Maine Kinship Connections Project

replication manual

Maine Kinship Connections Project was funded by a 2009 Family Connections grant from the US Department of Health and Human Services, Administration for Children and Families
MAINE KINSHIP CONNECTIONS PROJECT

REPLICATION MANUAL

Prepared for the Maine Kinship Connections Project grant partners
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Casey Family Services
Families and Children Together
Maine Department of Health and Human Services
University of Maine Center on Aging

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in collaboration with
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Technical guidance was provided by Cathy Overbaugh, the project Grants Specialist who is a Program Specialist with the Children's Bureau/ACF/HHS, Division of Research and Innovation.

The grant proposal brought together the full network of organizations in the state with a track record in providing services and supports to kinship families to develop and test a model of kinship navigation services, kinship focused Family Team Meetings, and family finding processes. The aim of the project is to improve the health, security, permanency, and well-being of children at-risk of entering the child welfare system and children in the system, especially those placed with relatives.

Project partner agencies included the Maine Department of Health and Human Services, Adoptive and Foster Families of Maine, Casey Family Services, Families and Children Together, and the University of Maine Center on Aging. Virginia Marriner of Maine DHHS, the MKCP principal investigator, was invaluable in providing oversight and direction for the project, as well in her role as a liaison between agency partners and the Department. DHHS Program Administrators Louise Boisvert, Robin Whitney, Mark Dalton, Jessica Haskell and Bobbi Johnson were crucial in planning and implementing aspects of the grant activities within DHHS. Dulcey Lابerge assisted with identifying youth in foster care who may benefit from family finding services.

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Section 1: INTRODUCTION

Maine Kinship Connections Project: an overview

In the United States, there are more than six million children being raised in households headed by relatives. Nationally, 2.4 million grandparents handle the challenges of caring for and raising their grandchildren while they themselves are aging. In Maine, according to the 2010 Census, nearly 17,000 children live in households encompassing a kin caregiving arrangement. Compared to the 2000 Census, this is an increase of approximately 6,000 children, or almost 55% in just ten years. While grandfamily households (kin caregiving households) still represent only about 1.3% of the overall population in Maine, there is a significant growth in this kind of caregiving arrangement (2010 US Census).

Grandfamilies face unique challenges. Often arrangements are informal, meaning that family members identify a problem and intervene before any social service agency is involved. This leaves the grandfamily in a vague legal status, not necessarily qualifying for formal financial assistance and supports, yet coping with the same sets of stresses that a family providing formal foster care might face. In addition, the inherently complicated nature of family relations in grandfamily situations creates a level of emotional involvement and emotional connectedness that is both a great strength but also can present considerable strains. Finally, the adult caregiver(s) in a grandfamily are typically, though not

DEFINITIONS

Kinship care: Any relationship that involves the full time care of a child or children by the following people: an individual who is related to the child by blood, marriage or adoption or through close family relationships that are acknowledged by the parents, tribe, or child (fictive kin relationships).

Grandfamily: Families headed by grandparents, other relatives, or fictive kin who share their homes with their grandchildren, nieces, nephews, and/or other related children. Sometimes this arrangement is called kinship caregiving.
always, grandparents, aunts or uncles, facing their own issues of aging while also caring for a grandchild, niece or nephew. Though kin caregiving has been shown to be a great positive for the child or children involved, the situations can be complex and finding sources of support is not always simple or straightforward.

Maine’s child welfare system had existing strengths in the area of kinship upon which this grant project could draw. The 123rd State Legislature (2007-08) authorized funding to implement a High Fidelity Community Based Wraparound approach to child welfare. Wraparound is not a program or a set of services, but rather a way to improve the lives of children with complex needs. A Wraparound plan is developed by a family-centered team, individualized based on family strengths, appropriate to the culture of the child and family involved, and is needs-based rather than service-driven. As an approach to child welfare, Wraparound has helped decrease out-of-home placements, improve behavioral functioning and stability, and increase natural and community supports, especially kinship supports. This background flowed very naturally into the collaborative and comprehensive efforts undertaken through the Kinship Connections Project.

Furthermore, Maine’s 2009 Child and Family Services Review (CFSR) identified many strengths in Maine’s child welfare system, including: excellent efforts to maintain children in their same community; good use of relative placements; family visitation is flexible to meet the needs of the family and is held in an environment that is comfortable

Formal kinship caregiving arrangements are those in which the child welfare system is involved and the child has been removed from the birth parent(s). Caregiving arrangements range from temporary foster care to adoption.

Informal kin caregiving arrangements encompass everything else. Family members often can identify a problem and step in to assist or support another family member before there is any involvement with the child welfare system. The majority of kin caregiving is informal.

Fictive kin: A term used to refer to individuals who are unrelated by either birth or marriage, who have an emotionally significant relationship with another individual that would take on the characteristics of a family relationship. Fictive kin may also be referred to as “alternate caregiver(s).”
for the family; a wide range of medical needs for children in care are being met; strong mental health assessments are conducted for children in foster care; family team meetings (FTMs) are used for in-home cases as a means of preventing removal and are instrumental in case planning; permanency goals are established in a timely manner; identification and use of services needed to ensure family reunification goals achieved in an appropriate time frame; and parents feel included in the process.

Finally, Maine’s child welfare system was named a finalist for the 2009 Innovations in American Government Awards by the Ash Institute for Democratic Governance and Innovation at the Harvard Kennedy School. An additional honor, Maine was also recognized as a finalist for the 2009 Annie E. Casey Innovations Award in Children and Family System Reform for having achieved sustained, system-wide, child welfare reform through family-centered, permanency-focused practice and data-driven case management. These achievements paved the way for the Maine Kinship Connections Project by providing a solid foundation in family-centered child welfare provision. Service providers were well-suited to undertake an effort to explore means of supporting children through kinship, operating in the context of Maine’s already family-oriented child welfare system.

The Maine Kinship Connections Project grew out of a desire to explore ways to better support this growing population in Maine and nationwide. The project has four goals:

1) to help children and families gain access to comprehensive formal and informal resources;

2) to create system-level changes aimed at enhancing family team meetings and family finding efforts within the Maine Department of Health and Human Services and related community agencies;

3) to increase knowledge and awareness of kinship caregiving throughout the service network; and

4) to evaluate the efficacy of services delivered through the grant project.

Five social service agencies in Maine collaborated on this project, with each agency partner taking on a specific piece of the overall project. Maine Department of Health and Human
Services provided the lead as the target for system-level evolution in delivery of services to and policy advocacy for this unique population. MKCP received federal funding through a Family Connections Discretionary Grant through the Administration for Children, Youth and Families division of the US Department of Health and Human services. The 3-year grant period ran from October 2009 through September 2012.

**The Maine Kinship Connections Project grant partners and project roles**

![Adoptive & Foster Families of Maine, Inc.](image)

**Adoptive and Foster Families of Maine, Inc. (AFFM)** provides support services for adoptive and foster parents, and kinship providers. AFFM provides the training, guidance, knowledge, and resources needed to handle complex issues as families open their hearts and homes to children. The services are available to all adoptive and foster families who are licensed by the Maine Department of Health and Human Services (DHHS) or have DHHS approval to adopt. Special services are available to informal kinship providers.

Drawing on this experience, AFFM was responsible for providing training about the Kinship Connections Grant Project, kin caregiving, and issues unique to grandfamilies in all Maine DHHS districts. Further, AFFM was uniquely able to nurture the creation of the project Advisory Board, a collaborative organization of kin care providers, professionals, and community members. The Advisory Board will provide one key means of ongoing sustainable support for grandfamilies after the formal grant period ends.

In addition to these roles, AFFM staff collaborated closely with staff at Families and Children Together (FACT) through their Maine Kids-Kin (MKK) program to provide training for mental health providers focused specifically on the unique demands faced by kin caregivers. This
training took part in the third year of the grant period in multiple locations in the State of Maine in an effort to reach a broad base of mental health providers across the state.

In order to serve populations in northern and southern parts of the state, The Maine Division of Casey Family Services works with community and state organizations to offer an array of services supporting and strengthening children, families, and communities within a one-hour drive of Bangor or Portland. Established by UPS founder Jim Casey in 1976 as a source for high-quality foster care, Casey Family Services today offers a broad range of permanency-focused services for vulnerable children and families throughout New England and in Baltimore, MD. The direct service agency of the Annie E. Casey Foundation, Casey Family Services is committed to ensuring that every child in care has a lifelong connection to a family member or caring adult. A continuum of services for children is offered from family preservation and reunification to foster care, post-adoption services, and an array of other family-based services.

Drawing on this extensive background in child welfare and family support, Casey Family Services spearheaded facilitated family team meetings and family finding efforts within the Maine Kinship Connections Project. The Extreme Recruitment strategy for family finding, developed by Melanie Sheets, Director of the Foster and Adoption Care Coalition in St. Louis, MO, was used in the second and third years of the grant as the method guiding concerted attempts to create kin connections for older youth in danger of “aging out” of the foster care system. Casey’s involvement in family finding is a natural outgrowth of the agency’s mission and prior experience. With expertise in the teaming process, an agency focus on child welfare, and firsthand experience addressing the crisis of Maine youth on the verge of “aging out,” Casey Family Services was the logical agency to take on family finding efforts.
A family team approach is crucial when forging new family bonds for children and youth in foster care. Casey Family Services had prior history and experience facilitating family team meetings through involvement in an ACTR (Adoptions Created Through Relationships) grant. During that previous grant project, Casey staff trained alongside Maine Department of Health and Human Services (DHHS) caseworkers to learn the teaming approach, and DHHS had been referring particularly challenging family team cases to Casey for facilitation prior to the MKCP grant. Casey’s role in the Maine Kinship Connections Project was a natural outgrowth of this prior experience. Collaboration on MKCP grant allowed for expansion of facilitated FTM services to include clients reached through grant activities undertaken by Families and Children Together (FACT).

Families and Children Together (FACT) is a family-focused agency that encourages and fosters the development and healing of children facing emotional and behavioral challenges, through services supporting the whole family. In an effort to fill a void in services to informal grandfamilies) across Maine, Maine Kids-Kin (MKK), the agency’s kinship support program, provides case management, legal education, emergency funds, phone and internet based support, grandparent-to-grandparent mentoring, and more to grandparents, aunts, uncles and siblings who are raising relatives’ children.

