Child		
	Mean	S.D.
Age (years)	5.7	4.90
Gender	Frequency	Percent
Female	1523	50.2
Male	1513	49.8
Ethnicity		
African American	1205	39.7
Asian	50	1.6
White (Non-Latino)	881	29.0
Latino	843	27.8
Native American	18	0.6
Pacific Islander	39	1.3
Kinship Caregiver		
	Mean	S.D.
Age (years)	46.5	13.12
Gender	Frequency	Percent
Female	2515	.828
Male	521	.172
Ethnicity		
White (Non-Latino)	1069	.352
Other	1967	.648
Covariates		
Child	Mean	S.D.
Lifetime removals	1.2	.59
Lifetime placements	3.9	3.96
Kinship Caregiver		
Adults in Home	1.4	.69
Children in Home	2.8	1.94
Prior Navigator Services	Frequency	Percent
Yes	925	30.5
No	2111	69.5

$n = 558$

Table 13: Comparison Group - Demographics		
Child		
	Mean	S.D.
Age (years)	5.3	4.79
Gender	Frequency	Percent
Female	275	49.3
Male	283	50.7
Ethnicity		
African American	219	39.2
Asian	3	.5
White (Non-Latino)	187	33.5
Latino	147	26.3
Native American	n/a	n/a
Pacific Islander	2	.4
Kinship Caregiver		
	Mean	S.D.
Age (years)	46.4	13.36
Gender	Frequency	Percent
Female	465	83.3
Male	93	16.7
Ethnicity		
White (Non-Latino)	220	39.4
Other	338	60.4
Covariates		
Child	Mean	S.D.
Lifetime removals	1.2	.58
Lifetime placements	3.9	4.00
Kinship Caregiver		
Adults in Home	1.3	.60
Children in Home	2.5	1.66
Prior Navigator Services	Frequency	Percent
Yes	84	15.1
No	474	84.9

$n = 558$

Table 14: Intervention Group - Socioeconomic Status		
Monthly Household Income	Frequency	Percent
No income	90	16.1
1 to 10,000	204	36.6
10,000 to 24,999	160	28.7
25,000 to34,999	79	14.1
35,000 to 49,999	25	4.5
50,000 to 74,999	0	n/a
75,000 to 99,999	0	n/a

n = 558

Table 15: Comparison Group - Socioeconomic Status		
Monthly Household Income	Frequency	Percent
No income	110	19.8
1 to 10,000	188	33.8
10,000 to 24,999	152	27.4
25,000 to34,999	86	15.4
35,000 to 49,999	11	2.1
50,000 to 74,999	8	1.4
75,000 to 99,999	3	.01

n = 558

Table 16: Intervnetion Group - Placement Month					
Month	Total	Month	Total	Month	Total
10/2016	24	09/2017	17	08/2018	10
11/2016	50	10/2017	31	09/2018	13
12/2016	7	11/2017	35	10/2018	15
01/2017	13	12/2017	14	11/2018	10
02/2017	13	01/2018	28	12/2018	8
03/2017	26	02/2018	21	01/2019	15
04/2017	17	03/2018	18	02/2019	3
05/2017	15	04/2018	18	03/2019	9
06/2017	10	05/2018	15	04/2019	11
07/2017	22	06/2018	12	05/2019	10
08/2017	26	07/2018	13	06/2019	9

$n = 558$

Table 17: Comparison Group - Placement Month					
Month	Total	Month	Total	Month	Total
10/2016	31	09/2017	19	08/2018	22
11/2016	28	10/2017	20	09/2018	12
12/2016	21	11/2017	21	10/2018	10
01/2017	19	12/2017	13	11/2018	9
02/2017	22	01/2018	11	12/2018	16
03/2017	30	02/2018	12	01/2019	11
04/2017	18	03/2018	19	02/2019	12
05/2017	17	04/2018	19	03/2019	9
06/2017	10	05/2018	16	04/2019	13
07/2017	23	06/2018	14	05/2019	12
08/2017	26	07/2018	11	06/2019	12