Grandfamilies served by FACT through MKK are typically providing informal kin care. Services are voluntary, as opposed to being mandated through involvement with the Department of Health and Human Services (DHHS). Most families self-refer to MKK for support. Maine
Kids-Kin is a navigator program already widely recognized both nationally and throughout the State of Maine for its expertise supporting kin caregiving. Maine Kids-Kin serves families who are largely outside of the formal social service network through physical offices in Bangor and Westbrook, ME. Given its geographic reach and extensive expertise, Maine Kids-Kin was a natural fit for testing the Enhanced Navigator portion of the project.

As the target for proposed systems-level and policy changes, **Maine Department of Health and Human Services** took the lead in the grant, providing direction and oversight. All Maine DHHS districts benefitted from grant activities in some way, with all districts receiving training, and many districts actively evolving practice standards in order to integrate aspects of grant activities into Department service delivery protocols.

The Office of Child and Family Services (OCFS) of the Maine Department of Health and Human Services serves Maine's children and their families through the Divisions of Child Welfare, Children's Behavioral Health, Early Childhood, and Public Service Management. The Child Welfare Division seeks safety, well-being and permanent homes for children, working with professionalism and respecting the dignity of all families. Child abuse reports are investigated on behalf of Maine communities, working to keep children safe and to guide families in creating safe homes for children. Maine Kinship Connections Project activities were focused on ways to improve services and support caseworkers in their important role as liaison between family and Department as the family works toward stability and safety for their child or children.
With extensive expertise in education, research and program evaluation, the University of Maine Center on Aging served as the fiscal agent and evaluator for the project, providing technical assistance and support to grant partners. The Center on Aging is an interdisciplinary research and education center reporting to the University of Maine Office of the Vice President for Research. The University of Maine is the flagship campus of the state’s extensive public education system. The Center’s central purpose is to promote and facilitate activities in education and training, applied research, program evaluation and community consultation and service.

The Center on Aging has a history of strong interdisciplinary collaboration and organizational capacity and infrastructure building aimed especially at social service and healthcare agencies that provide critical care and support to Maine’s older adults and caregivers. In addition to its expertise in research and evaluation, the Center has been recognized nationally for its work in the area of rural kinship programming and research, having successfully developed mental health and outreach programs to provide education and resources to kinship families. Further, the Center on Aging produced a manual on promising practices in developing rural kinship care programming through a grant from the Brookdale Foundation. Through its affiliation with the University of Maine School of Social Work, the Center draws on successful collaborative efforts between the School and the Department of Health and Human Services in the area of child welfare, a collaboration that extends over fourteen years.
Section 2: MAINE KINSHIP CONNECTIONS
PROJECT ACTIVITIES

Kinship Navigator/ Enhanced Navigator Program

What is Kinship Navigator and what are Enhanced Navigator services?

The Kinship Navigator model is a comprehensive support system offering services to assist kinship providers in understanding, navigating and gaining access to the network of assistance that exists for grandfamilies. Under the Enhanced Navigator model piloted through the MKCP grant, areas where kin providers could receive support included: legal system navigation through a dedicated court volunteer; mental health education; general system navigation and linkage to resources through case management; and facilitated family team meeting through referral to another grant partner, in addition to all the regularly available services that “treatment as usual” families might receive. The idea behind the navigator model is that grandfamilies are in the best position to identify their needs and thus will receive the support they define as necessary through the assistance of the navigator staff and volunteers. Maine Kinship Connections Project proposed that participation in enhanced navigation services would foster a greater sense of satisfaction and support for grandfamilies, and thereby show advantageous outcomes as compared to grandfamilies participating in regular navigator services.

“Mary’s” Story (Name and non-essential case details have been altered to protect privacy)

Mary’s aunt and uncle kept a close eye on their 14 year old niece, as it was difficult for her to live at home with her mother and father. Her parents were always fighting with one another, sometimes there was no food for Mary to eat, and no heat to keep her warm during the cold winter months. Mary’s aunt and uncle brought her to live with them several times to keep her safe and to make sure she was warm, fed, and healthy.

Mary’s aunt and uncle constantly worried about the instability, violence, and hardships in her life; they knew they had to intervene. They contacted The Maine Department of Health and Human Services to report their niece’s living conditions and the domestic violence in the home. Having also received a call from Mary’s school, DHHS stepped in and created a safety plan for Mary, which involved moving in
Why Enhanced Navigator?

The goal of the Enhanced Navigator program is to move beyond responding to the immediate need or crisis within a family by providing assistance to families in identifying their needs and potential resources, as well as providing assistance gaining access to those resources within the complex network of helping systems. Caregivers are offered an array of possible supports and can accept those aspects of available services they believe will be the most helpful. This ensures that assistance remains client-driven. Clients have the option of requesting additional services at a later date and service provision can be flexible enough to intensify in periods of crisis or subside as family events reach a balance. Rather than serving as a one-time point of contact, the Enhanced Navigator model allows for broad, flexible service provision over time that is responsive to shifting family needs.

How was Enhanced Navigator implemented?

Families and Children Together (FACT) oversaw this aspect of the Maine Kinship Connections Project using its already-established statewide Maine Kids-Kin (M KK) program. Maine Kids-Kin staff are recognized experts in the area of informal kinship caregiving in Maine. Services through MKK are voluntary, meaning families can self-refer and can
choose whether or not they take part. Families can also be referred by the Department of Health and Human Services (DHHS), but the referral is only a suggestion; there is no mandate that families follow through and contact the agency.

Appendix 1 illustrates the pathway for families referred to FACT for potential participation in the Enhanced Navigator component of the Maine Kinship Connections Project grant. If families resided within a 60-mile radius of either Portland or Bangor and were providing kin support for a child/children, they would be identified as eligible participants in the project. From there, a staff member would make telephone contact and, using a set script, interview the family, briefly outlining the study and its purposes.

- If a family declined participation at that time, they were sent MKCP information materials for consideration at a later date. Many families are in such crisis at the time of referral that the prospect of participating in a research study seems overwhelming. Declining to participate in the study did not in any way influence the services the family may have received at the time of initial contact.

- If a family indicated willingness to participate in the grant activities, a home visit was scheduled. The caseworker visited the home, conducted the initial baseline surveys, and gave information to the family introducing the project and the agency.

- After the initial home visit, the family was randomly assigned to either “ES” status (enhanced navigation services) or “TAU” status (treatment as usual services). In practical terms, the office designated “red” or “blue” status for assigning families to a treatment group.
All families received services regardless of their initial decision to participate or not, and if they did participate in the grant, regardless of their random assignment to a service category. The services available to participants assigned to the “ES” group were broader than the usual supports available to all other families served through FACT. Once families were assigned a status, they continued to receive the appropriate level of services. Follow-up surveys were conducted at 6-months and 12-months.

Enhanced service options included Court Navigators, volunteers with experience operating in the legal system, who could guide or otherwise support grandfamilies as they worked through legal aspects of their family’s situation. Court Navigators received special training and were available at any point during a grandfamily’s participation in the project.

Maine Kids-Kin usual services include:

- Confidential service and support
- Referrals for assistance with legal, financial, mental health, substance abuse, childcare and respite, and children’s special needs
- Individualized case management
- 3 home visits
- Access to FACT’s extensive library of books and videos
- Access to support groups and phone mentors.
- Referral to other providers
Another option in the enhanced service array was mental health education and support for grandfamilies. Children experiencing complicated family situations often have complex needs and grandfamily caregivers are not always immediately equipped to handle these needs. Project participants assigned to the enhanced service category had the option of up to three in-person or telephone sessions with certified mental health professionals (LCSW or LCPC) in order to 1) identify mental health or substance abuse issues for the family; 2) assign a navigator to research/identify resources available to the grandfamily; and 3) assess within 6 months whether the resources offered met the grandfamily’s needs. Sessions were 90 minutes long and included extensive preparation by the mental health professional. Specific consultations occurred in cases of domestic violence through a collaboration with the Maine Coalition to End Domestic Violence.

Enhanced services families also had the option to take part in family team meeting services provided by another grant partner and described below. Finally, enhanced services provided access to the wide range of general assistance regularly available through Maine Kids-Kin.

**Facilitated Family Team Meeting**

**What is a facilitated family team meeting?**

A family team meeting (FTM) brings together all the potential participants in a child protection case. Child safety, well-being and permanency are the focus of FTM efforts. The family team model draws on the strengths and capabilities demonstrated by the family in the past,
emphasizing teamwork and the importance of forming relationships that will provide continuity through transitions. With permanency of the child/children in mind, the family creates their long-term vision of what their family goals will be, guided by caseworkers who can provide options for what services and supports are available to assist the family in reaching their goals. Caseworkers are also responsible for guiding family members through the parameters of requirements imposed by court orders and child protection laws so that goals and objectives are realistically set within this context.

Conflict is a natural part of any group process. At various stages of group development, conflicts take on different forms. Adding in the uniquely challenging dynamics that can be present in a grandfamily setting, sometimes the teaming process can become very challenging. This is where a facilitated family team meeting comes in. Using the FTM model, the facilitated FTM relies on a neutral third party to facilitate the process, taking some burden off the DHHS caseworker, who has a dual role as advocate for the client and advocate for any mandated services in a regular FTM context.

Why a facilitated family team meeting?

There are typically three reasons for using the facilitated FTM model. First, it is not unusual for some members of an extended family to be skeptical and perceive a bias for one side or another on the part of the DHHS caseworker. When there is conflict between DHHS and the family or some portion of the family, using the facilitated format can be of great value in working past these tensions.

Second, when extended family is involved in caregiving, there is often a great deal of past family history that can rise to the surface during a team meeting, creating emotionally charged moments. Furthermore, maternal and paternal relatives may have different interests or ideas of what would be best for the child or children involved. The role of the neutral facilitator is to help the family work together to make the best plan for the child(ren). A neutral facilitator can play a critical role diffusing tense situations and bringing all voices to the table in a way that gives everyone an opportunity to be heard. When all parties feel they will have an opportunity to share
their perspective, the child or children can benefit from greater familial involvement in the permanency process.

Finally, the facilitated FTM model may be appropriate when the youth in question has specific or complicated needs or requires some extra support in order to reach a permanency situation. All permanency cases are complicated in some way, but these more-than-usually-complicated cases are often greatly aided by using the facilitator to assist the team through the process of identifying support and addressing need. The neutral facilitator in this case can bridge any tensions that may arise between competing service providers or team members with differing views of priorities to be addressed.

How were facilitated family team meetings implemented?

In the first year of the grant, Casey Family Services received referrals from Maine DHHS on particularly complicated cases. Casey Family Services staff provided the neutral location and facilitation for these cases. In addition, the grant provided an avenue for informal kin caregivers to benefit from the facilitated team format. Being outside the formal DHHS system, informal grandfamilies would not otherwise have access to the family team meeting model. As a benefit of participating in grant activities, families in the Enhanced Navigator category as identified by Maine Kids-Kin had the option of requesting a facilitated FTM that Casey Family Services would then provide, as partners in the grant.

Concurrently in the first year, and throughout the second and third years of the grant, Casey Family Services provided training for DHHS staff on facilitating these team meetings. Maine DHHS program managers quickly saw the benefits of the facilitated format and adapted it into Department protocols. As a result, Casey Family Services’ role shifted to more of a support and training role for DHHS, while still providing the facilitation services for Enhanced Navigator families requesting the service. Entering the third year of grant activities (2012), most Maine DHHS district offices had a trained family team meeting neutral facilitator on staff.
Family Finding/Extreme Recruitment

What is family finding and what is Extreme Recruitment?

Family finding is the process of locating relatives who might be willing to become involved in the life of a youth in care, with the aim of fostering connections and a sense of family history for the youth. Extreme Recruitment is one model for carrying out family finding activities. Extreme Recruitment (ER) is a 12- to 20-week intensive effort to identify and locate potential kin connections for youth in foster care; within the parameter of the MKCP grant, these efforts were particularly focused on older youth, usually ages 15-17, in danger of aging out of the system with few to no connections. The process relies on short, usually 30-minute, task-oriented meetings focused on presenting results from combing the case file(s) of the identified youth. An ER team assists with completion of the tasks and can be comprised of any or all of the following: DHHS caseworker; Casey Family Services staff member(s) dedicated to family finding efforts; GAL/CASA volunteers (court-appointed representation for the youth); clinicians; other agency or service providers; and teachers, neighbors, friends, and/or other family members. The idea is to generate a sense of urgency around a particular case and then marshal the resources available through the grant partnership and Casey’s expertise to mine old case records and track any possible leads for identifying potential contacts for a youth in care.

Why Extreme Recruitment?

The disciplined approach of Extreme Recruitment made the model attractive. Weekly task-focused meetings create a structure of oversight and accountability so the youth being supported cannot “fall through the cracks” of a busy schedule or heavy case load. One of the hallmarks of Extreme Recruitment that is different from traditional methods of family finding is the use of a retired or private detective to assist with location efforts. The expertise brought to the process by a detective is thought to have a positive impact on the successful identification of contacts for a youth. The “team” approach that is inherent in Extreme Recruitment also played nicely into the intention of the MKCP grant to generate partnerships between agencies addressing a similar issue through very different populations and avenues. The team approach also brings all
stakeholders to the table together, which helps break down barriers and miscommunication that can impede the process. Because the target population for Extreme Recruitment is youth in danger of “aging out,” time is a critical consideration. An approach to identifying and contacting potential family connections that streamlines the process is advantageous.

How was Extreme Recruitment implemented?

In the first year of the grant (2009-10), Casey Family Services staff began with traditional family finding services, working with youth identified by Maine DHHS casework staff as being at risk of aging out. The process began by asking the identified youth if there were family members or close friends/neighbors with whom the youth might want to have connection or the option of legal permanency. Casey staff would also mine the case records for any potential names or contacts that might have been overlooked in the initial stages of a case, or that had not been approached in a long time, simply as a means of ensuring that all avenues were explored. Genograms were developed and shared with the youth to help youth understand his or her family connections and to help identify members who might be approached as connections. Despite success in identifying family members, some youth continued in out-of-home placements without legal outcomes, often due to the youth’s need to continue living in a residential environment. In most cases, however, the team was able to identify a family member or caring adult to continue contact with the youth.

Figures 2.1 and 2.2 are actual de-identified genograms from a youth who received extreme recruiting services. Figure 2.1 represents the youth’s known genogram before extreme
recruiting efforts, similar to a genogram that might be developed during traditional family finding efforts.

Figure 2.1  Youth J’s known family genogram prior to Extreme Recruitment (de-identified to protect privacy)

Over the course of the first year, Casey Family Services staff realized there was a different skill set needed in order to create a sense of urgency around these issues for the identified youth. It became apparent all team members needed training in a different type of interviewing,
methodical problem solving, assessing the behavior of the interviewee, and staying focused on the future outcome, not the immediate needs of the family in order for their work to succeed. Technical limitations such as a less-sophisticated search-engine also hampered staff ability to provide family finding using the traditional approach. At the same time, the model of Extreme Recruitment was becoming more nationally recognized through publicity of success stories in popular media (e.g., *Time Magazine*, Jan. 10, 2011).

Casey Family Services staff working on family finding efforts also encountered systems-level obstacles that were difficult to surmount. Private agency case management staff, caseworkers, Guardians *ad litem*, and foster parents were not prepared to move from concerns about the stability of a youth to a priority of legal permanency. Involvement of youth at the front end, the traditional model of family finding, also presented challenges. Family finding efforts would sometimes result in youth becoming more vulnerable due to their initial involvement in the process. When results were not immediate, or contacts declined to participate, youth were then likely to feel disappointment and rejection. Initially, there was lack of clarity on roles related to follow up with identified family members. When the contact information located by Casey Family Services workers was not acted upon through actual personal contact by a specified team member, the potential connection got dropped. From the perspective of the youth, this would only serve to lengthen the time involved. Extreme Recruitment appeared to provide an answer to these challenges. (see *Fig. 2.2*).
Figure 2.2  Youth J’s paternal side genogram, after Extreme Recruitment activities (de-identified to protect privacy)
Education and Training Efforts

In order to disseminate information about Maine Kinship Connections Project, and to facilitate referrals into the project, partner agencies reached out to Department of Health and Human Services caseworkers. Adoptive and Foster Families of Maine provided training in all eight Maine DHHS districts covering issues unique to grandfamily caregiving and common misperceptions and/or assumptions about kin caregiving. The training incorporated both a formal presentation by an AFFM staff member and a panel presentation by one or more grandfamily providers who could share personal stories as a powerful means of illustrating the overall message of the training. The goals of the training were to:

1. further educate caseworkers about grandfamily caregiving, in line with the state’s emphasis on kinship care in child welfare service provision; and
2. share information about Maine Kinship Connections Project.

Community Outreach: Advisory Board

Another means of sharing information about Maine Kinship Connections was through the establishment of a community-based Advisory Board, which Adoptive and Foster Families of Maine also facilitated. The Advisory Board was intended to act as a sounding board for the project as a whole, bringing together a wide range of stakeholders including personnel from all grant partners, a representative from the Fire Marshal’s office (helpful with licensing issues for foster families), mental health providers, clergy, educators, legislators, and a goal of having at least 50% of membership be grandfamily kin caregivers. The Board was quickly able to identify
areas where grandfamily caregivers typically faced challenges: mental health issues, legal issues, and financial assistance.

Having identified key “sticking points” for grandfamilies, sub-committees formed. A mental health sub-committee began planning an educational training seminar for mental health providers. The aim of the event was to introduce issues commonly faced by grandfamilies but that are unique to the grandfamily experience, as part of the mental health sub-committee’s intent to build awareness. The training took place in the spring, 2012 in three locations across the state, as a means of reaching out to a broad spectrum of mental health providers. Families and Children Together and the University of Maine Center on Aging co-sponsored the event, thereby allowing participants to earn continuing education credits through the University of Maine.

The all-day seminar included a general introduction to grandfamilies, an overview of common challenges, and in-depth discussion of how to approach some of these challenges as a mental health provider, presented by a licensed clinician (LCSW) experienced in working with kin families. The training also included grandfamily providers sharing their stories and a “fishbowl” demonstration activity in which two kin caregivers role-played themselves while participants volunteered to play roles developed ahead of time. The point of the presentations and the activity was to present in a controlled but very
real way the stress and anxiety kin caregivers face, with myriad sources of information and demands for attention coming from many different directions at once. From there, the event concluded with sharing resources and educating providers on where to find additional sources of support when working with grandfamilies.

Concurrently, the legal/financial sub-committee determined that one key means of providing support for kin caregivers would be through developing a grandfamilies website. The concept of the website was to create a clearinghouse of information, designed by caregivers for caregivers, where kin care providers could go to find links to a variety of support services, including links to legal and financial assistance resources. Financial assistance to cover the costs of developing the site was provided by Casey Family Services and Adoptive and Foster Families of Maine. Once created, draft pages were shared with all Advisory Board participants for feedback and revision. The final site will continue to evolve over time, but includes links to all MKCP agency partners, a forum for grandfamilies to communicate directly with each other, and information pages with links to many different resources across the state. Since the costs associated with a website are primarily incurred in the development stage, the grandfamilies website will likely provide one means of sustaining the Kinship Connections Project beyond the life of the grant. The website address is <www.grandfamiliesofmaine.org>.

Marketing Maine Kinship Connections Project

Both the Advisory Board and educational training efforts were means of marketing the Maine Kinship Connections Project, raising awareness of the grant activities within the general population. Early in the project, grant partners also presented a unified training with all partners taking part. This effort was primarily for DHHS staff, though it was open to other community providers as well. One main focus was explaining how to refer families into the research component of the project. The unified training was held in both Bangor and Portland, the two catchment areas for data-gathering activities. Materials used to disseminate information about this and other training efforts are included in the appendix at the end of this manual.
Section 3: RESULTS OF MAINE KINSHIP CONNECTIONS PROJECT ACTIVITIES

The Maine Kinship Connections Project achieved several notable successes and faced several challenges. The most important successes include policy and procedure changes within Maine's Department of Health and Human Services, Office of Child and Family Services. The Department adopted improved procedures to facilitate both Intensive Family Finding and Facilitated Family Team Meetings as a direct result of its involvement in this grant project. These measures will greatly improve the welfare of and outcome for children who are placed in state custody within Maine. The addition of personnel dedicated to these tasks at DHHS regional offices will assure the continued utilization of the lessons learned from this grant project.