$n = 558$

Table 18: Post-Matching Comparison					
	Control ($n = 558$)		Treatment ($n = 558$		Standardized
Variables	Mean	S.D.	Mean	S.D.	Difference
Child's Age	5.362	4.788	5.417	4.599	*.012*
Child's Gender	.500	.500	.500	.500	*.014*
Child's Ethnicity					
African American	.392	.489	.391	.488	*.004*
Asian	.005	.073	.007	.084	*.023*
Latino	.263	.441	.274	.477	*.024*
Native American	n/a	n/a	n/a	n/a	n/a
Pacific Islander	.004	.060	.005	.073	*.027*
White (Non-Latino)	.335	.472	.323	.468	*.027*
Socioeconomic Status	2.527	1.163	2.543	1.061	*.014*
Placement Month	17.550	9.468	17.332	8.856	*.024*

Bold and Italicized = Below acceptable standardized difference of .05.

Table 19: Descriptive Statistics and Correlation Matrix

Variables	n	mean	S.D.	1	2	3	4	5	6	7	8	9	10
1. Treatment group[a]	1158	n/a	-										
2. Licensed[b]	1158	n/a	-	.392*									
3. Disruptions[c]	1158	n/a	-	-.183*	-.165*								
4. Cargiver age	1158	46.47	12.87	.004	.038	-.013							
5. Caregiver gender[d]	1158	n/a	-	-.055	-.081*	038	-.018						
6. Caregiver ethnicity[e]	1158	n/a	-	-.009	.024	.026	. 119*	-.090*					
7. Adults in home	1158	1.51	.72	.224*	.482*	-.136*	.009	-.149*	.122*				
8. Children in home	1158	3.13	2.14	.274*	.331*	-.097*	-.098*	.009	-.246*	.185*			
9. Lifetime removals	1158	1.27	.618	.068*	.041	.070*	.051	-.005	.032	-.036	.060*		
10. Lifetime placements	1158	4.10	3.73	.039	.100*	.302*	-.013	.030	.003	-.025	.075*	.635*	
11. Prior Navigator services[f]	1158	n/a	-	.895*	.363*	.158*	-.012	-.024	-.005	.224*	.258*	.061*	.034

[a] 1 = treatment group, 2 = control group.

[b] 1 = licensed, 0 = not license.

[c] 1 = no disruptions, 0 = disruptions.

[d] 1 = female, 0 = male.

[e] 1 = white (non-latino), 0 = other.

[f] 1 = prior navigator services, 0 = no prior navigator services.

Table 20: Multivariate Logistic Regression - Likelihood of Licensure[a]

Variables	β-weight	S.E.	Waldχ2	df	p-value[f]	Exp(B)	Cohen's D
Treatment Group[b]	1.224	.305	16.154	1	***.001***	3.401	.68
Caregiver Age	.018	.006	8.703	1	.003	1.018	
Caregiver Gender[c]	.035	.205	.029	1	.865	1.036	
Caregiver Ethnicity[d]	.111	.179	.383	1	.536	1.117	
Adults in Home	1.871	.179	86.799	1	.001	5.316	
Children in Home	.249	.048	26.770	1	.001	1.283	
Lifetime Removals	-.313	.164	3.631	1	.057	.731	
Lifetime Placements	.103	.029	12.354	1	.001	1.108	
Prior Navigator Services[e]	.357	.321	1.239	1	.266	1.429	

[a]1 = licensed, 0 = not licensed.

[b]1 = treatment group, 0 = control group.

[c]1 = female, 0 = male.

[d]1 = white (non-latino), 0 = other.

[e]1 = prior navigator services, 0 = no prior navigator services.

[f]bold and italicized = below cut-off *p* -value of .05.

Table 21: Multivariate Logistic Regression - Likelihood of No Placement Disruption[a]

Variables	β-weight	S.E.	Waldχ2	df	p-value[f]	Exp(B)	Cohen's D
Treatment Group[b]	1.096	.338	10.547	1	***.001***	2.993	.60
Caregiver Age	.001	.007	.005	1	.946	1.000	
Caregiver Gender[c]	-.156	.284	.301	1	.583	.856	
Caregiver Ethnicity[d]	-.208	.219	.898	1	.343	.812	
Adults in Home	.574	.217	7.015	1	.008	1.775	
Children in Home	.114	.068	2.850	1	.091	1.121	
Lifetime Removals	1.042	.338	9.503	1	.002	2.834	
Lifetime Placements	-.347	.073	22.323	1	.001	.707	
Prior Navigator Services[e]	-.033	.307	.012	1	.914	.914	

[a] 1 = licensed, 0 = not licensed.