The following are general themes that emerged from the process of interviewing all the grant agency partners as positive outcomes from participating in the Maine Kinship Connections Project:

- Participating in the grant opened doors of communication and sharing between grant partner agencies, strengthened relationships between agencies;
- The Advisory Board builds the capacity to have a resource of experts on grandfamily issues to draw on for state- and national-level information sharing and policy advocacy, facilitating grandfamilies having more of a voice;
- All DHHS districts are now doing a permanency review in their cases;
- Facilitated Family Team Meeting model has been adopted into DHHS practice, most districts have a trained facilitator on staff;
- Referrals are up at Adoptive and Foster Families of Maine and Maine Kids-Kin-FACT for grandfamily supports;
- Having a Navigator advocate reach out to families, instead of the family making the initial effort, has made a big difference to families. DHHS would expand this aspect of the project statewide if it were financially possible;
- DHHS has a goal of having a kinship expert in every district.
In general, MKCP grant activities helped to validate the emerging thinking at DHHS in terms of the value and importance of kinship. Practice is evolving to support including kin in all aspects of child welfare.

**Kinship Navigator/ Enhanced Navigator Program**

The Kinship Navigator component of the project tested whether enhanced navigator services (ES: Enhanced Services) caused a difference in caregiver stress, caregiver ratings of child well-being, and child self-report of well-being as compared to regular navigator services (TAU: Treatment as Usual). Staff and families alike agree that participation in the research project was rewarding and worthwhile.

Families were introduced to the possibility of participating in a research project shortly after initial contact with Maine Kids-Kin. Initial contacts frequently occurred at times of heightened stress and anxiety so MKK staff were given considerable latitude in determining when to best introduce the research element to the families. Ultimately, records reveal fewer than half the families eligible to participate actually opted to enroll in the project. We have no way of knowing the extent to which those who volunteered to participate differed from those who did not, since no data were collected on those who declined to participate. During follow-up interviews, program staff have suggested that the prospect of being involved in a research project may have seemed too daunting for a family at a time of acute crisis.

For those families who did enroll in the investigation, the average age of primary caregivers was 50.1 years (range = 21 to 76), and they were primarily female (90%). Recruitment was equally distributed between sites (54% from Bangor and 46% from Portland) and treatment conditions (51% in TAU group and 49% in the ES group). Average ages of caregivers were identical at each treatment site (50.1 years).
Similarly, gender differences were almost non-existent. The Bangor site had 88.5% female primary caregivers while Portland had 90.9%. The TAU group had 89.8% female caregivers, while the ES group had 89.4%. None of the differences above were statistically significant. The relationship between the kinship caregiver and the child in their care consisted of primarily grandparents (72%). Other relationships were aunt or uncle (17%) and fictive kin (11%). Children in the project ranged in age from 1 to 16, with an average of 5.81 years. The gender of the children was exactly equally distributed between males and females. The demographic similarities between these groups permits ignoring geographic differences for analytic purposes, and examining the data only by treatment group.

Statistical Analyses Performed

The Evaluation Team for Maine Kinship Connections chose the Parental Stress Index (PSI) and the Pediatric Quality of Life (PedsQL) survey instruments as the assessment tools used to measure well-being of caregivers and the child/children receiving care. Surveys were administered upon entry into the research project to establish a baseline, and at 6- and 12-month follow-up intervals. These surveys were chosen because of their established record of reliability and because, in the case of the PedsQL, because there are developmentally appropriate versions for children ages 2 – 18. One unique feature of Maine’s project is that children were given a voice in the evaluation process through completing the PedsQL survey.
All measures were scored using the specifications of the respective scale's authors. Close similarity between the participants in the two geographic sites enabled MKCP evaluators to combine the two sites into one larger group, thus increasing the power of the statistical analyses performed. In addition to the PSI and PedsQL surveys, participants also completed the Child and Family Services Review, a survey instrument containing Yes, No, and Don’t Know responses.

Findings

Kinship caregiver families often involved two caregivers (frequently husband and wife). Thus, although 101 instances of kinship caregiving were recorded, a total of 140 respondents completed Parental Stress Index (PSI) measures at least once during the intervention (69 in the Treatment as Usual (TAU) group and 71 in the Enhanced Services (ES) group). One hundred and fourteen (114) caregivers also completed at least one Pediatric Quality of Life (PedsQL) instrument during the intervention (49 in the TAU group and 65 in the ES group), and 53 children completed at least one PedsQL instrument (28 in the TAU group and 25 in the ES group). Missing data was a significant problem throughout the intervention. In fact, the response rate for children low enough that their data are not particularly useful for interpretative purposes.

The Child and Family Services Review form (CFSR) was administered to all respondents at 6 and 12 months, reporting changes in the previous 6-month time frames. The data from this form were also analyzed for changes over time and between groups. Respondents were offered a
choice of Yes, No, or Don't Know for answers to the questions. The "Don't Know" responses were treated as missing data, and only the Yes or No responses were compared. **Appendix 2** contains tables displaying the findings and interpretations regarding data collected through the CFSR. Responses revealed primarily healthy, positive outcomes.

**Appendix 3** contains tables with the analysis of PSI and PedsQL data gathered throughout the 3-year grant project period. Statistical analyses comparing well-being responses between treatment conditions, TAU vs. ES, do not reveal any significant differences between the two conditions at any time period for either measure. The lack of statistical differences does not appear to reflect on either the quality or appropriateness of the instruments, but rather reflects that the efficacy of the Enhanced Services as delivered through MKCP cannot be determined solely through quantitative data analysis.

At the end of the 3-year grant period, a comprehensive focus group was conducted with Maine Kids-Kin (MKK) staff at Families and Children Together (FACT) who implemented the Kinship Navigator component, since it was the experimental component of the Maine Kinship Connections project. Of particular concern was how the Navigator/Enhanced Navigator services were implemented (process evaluation). The discussion with staff revealed several very important findings.

Typically, MKK staff members respond to their clients primarily by telephone. The nature of the Navigator/Enhanced Navigator project required that participants be interviewed in person in order to complete the enrollment procedures, including obtaining informed consent (informed consent is discussed in Chapter 5: Evaluation). Furthermore, because of the extensive data collection necessary for evaluating the experimental services, staff needed to travel to respondents’ homes. Completing the survey instruments was deemed too cumbersome to be reasonably carried out over the telephone. This deviation from the usual procedures of the agency may have created a very unusual and powerful impact on the respondents' behavior.
Staff noted that the additional attention respondents received as part of the experimental design distorted how participating clients interacted with staff as compared to other kinship providers who were not participating in the research project. Specifically, they noted that the clients felt much more involved with the staff, and would contact staff much more frequently than did those clients who were served only by telephone. This “Hawthorne Effect” or “research reactivity” phenomenon applied equally to the TAU and ES groups, since both required the additional attention for enrollment and data collection. For many of the families, the services were simply not needed at that point in their lives. Many families, however, did acknowledge the potential value of the service and appreciated its availability even though they may not have needed it during the experimental period. Consequently, the TAU and ES groups did not differ much from each other in terms of the services received. This may have diluted the effect of the Enhanced Service offerings.

A third factor raised in the follow-up interviews with staff is that fewer than half of the clients who were approached to participate in the research project agreed to do so. This likely introduced a sizeable but not measureable selection bias. As already mentioned above, we have no way of knowing the extent to which those who volunteered to participate differed from those who did not, since no data were collected on those who refused to participate.

These observations appear to help explain why no statistically significant differences are being obtained between the two groups that were engaged in this study: a) both groups felt "special" to be involved in the research and reacted accordingly, b) the two groups were not sufficiently differentiated in the amount of services they received, and c) it is not known how those who decided to volunteer may have differed from those who chose not to participate.
Future considerations

Home visits as part of the Kinship Navigator Program during the Maine Kinship Connections Project were identified as a positive aspect of the model that also presented some challenges for sustainability. A key benefit was that staff could develop a richer understanding of aspects of the client’s situation, something that can only be fostered by face-to-face contact. This allowed the MKK Navigator staff better ability to identify appropriate potential support resources for their clients.

Challenges associated with home visits arise from the planning time necessary for the visit, the large geographic area of the state, and the demands on agency resources in terms of travel costs and staff time. Each home visit generally required at least an hour. Factoring in travel time, each home visit could average 3-4 hours per visit. The half-day commitment involved in carrying out home visits, even when limited to a 50-mile/1-hour radius catchment area, has clear implications for sustainability for a statewide service provider. Planning time can be significant too, including cancellations of scheduled appointments by clients, and the staff time necessary for preparing or completing paperwork before and after each visit. To improve the sustainability of home visits, staff suggested that home visits could be conducted as-needed based on the development of specific criteria. Regular home visits were not seen as being financially feasible.

Beyond home visits, having a Navigator accompany clients to events and meetings, such as IEP meetings at the child's school, can be useful because clients can often be intimidated by the process. An additional area of complication often identified by grandfamily caregivers is the topic of legal guardianship. Kin care providers are often grandparents who do not necessarily have legal custody of their grandchildren. Cases involving fictive kin become even more legally unclear. This lack of legal status can impact relationships with school personnel and medical personnel when services are needed. A Court Volunteer Navigator was also seen as beneficial, as the kin caregiver may be reluctant to go into court without support, but clarifying the legal relationship can be vital. These in-person services face the same challenges to sustainability as home visits yet nonetheless were viewed as being important to maintain. Using trained volunteers is one means of working toward sustainability of these valued services.
Future projects could explore the benefits of home visits compared to phone contact by examining which service offering best suits a specific client’s setting or situation. Particularly in a rural state like Maine, developing a sense of what type of client is best served by telephone contact as opposed to in-person services could be extremely valuable. Another avenue for exploration would be examining the quality of client-navigator interaction in terms of whether clients may be more comfortable on the phone versus in-person. In an age in which agencies must maximize scarce financial resources, knowledge of how and when to use telephone services and strategically implementing home visits could be very powerful for shaping effective, efficient service delivery practices in the future.

Facilitated Family Team Meeting (FFTM)

One of the most successful aspects of the Maine Kinship Connections Project was the implementation of facilitated family team meetings. Casey Family Services of Portland (a division of the Annie E. Casey Foundation) provided neutral facilitation to Family Team Meetings occurring within the DHHS Office of Child and Family Services (OCFS), in addition to Family Team Meetings requested by informal kinship families served through the Navigator element of this project. Very few families enrolled in the Navigator element, however, actually requested facilitated family team meetings (N=8). Consequently, the vast majority of the facilitation efforts occurred with OCFS cases. The actual service delivered by Casey staff was in the form of consultation and training for OCFS staff regarding the process of neutral facilitation, as well as facilitated family team meetings. There was no experimental intervention conducted in this element, and consequently there were no comparison groups and no standardized instruments utilized.

Facilitated Family Team Meeting impacts (de-identified examples of results of FFTMs):

- Discussion of building connections with a sibling of the youth
- Development of a care plan to ensure youth is cared for and a plan to develop a power of attorney
- Development of a plan of roles to assist youth with shelter and support for mental health and school needs
Outcomes

A total of 34 cases were facilitated during the first 18 months of the project, 26 from OCFS and 8 from the FACT’s kinship navigator program. Those cases generated 62 facilitated family team meetings (49 from OCFS and 13 from Navigator) and utilized a total of 441 hours of preparation and service delivery (324 from OCFS and 117 from Navigator). The intended systems-level impact of family group decision making was to ensure that the Facilitated Family Team Meeting model was sustained throughout the state as a result of the project and would be adopted into practice by DHHS. This occurred, with Facilitated Family Team Meetings officially beginning in DHHS District Offices in September, 2011. As of the close of the grant period in September, 2012, DHHS has trained neutral facilitators in every district office.

Facilitated Family Team Meetings in the form offered to Enhanced Navigator participants were viewed as being excellent, which opened up the possibility of using the model with informal kinship families in the future. One of the noted benefits of the meetings was to shift the focus among the participants to the best interest of the child, instead getting caught up in the dynamics between adults. The presence of an advocate made a significant difference in helping to shift the balance of power in team meetings to allow the grandparent or kinship caregiver to be heard. Generally, the presence of an advocate, in lieu of offering an FTM with a neutral facilitator, helped to empower the grandfamily and change the meeting dynamic.

Family Finding/Extreme Recruitment

As with the Facilitated Family Team Meeting component, the Family Finding element of the Maine Kinship Connections project did not involve testing an intervention, so there was no experimental design utilized. Family Finding for this project represented a collaboration between the Maine Department of Health and Human Services, Office of Child and Family Services (OCFS) and Casey Family Services of Portland. Because the target population was older youth in foster care, the Youth Transition Specialist within OCFS provided the project with a link to identifying youth who were at risk of aging out of the foster care system without kin connections. These youth were not the same individuals who were enrolled in the Navigator
element of the project. Once the referral was received by Casey Family Services from OCFS, the family finding process began, with Casey staff reviewing the youth's case record for relationships, interviewing the youth, parents and caregivers regarding known adults in the youth's life, and using the internet search engines to locate relatives.

After the first year of grant activities, OCFS made a significant policy and procedure change and expanded the capacity of its own staff to perform family finding activities. New staff positions were created within the department and extensive training was provided to assure a concerted effort with the department to achieve success in identifying family members for children within their custody.

The staff at Casey Family Services continued to pursue family finding efforts for the most challenging cases of older youth in foster care. Furthermore, Casey decided to change its approach and adopted the Extreme Recruitment model. The ultimate goal of this model is to locate family members who are potentially a lifelong connection or permanency resource for the youth. This model was not financially feasible for the OCFS to utilize, but supplemented OCFS internal efforts.

In the process of developing and executing the family finding element of the project, questions arose concerning the objective of the effort. While permanency was the stated goal, it became obvious that for youth who are entering adulthood and striving for independence, the establishment of

### EXTREME RECRUITMENT demographics and outcomes:

**As of the close of the project, September, 2012:**

- 81 youth identified for Extreme Recruitment efforts
- Male 59%
- Female 41%
- Average age 15 years
- White/Caucasian 87%

Of the 81 youth, 72 (89%) were successfully matched with the DHHS data system, allowing MKCP partners to track permanency outcomes.

Of the 72 for whom outcome data is available:

- 54 (75%) remained in DHHS custody when the project ended.
- 10 (14%) were over age 18 and no longer in DHHS custody.
- 3 (4%) adopted
- 3 (4%) reunited with parent(s)
- 2 (3%) in permanent guardianship.

Of the 54 still in DHHS custody:

- 5 (9%) in a trial placement
- 25 (46%) in licensed foster placement
- 16 (30%) in a residential treatment facility
- 3 (5%) living on own
- 1 (2%) in adoptive placement
- 4 (6%) in other placement types

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a permanent home with a family member may not be the youth’s desired outcome. Instead, though making connections with family members was indeed a desired outcome, a connection could take various forms and still be considered a success, even if permanency was not achieved or even sought.

This highlights the necessity of measuring the initiative through a variety of means and measures. Federal reporting guidelines required tracking permanency outcomes, only one aspect of the impact of family finding activities. Despite ambivalence expressed by youth, and the reality that reaching a permanency outcome was beyond the time frame of the Kinship Connections project for many family finding cases, at the system-level, MKCP helped generate notable successes related to how permanency is defined and sought.

MKCP grant activities were concurrent with in-depth internal examination of all aspects of achieving a permanent living situation for children in care within DHHS. The coincidence of timing was opportune, as grant activities provided practical experience supporting training and conversations on the topic. The disciplined, structured approach to family finding demonstrated through the Extreme Recruiting model, with frequent, short, task-focused meetings, injected fresh energy into the process of family finding at DHHS. Grant activities helped support evolution in practice at DHHS such that all districts are doing a permanency review for youth in care and there is a renewed focus on the importance of exploring many avenues toward helping youth in care create permanent connections with family.

**General Benefits of Participating in a Grant Project**

Conferences and training focused on kinship issues helped build or strengthen relationships between agencies and DHHS districts/caseworkers, another important success of the Maine Kinship Connections Project. This has diffused through the DHHS infrastructure in some cases. The training materials that were developed for those conferences are available for future use, thereby reducing the cost of replicating those activities.

For example, Adoptive and Foster Families of Maine (AFFM) provided training for all eight DHHS districts statewide. Post-training questionnaires queried satisfaction with the content of
the presentation, the quality of the trainer's delivery of the material, relevance to the participants' job, and the setting where the training occurred. Responses to the questionnaires were uniformly positive. Many caseworkers expressed how much they appreciated learning about resources supporting kin caregiving that they were not aware existed within the state.

Another example involves three regional conferences targeting community service staff, school counselors, and mental health providers, from whom referrals might be obtained. These conferences were a collaborative effort between FACT and the University of Maine Center on Aging, thereby allowing participants to earn continuing education credits for attending. Feedback collected from surveys assessing the effectiveness of the conferences was again overwhelmingly positive.

On an organizational level, participation in the Advisory Group helped open new avenues for collaboration. For example, the conferences discussed above evolved out of input from Advisory Board members, who identified “lack of understanding” as a key challenge they faced when approaching the general community of service providers seeing support. By creating a venue where all stakeholders could come together to discuss grandfamily caregiving, each sharing their own unique perspective, the Advisory Board provided valuable direction for project partners and insured that grant-related activities were relevant to the population they were intended to serve. Maine is unique among grantees in establishing an Advisory Board, and further distinguished in that the Board is intended to be comprised of a majority membership of kin care providers.

AFFM has created a kinship specialist position within the agency, one responsibility of which will be to continue collaborating with the Advisory Board, even after the grant period closes. The continuation of the kinship Advisory Board beyond the life of the grant project is a lasting impact that will ensure that kinship families have a voice in our state.

An additional success of the project is an increased awareness, among the full spectrum of human service providers within the state, of issues and challenges involved with kinship care provision. The heightened awareness that has been generated regarding the role of grandparents and other kinship care providers in the provision of safe and nurturing environments for children who need shelter from dysfunctional and often dangerous home environments will greatly
increase the success of those often informal placements. The materials developed during this project remain available for use in future efforts to sustain and expand that awareness. This Replication Manual will also be available to others within the state and the nation. Ultimately, Maine Kinship Connections Project achieved many notable successes and helped launch or support a number of practices that will be sustained beyond the 3-year grant period.
Section 4: LAYING THE GROUNDWORK FOR REPLICATION

Successful replication of the MKCP project will require thoughtful planning, careful selection of agency partners, open communication and steadfast determination. This section will provide insights into the planning stages of the project, in some cases even before funding has been secured, and specifically examines the following areas:

I. Administrative considerations
II. Partnership considerations
III. Funding considerations
IV. Other considerations

I. Administrative oversight: Who is in charge?

In a project as large and complex as Maine Kinship Connections, establishing clear lines of reporting and oversight is crucial so everyone understands who to approach with questions, for clarification, and for reporting purposes. Though the topic of authority/ responsibility can sometimes be difficult to discuss in a group, having a frank and open conversation at the very outset about expectations, roles, and responsibilities will aid smooth functioning long-term as the project progresses and participants become immersed in their specific pieces of it.

Being able to honestly assess and communicate one’s own personal capacity for taking on particular responsibilities within a project is another important facet of this conversation. Set realistic expectations about the time all participants are expected to commit to their portions of the project, guided by input from each contact person. Role clarity and clearly defined lines of reporting can greatly enhance overall function within a complex project.

Suggestion: establish an agreed-upon hierarchy of responsibility and reporting to facilitate overall smooth communication between partners.
A unique aspect of Maine Kinship Connections Project is that each of the major components was overseen by a different agency, which sometimes created logistical challenges. Defining the key roles in a large project can assist with logistical clarity of operations.

Key roles in the MKCP project
- Principal Investigator
- Project Manager
- Agency Leadership
- Evaluators

The roles of the Principal Investigator and the Project Manager are related, but distinct, and each is vitally important to the smooth functioning of a large, federally-funded grant project such as this one.

The Principal Investigator (PI) is often the person who has the “big picture” complete view of the project, with direct responsibility for completing a funded project, directing the deliverables, and reporting directly to the funding agency. For MKCP, the PI was a DHHS administrator, which facilitated relations between grant partner agencies and DHHS caseworkers who would be carrying out many grant activities or making referrals to grant partner agencies.

The Project Manager typically handles day-to-day level details. Within MKCP, a senior staff member at the University of Maine Center on Aging provided management oversight, assisting with everything from developing budgets and financial contracts to planning meetings and ensuring federally-imposed reporting deadlines were met.