[b] 1 = treatment group, 0 = control group.

[c] 1 = female, 0 = male.

[d] 1 = white (non-latino), 0 = other.

[e] 1 = prior navigator services, 0 = no prior navigator services.

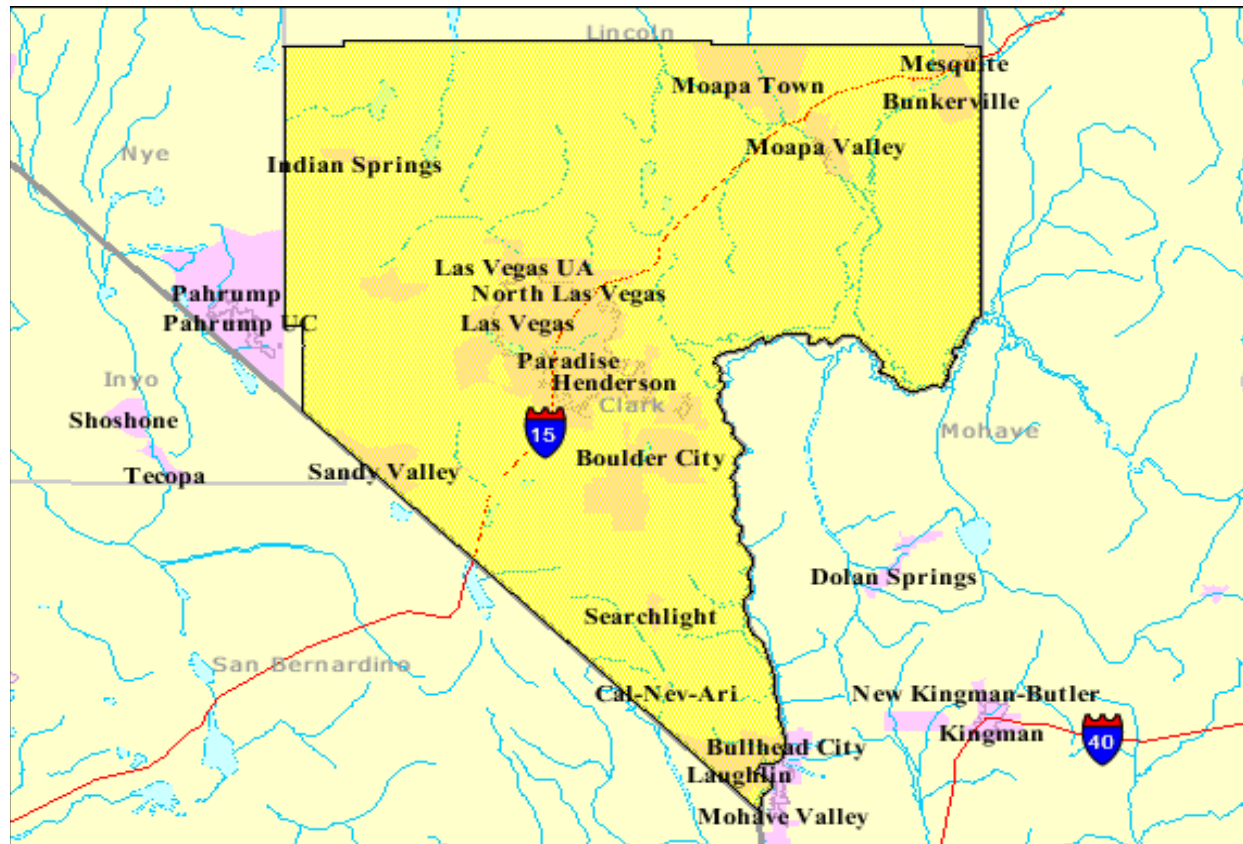[f] bold and italicized = below cut-off *p*-value of .05.

Figure 1: Clark County, Nevada

Figure 3: Theoretical Rationale