Key considerations for both roles are strong written and oral communication abilities, attention to detail and deadlines, effective group and individual management skills, and adequate time to devote to grant-related responsibilities. It is preferable that both the PI and project manager have experience in the administration of federal grants in order to keep track of reporting requirements, guidelines for expenditures, and so forth.
Agency leadership consists of people reporting directly to the project manager and/or principal investigator on behalf of their agency. These are the people who will be managing any staff hired to carry out grant activities, overseeing that agency’s role within the grant, and responsible for providing all necessary information for reporting and budgeting purposes. Agency leadership will likely be the “front line” of communication about grant activities and will play a critical role in dissemination of information and training about the project.

Key considerations for agency contacts are clear understanding of their role and the expectations of their agency’s contribution to the overall project, ability to work collaboratively with partners, timely reporting of information, a working knowledge of the proposed project timeline and deliverables, communication skills, staff management, and organizational abilities. In addition, if data are being collected, the agency contact must be able to implement clearly defined and consistent methods of collection and work with their own front line staff to communicate the importance of the project evaluation and data collection efforts.

Evaluators can play an important role in interpreting and reporting statistics generated through data collection activities. For MKCP, analysts at the University of Maine Center on Aging and the UMaine School of Social Work filled this role. Project evaluators worked in partnership with agency contacts to design protocols prior to launching the project, and assisted with refining practices once activities were underway. Further, if surveys or feedback forms were needed, for example as a means of collecting feedback after a training, Center on Aging evaluators were available to assist with development of those types of forms as well. Project evaluators also played an important role in meeting federal reporting deadlines, generating the mandatory semi-annual reports evaluating grant activities.

Key considerations for project evaluators are strong proficiencies in statistics and data interpretation, as well as written and oral communication. A strong evaluator will have a working knowledge and understanding of the role and work completed by front line staff. Independence from the daily implementation of grant activities may ensure objectivity and
provide a new lens through which to view the project work. Evaluators need to have access to appropriate statistical analysis software in order to generate reports. Though an in-depth understanding of the daily activities of the project is not necessary, evaluators may benefit from a general understanding of the overarching aims of the project so the reports they generate have some context. Developing relationships between evaluators and agency contacts early in the project, prior to engaging in grant activities, may aid communication and understanding throughout the life of the project.

II. Partnerships: Who is doing what?

Defining the roles and key considerations for each role highlights the necessity for clear, consistent and frequent opportunities for contact and communication between grant partners. In fact, in project evaluation interviews conducted with each partner agency, every representative expressed desire for more meeting time, especially during the planning phases of the grant period. Maine is a large state geographically, with harsh winters, so there are physical barriers to planning meetings for which participants would have to travel in order to meet face-to-face. This is something that is known and woven into the culture of doing business in Maine, particularly during the winter months. Grant partners did make good use of technology by using video- and tele-conferencing options in order to hold meetings, but everyone stated, each independently of the other, that more opportunities for in-person communication may have better facilitated the eventual implementation of grant activities.

Suggestion: Set up clear lines of communication and provide ample opportunities for face-to-face collaboration in order to promote understanding and group cohesion.

Establishing partnerships
The following tips may be helpful when building relationships:

- **Agency contracts** were developed to clarify roles and responsibilities. In times when the path forward is unclear or responsibilities are uncertain, the original grant application should always be the guide.
• If deviation from the original grant activities becomes necessary, **consult the project’s Federal Project Officer** and be prepared to justify any desired implementation changes.

• Allow **adequate time for orientation** to the project and to each other. While grant partners may have previous existing relationships, not all will have worked together and the requirements of working together on a federal grant project are different from everyday service delivery.

III. **Funding: It’s never too early to talk about money**

Large federally-funded projects like this one usually have a “matching funds” expectation from the recipient agencies, as a means of promoting long-term sustainability after the grant period expires. Maine Kinship Connections was no exception; agencies were expected to contribute “match” money annually, in increasing amounts as the project progressed. Matching funds must be built into the budget at the time of submitting the grant application. Having a conversation about matching funds, in-kind donations, and assigning dollar values to volunteer time, facilitated by the principal investigator or project manager, may be very helpful to project partners, who may not have prior experience working with federal-level reporting and complex match requirements.

**Suggestion:** When building the budget prior to submitting a grant application, help agencies think creatively about identifying sources of matching funds. These sources might include cash, other grants, staff time, volunteer time, donated meeting space, and even materials and supplies.

IV. **Other considerations**

**Educating staff** within each agency is crucial. New staff may be hired specifically for the project, and existing members’ roles may shift in response to grant activities, so providing orientation to the project covering such topics as program procedures at the agency, protocols for information gathering, and pathways for how clients and information will flow through agency,
for example, can help ensure smooth operations. Each partnering agency in the Kinship Connections Project created policies and procedures specific to this project to assist staff in their implementation work.

**Printed materials** describing the whole project may be desirable. One advantage of creating an integrated pamphlet about the entire project is all activities are explained in one unified document, making information distribution simple and straightforward. That must be weighed, however, against the consideration of disseminating information to the greater community when the services described are not available to everyone. Certain services offered within the scope of grant activities may be limited to those who meet eligibility criteria.

**Suggestion:** Consider the potential impact of broadly disseminating information about services that may not be available to everyone who receives that information.

**Changing service delivery contexts** can have a marked impact on how any project develops and how services are ultimately delivered to clients. It can be said that the only thing constant is change. This is increasingly the case in the child welfare and social services world. As budgets are restricted, and new focal points for service delivery emerge, these shifting priorities can have an impact on the course of a grant project conceived and developed in one context but carried out in another. This requires all project staff to be flexible and creative in order to adapt to changing political and economic landscapes in a way that will not compromise the tenets of the project model. Monitoring developments, sharing information as it becomes available, and clearly communicating new initiatives, policies, and practices regarding service protocols to both grant partners and federal reporting agencies can facilitate such transitions.
Section 5: EVALUATION

The Maine Kinship Connections Project benefited from the expertise and resources provided by the University of Maine Center on Aging and the School of Social Work. Staff from the Center on Aging and the School of Social Work acted as project evaluators, and the Center’s access to university research resources and expertise enhanced the evaluation activities.

Evaluation activities within the Maine Kinship Connections Project took on several forms. Within the non-experimental components of Kinship Connections, evaluation included tracking client participation and/or staff time devoted to Facilitated Family Team Meeting (FFTM) and Family Finding/ Extreme Recruitment (ER). MKCP trainings were evaluated via surveys that were tailored to the training content and administered to participants on-site during trainings. Surveys were then compiled and shared with project partners in order to form a feedback loop that would continually improve future trainings.

Further, federal reporting guidelines require semi-annual reporting on all grant activities. MKCP evaluators prepared and submitted documentation every six months tracking grant partner efforts and reporting preliminary results on the experimental research component of the project, the Navigator/ Enhanced Navigator services.

This section will discuss technical details related to all aspects of MKCP evaluation activities, covering both experimental and non-experimental components of the project.
I. Evaluating an Experimental Project: Navigator/Enhanced Navigator

Evaluating a research project is a complex, multi-faceted undertaking. This sub-section will focus on the technical details of evaluating a multiservice project, including:

I. Research design considerations
II. Establishing protocols for data collection
III. Institutional Review Board (IRB)
IV. Implementation of research activities
V. Other considerations

A. Research design considerations:

Stipulations in the federal Family Connections Grant application required an experimental design model for at least one aspect of the grant project undertaken. The Maine Kinship Connections Project chose to evaluate all three of its services – Kinship Navigator/Enhanced Navigator, family finding through Extreme Recruitment, and facilitated family team meeting. However, because of the way in which Maine’s project was to be implemented, only Kinship Navigator/Enhanced Navigator services (ES) were subjected to evaluation under an experimental design model. This decision was made based on the nature of the services provided and the relative allocation of project resources.

In terms of enrolling kinship families in the project, MKCP evaluators considered two options. With two catchment areas, Bangor and Portland, one option was to simply designate one region as the “treatment as usual” (TAU) group and the other region as the

DEFINITIONS

Experimental Design:
Experimental design is often described as the most "rigorous" of research design models. Experimental design attempts to minimize or control for external influences or differences in order to assess the impact of the service or condition being examined. In the Enhanced Navigator component, the purpose was to test this hypothesis:

Participants receiving enhanced services (ES) will show advantageous outcomes as compared to participants receiving treatment as usual (TAU) services.

In other words, experimental design attempts to test whether the intervention (ES) has a unique impact on families when compared to the outcomes experienced by families who receive TAU services.
“enhanced services” (ES) group. The other option was randomly assigning participants at both sites into both treatment categories. Demographic and cultural differences between the two cities led evaluators to the conclusion that the second approach, random assignment to both categories at both sites was the best test of the intervention services. The approach was not without some risk, however, as implementing the project in this way introduced threats to the integrity of the information to be collected. Randomly assigning participants to both treatment options at both sites opened the possibility of selection bias, that is, caseworkers steering (consciously or unconsciously) a participant family into one or the other category. Similarly, there was potential for contamination of service categories, since both sets of services would be available within the implementing agencies, and staff would have to take extreme care to offer only services appropriate to the family’s category assignment (TAU or ES).

DEFINITIONS

Random Assignment:
The approach used in experimental design, randomly assigning participants into two service categories (or treatment groups). If differences in outcomes between these two groups are observed, and the pool is made up of people with generally similar characteristics, then the differences are likely due to the only thing that differs between them - that one got the service and the other did not.

RESEARCH DESIGN CONSIDERATIONS:

- How will participants be identified?
- What are the criteria for enrollment in the study?
- How will data be collected?
- How will random assignment to service category or treatment protocol be assured?
- What are the potential risks involved with the above decisions?
- How can those risks be minimized?
- How will staff monitor adherence to assignment protocols?
- How many participants are necessary to insure a sample size that will allow for adequate analysis of data?
- Does referral history support that sample size target?
Special care was taken to minimize risks. Evaluators constructed randomization procedures in consultation with staff at Families and Children Together (FACT) - Maine Kids-Kin program (MKK), who would be responsible for implementing the navigator project. Separate caseworkers were designated for each service category. Maine Kids-Kin staff carefully monitored adherence to procedures as well.

B. Protocols:

Because each of the major components of Maine Kinship Connections Project were overseen by a different agency, the degree of coordination for this project was unusually complex. A great deal of autonomy was granted to the participating agencies in terms of crafting their own procedures for data collection. Data collection differed within each of the three components being measured, as well. Neither the family team meeting nor the extreme recruiting components required enrollment of participants, since both programs primarily focused on training and consultation. Data collection thus involved collecting demographic information, tracking case activity, and monitoring system-level outcomes.

Data collection for Kinship Navigator/Enhanced Navigator, on the other hand, required enrolling families and administering three surveys as measures of stress and perceived quality of life. Appendix 1 illustrates the pathway for enrolling families into one of the two service categories. This protocol was developed mutually by University of Maine evaluators and staff at Families and Children Together (FACT), whose program Maine Kids-Kin (MKK) was testing the Enhanced Navigator component. Staff from both agencies monitored the enrollment process frequently to ensure compliance and reduce risks of data contamination.

C. Receiving Institutional Review Board (IRB) approval:

All research involving human subjects must be approved by an Institutional Review Board (IRB), according to federal law. Because the University of Maine was the evaluating agent for the Maine Kinship Connections Project, the IRB request was submitted to the UMaine Institutional Review Board. Only the Kinship Navigator/Enhanced Navigator component of the
grant project required IRB approval as the other components entailed collecting and analyzing existing data.

IRB approval is intended to protect participants in a research study by clearly explaining the research being conducted and any risks that might be associated with participating in project research. This process of explaining the risks and benefits is called informed consent. To receive IRB approval, the informed consent process for Kinship Connections included a description of both the Enhanced Navigator program and the treatment as usual services, explaining that:

- Participation in the evaluation research was voluntary;
- there are two service categories being tested, treatment as usual (TAU) and enhanced services (ES), with descriptions of what each entailed;
- regular service (TAU) would be provided regardless of whether the client chose to participate in the research project; and
- families who chose to participate in the research project had a 50% chance of being assigned to either treatment group.

As a result, all participants were aware of which treatment group they had been assigned after they completed the enrollment process. The evaluation team decided not to inform participants of their status until after the baseline assessment was completed. Doing so helped guard against the risk of non-compliance with baseline data collection efforts in the event the participant was dissatisfied with assignment to treatment group (i.e., displeased with random assignment to TAU group, when ES group was desired).
D. Implementation:

Collecting data for Enhanced Navigator involved baseline assessments and two follow-up assessments at 6- and 12-month post-enrollment intervals. The survey tools selected were measures of child quality of life and caregiver stress. Maine Kinship Connections selected a measure of “caregiver stress” in the Parental Stress Index, to be completed by caregivers. In addition, a measure of pediatric “quality of life” was selected (PedSQL). That survey was to be completed by both the caregiver and the child, with age-appropriate versions of the PedSQL available. The intent was to measure not only the caregiver’s rating of change, but also to

INFORMED CONSENT/ IRB CONSIDERATIONS:

- Does the project involve direct enrollment and interaction with clients in order to collect data? If yes, then IRB approval is necessary. When in doubt, ask. Most universities and healthcare systems have IRBs and some will provide guidance or review a research proposal from outside entities.

- Develop an informed consent form that explains the scope of the project and what will occur if the participant chooses to enroll.

- Consider the target population: what kinds of characteristics exist in the target population that might impede comprehension of informed consent? How can those obstacles be addressed? Explain these potential obstacles and proposed accommodations clearly in the IRB application process.

- When should participants learn their status (that is, to which treatment service they have been assigned)? Will baseline survey data be compromised? Can protocols be adjusted to preserve the integrity of data collection while still informing participants appropriately of their status?

- Will the IRB informed consent protocol be intimidating to some clients? Could that have an impact on how many agree to participate? How can this possibility be addressed?

- Will small incentives, like gift cards, help entice subjects to participate?
provide the children with a voice. Maine Kinship Connections Project was the only project of the 24 federally funded projects under this grant initiative to provide children with a direct assessment tool. Additional measures of child safety and permanency were captured through a modified version of the Maine DHHS Child and Family Services Review (CFSR) form. The CFSR form was completed at the six and twelve month follow-up periods and tracked such measures as whether a child had been able to stay in their home without interruption and whether the child’s family relationships had strengthened.

When the project began, it quickly became clear that families contacting Maine Kids-Kin (MKK) were usually in acute crisis. Introducing the research component of the project was inappropriately overwhelming at that time. Consequently, the evaluation team and MKK staff made the decision to delay invitation into the study until after several weeks of service from MKK. Though the decision was collectively agreed to as being the most appropriate for families, it did further complicate the design and also reduced the number of potential participants in the study.

The burden of data collection fell on frontline staff at the participating agencies, requiring extra time and effort on their part. Compliance with collection protocols was monitored by agency supervisors; as it was not possible for evaluators to monitor data collection directly. Nonetheless, guidelines and procedures were carefully crafted and disseminated, and closely adhered to by staff at all agencies. IRB protocols, when applicable, were included in these guidelines and followed by staff. Data forms were collected and transported to the Center on Aging regularly for data entry, analysis and subsequent reporting to the Children’s Bureau via semi-annual reports. In all cases, client confidentiality was strictly maintained.
E. OTHER CONSIDERATIONS:

• Federal grants require regular reporting of outcomes (annual, semi-annual or quarterly, depending on the requirements of the particular grant). Who is responsible for preparing those reports? How and when will information be collected in preparation for submitting a report?

• A neutral evaluator can provide a different perspective on grant activities by virtue of being removed from daily service delivery activities.

• How will interim analysis or progress reports be completed? How will interim progress be reported back to grant partners? MKCP implemented quarterly grant partner meetings to facilitate coordination of grant activities, which helped bridge the lag in data gathering necessitated by the time between enrollment and the 6- and 12-month follow ups.

• Evaluators will need access to data analysis software. MKCP evaluators relied on SPSS software to analyze data gathered during grant activities.

• Changes in data collection methods or in the data being collected may be necessary in response to any number of changes in operating contexts. This is often unavoidable in the rapidly shifting social service arena. Any alterations in data collection must be communicated to the federal granting agency, explaining the nature of the changes and reasons why such modifications are necessary. Changes may also require IRB review and approval.

• Data collection is only one part of evaluating a project. Qualitative experiential data gathered in the form of interviews can provide an important counterpoint to quantitative data collected via measurement tools like the surveys chosen by MKCP (PedsQL and Parental Stress Index). Weaving the two forms of information together can create a more complete picture of the impacts of grant activities on both the participants and the agencies involved.

• Federal evaluators may require specific information or collection protocols. Project implementation would have to be guided by such protocols in that case.
II. Evaluating Non-experimental Components: Facilitated Family Team Meeting and Family Finding

Family Finding/ Extreme Recruitment

Data collection and evaluation efforts occurred in two phases for the Family Finding component of the Kinship Connections project because two distinct models of family finding were used during the grant period. Both phases involved staff at Casey Family Services tracking their staff time and efforts using tools provided by the University of Maine Center on Aging.

In Year 1 of the grant, when the traditional model of family finding was being used, data collection included the use of an electronic survey to collect information on a monthly basis on family finding cases. Information collected included the number of connections made during a month, and the nature of these connections, such as whether they were made through phone or written contact. The information also included details such as whether there was face-to-face contact or a placement connection like an overnight stay with a family member, for example. This survey instrument also contained questions regarding the youth’s outcome, such as whether a permanency plan was developed during a given month, or if the youth turned 18 (“aging-out”) during a particular month. If the youth in question did reach his or her eighteenth birthday, the forms tracked if a V-9 extension of care agreement was offered to the youth and the youth’s decision regarding accepting or declining that extension.

With the adoption of the Extreme Recruitment (ER) model during Year 2 of the grant period, data gathering evolved in response to this new model. Casey Family Services staff recorded significantly more detailed demographic information about the youth involved in ER, encompassing such aspects as age, gender, race/ethnicity, as well as the length of time in foster care, foster care placement at the time of referral to ER services, case plan goals, reasons for removal from the home, and if the Indian Child Welfare Act (ICWA) applied to the case. This information was collected in the form of a spreadsheet created by Casey Family Services staff at the onset of a case and was updated as the case progressed. Collecting this sort of additional demographic information greatly enriched understanding of the contexts in which Extreme Recruitment was occurring.
An equally significant aspect of the second phase of evaluation for this component was tracking outcomes data for each Extreme Recruitment case. At the closure of each case, a form was completed for the youth that included the following information:

• the number of contacts and connections made with relatives and non-relatives;
• the number of maternal and paternal family members identified and located during the process (contacts); and
• qualitative outcomes data.

Facilitated Family Team Meeting (FFTM)

Family Team Meeting evaluation work also happened in two phases during the MKCP 3-year grant period. The first phase involved Casey Family Services staff consulting with Maine Department of Health and Human Services personnel in order to model Facilitated Family Team Meetings as a potential tool for DHHS casework. Data collection involved evaluation of FFTMs referred to and facilitated by Casey Family Services. Families receiving FFTM service during Year 1 were formal kinship families already receiving services through DHHS.

The second phase of data collection started in Year 2 and continued through the remainder of the grant period. During the second phase, FFTM services were offered to families referred through Maine Kids-Kin (MKK) who were not part of the formal child welfare system. Unique evaluation tools were used for each phase of data collection because the focus of each

Extreme Recruiting: making CONNECTIONS

For the purposes of Extreme Recruiting, a CONTACT was defined as project staff identifying and reaching out to potential family or friends who might be a support for a youth in care. Contacts, could be made through any of these means:

• Telephone
• Facebook
• In-person (face-to-face)
• Email
• Accurint database

A CONNECTION was defined as the family member or friend agreeing to communicate with the youth, thereby becoming part of the youth’s support network in some way.

Accurint is a comprehensive, paid-access database containing public records used by law enforcement in investigations. Family Finding staff included a retired detective with experience using the database to assist in identifying and locating contacts for youth.
phase was different. In the second phase, information about the number of informal families referred for FFTM, and basic demographic information about the family were recorded.

III. Federal Government Reporting Requirements

In a large Federally-funded grant project such as Maine Kinship Connections, there will be regular reporting requirements that will likely come as a condition of the grant award. Every Federal grant project has its own contact person within the agency overseeing each grant award, often designated as a Project Officer. There will be specific information required by the Federal granting agency in each reporting period.

For Maine Kinship Connections, the evaluation process included the submission of semi-annual government reports throughout the three-year activity phase of the grant, with a final report due six months after the official closing date of the grant. Every Federally-funded project will have its own unique requirements in terms of information and reporting timelines. Maine Kinship Connections collected quantitative information consistent with Federal requirements, but also included qualitative data not required by Federal reporting guidelines. It is important to build data collection mechanisms into the everyday aspects of project work to facilitate this reporting on a regular basis. A project manager or lead evaluator with prior experience coordinating Federal grants is also helpful in this regard.

Thus, “evaluation” within the Maine Kinship Connections Project covered a wide array of grant-related activities, from assessing the experimental component of the Navigator project, to collecting case information, contacts and referrals in Family Finding and Facilitated Family Team Meeting components, to generating reports for the Children’s Bureau every six months.
Section 6: **APPENDICES**

1. Navigator/ Enhanced Navigator Referral, Service and Research Design Pathway

2. Statistical analysis from Kinship Navigator component: Child and Family Services Review (CFSR) questionnaire data

3. Statistical analysis from Kinship Navigator component: PSI and PedsQL data

4. Maine Kinship Connections Project one-page introductory information

5. Families and Children Together one-page “easy referral” page for DHHS caseworkers to refer families to the Navigator/ Enhanced Navigator component

6. Maine Kids-Kin one-page introduction to services for grandfamilies

7. Enhanced Services: Court volunteer overview information page

8. Enhanced Services: Facilitated Family Team information page

9. Training: evaluation form example
Appendix 1: Navigator/ Enhanced Navigator Pathway

Maine Kinship Connections Project:
Enhanced Navigator Model
(referral, service and research design pathway)

Risk identified by grandfamily or other agency and assessed by FACT. Child living with grandfamily.  
Risk identified by DHHS

Family referred to Project Coordinator at Maine Kids-Kin

Family lives within 60-mile radius of target cities  
Family lives beyond 60-mile radius of target cities

Family chooses to participate in grant project  
Family declines opportunity to participate

Home visit - baseline survey administered

Random assignment into treatment group

FACT Navigator assigned

Enhanced services  
Treatment as usual services

6- and 12-month follow up surveys administered during home visits at appropriate intervals.
Array of Enhanced service options:
• All FACT regular services
• Court volunteer
• Mental Health education
• Home visits beyond the usual 3 that all Navigator clients receive, if requested
• FACT caseworker attend Family Team Meeting or Individualized Education Plan meeting with family, if requested
• Facilitated Family Team meeting, if requested, provided by Casey Family Services

Usual services include:
• Confidential service and support
• Referrals for assistance with legal, financial, mental health, substance abuse, childcare and respite, and children's special needs
• Individualized case management
• 3 home visits
• Access to FACT's extensive library of books and videos
• Access to support groups and phone mentors
• Referral to other providers

PROPOSED OUTCOME: child is safe with family and does not enter State custody OR child achieves permanency through State system. Increased well-being for child and family.
# Appendix 2: Statistical analysis from Kinship Navigator component:  
Child and Family Services Review (CFSR) questionnaire data

## Treatment as Usual (TAU) Group (n=96) “Yes” Responses

<table>
<thead>
<tr>
<th>Question</th>
<th>6-month</th>
<th>12-month</th>
<th>Chi Square</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse or Neglect:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Have there been new reports of abuse or neglect towards this child by his/her parents?</td>
<td>5.3%</td>
<td>10.3%</td>
<td>p = .355</td>
</tr>
<tr>
<td>1a. If yes, was the child removed from their parent's home?</td>
<td>28.6%</td>
<td>30.0%</td>
<td>p = .949</td>
</tr>
<tr>
<td><strong>Permanency:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has this child been able to stay at your home without interruption?</td>
<td>80.4%</td>
<td>82.9%</td>
<td>p = .748</td>
</tr>
<tr>
<td>3. Has a permanent plan been created for this child in the last 6 months?</td>
<td>58.2%</td>
<td>89.7%</td>
<td>p = .001</td>
</tr>
<tr>
<td>4. Did this child's relationship with family members stay the same?</td>
<td>55.2%</td>
<td>76.9%</td>
<td>p = .029</td>
</tr>
<tr>
<td>5. Were any of this child's family relationships strengthened?</td>
<td>61.4%</td>
<td>59.0%</td>
<td>p = .811</td>
</tr>
<tr>
<td>6. Were any of this child's family relationships hurt?</td>
<td>56.1%</td>
<td>48.6%</td>
<td>p = .477</td>
</tr>
<tr>
<td>7. Were any of this child's family relationships ended?</td>
<td>35.8%</td>
<td>38.5%</td>
<td>p = .798</td>
</tr>
<tr>
<td>8. Did this child have anyone new enter their life?</td>
<td>46.4%</td>
<td>25.0%</td>
<td>p = .033</td>
</tr>
<tr>
<td>9. Did anyone new come into this child's life due to findings from the agency's search for other family members?</td>
<td>1.7%</td>
<td>0.0%</td>
<td>p = .404</td>
</tr>
<tr>
<td><strong>Well-Being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you feel that your family is equally or better able to provide for this child as compared to six months ago?</td>
<td>88.5%</td>
<td>89.2%</td>
<td>p = .915</td>
</tr>
<tr>
<td>11. Were this child's emotional needs met?</td>
<td>96.0%</td>
<td>100.0%</td>
<td>p = .225</td>
</tr>
<tr>
<td>12. Were this child's physical needs met?</td>
<td>98.3%</td>
<td>100.0%</td>
<td>p = .398</td>
</tr>
<tr>
<td>13. Were this child's mental health needs met?</td>
<td>89.5%</td>
<td>97.6%</td>
<td>p = .125</td>
</tr>
<tr>
<td><strong>Additional Questions of Interest:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Were more children placed in care of this child's kin family?</td>
<td>12.1%</td>
<td>7.3%</td>
<td>p = .440</td>
</tr>
</tbody>
</table>

The results presented above for the TAU group are somewhat interesting. In terms of Abuse and Neglect, it is important to note that there were very few additional reports of abuse and neglect in this group, and in those few instances, only about 1/3 of them resulted in the removal of the child from the kinship placement. Although the incidence rate doubled at 12 months, it remained quite low overall, representing only 3 cases at 6 months and 4 at 12 months. Also heartening was the
finding that the rate of establishing permanency plans for the children increased sharply by 12 months, and the family relationship increased in stability as well. Also noteworthy was the precipitous drop in the rate of change in the family structure (as measured by the addition of new members). These are all healthy, positive outcomes.

There were no notable changes in the well-being measure, but those rates were quite high to begin with, so there was little room for improvement.

The table below presents the same data for the Enhanced Navigator (ES) group.

### Enhanced Navigator (ES) Group (n=91) “Yes” Responses

<table>
<thead>
<tr>
<th>Question</th>
<th>6-month</th>
<th>12-month</th>
<th>Chi Square</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abuse or Neglect:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Have there been new reports of abuse or neglect towards this child by his/her parents?</td>
<td>4.0%</td>
<td>7.3%</td>
<td>p = .490</td>
</tr>
<tr>
<td>1a. If yes, was the child removed from their parent's home?</td>
<td>45.5%</td>
<td>25.0%</td>
<td>p = .361</td>
</tr>
<tr>
<td><strong>Permanency:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has this child been able to stay at your home without interruption?</td>
<td>86.8%</td>
<td>90.7%</td>
<td>p = .550</td>
</tr>
<tr>
<td>3. Has a permanent plan been created for this child in the last 6 months?</td>
<td>72.0%</td>
<td>65.1%</td>
<td>p = .475</td>
</tr>
<tr>
<td>4. Did this child's relationship with family members stay the same?</td>
<td>75.5%</td>
<td>81.0%</td>
<td>p = .523</td>
</tr>
<tr>
<td>5. Were any of this child's family relationships strengthened?</td>
<td>55.8%</td>
<td>59.5%</td>
<td>p = .714</td>
</tr>
<tr>
<td>6. Were any of this child's family relationships hurt?</td>
<td>34.0%</td>
<td>31.7%</td>
<td>p = .816</td>
</tr>
<tr>
<td>7. Were any of this child's family relationships ended?</td>
<td>15.4%</td>
<td>23.8%</td>
<td>p = .302</td>
</tr>
<tr>
<td>8. Did this child have anyone new enter their life?</td>
<td>17.0%</td>
<td>27.9%</td>
<td>p = .198</td>
</tr>
<tr>
<td>9. Did anyone new come into this child's life due to findings from the agency's search for other family members?</td>
<td>2.0%</td>
<td>0.0%</td>
<td>p = .367</td>
</tr>
<tr>
<td><strong>Well-Being</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you feel that your family is equally or better able to provide for this child as compared to six months ago?</td>
<td>98.0%</td>
<td>87.2%</td>
<td>p = .046</td>
</tr>
<tr>
<td>11. Were this child's emotional needs met?</td>
<td>97.9%</td>
<td>97.1%</td>
<td>p = .820</td>
</tr>
<tr>
<td>12. Were this child's physical needs met?</td>
<td>98.0%</td>
<td>100.0%</td>
<td>p = .373</td>
</tr>
<tr>
<td>13. Were this child's mental health needs met?</td>
<td>96.2%</td>
<td>97.5%</td>
<td>p = .731</td>
</tr>
<tr>
<td><strong>Additional Questions of Interest:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Were more children placed in care of this child's kin family?</td>
<td>13.2%</td>
<td>4.9%</td>
<td>p = .173</td>
</tr>
</tbody>
</table>
Very similar results were obtained for this group in terms of the rate of Abuse or Neglect reports. There was a doubling reported at 12 months, compared with the rate at 6 months, but once again, the numbers of cases involved is quite small. There were 2 cases at 6 months and 3 at 12 months.

While there was a significant increase in the number of Permanency plans developed in the second 6-months within the TAU group, there was no similar increase in the New group. However, examining the actual number of plans developed reveals that there were comparatively few developed in the TAU group during the first 6 months, and more in the second six months, the raw numbers indicate that the rates were quite similar in both groups. There were 32 plans developed in the first 6 months for the TAU group, and 36 for the New group. At twelve months, there had been 35 plans developed for the TAU group and 28 for the New group. This yields a 71% rate for the TAU group for the year, compared with a 69% rate for the New group, a difference that is not significant. Consequently, there were effectively no differences between the two groups in the rate of establishing Permanency plans.

Close examination of the other significant finding in the TAU group (someone new entering the child's life), the rate was considerably higher for the TAU group in the first 6 months, but retreated to a lower level at 12 months. Within the New group, the initial 6-month rate was quite low and rose to a level similar to that of the TAU group at 12 months. It is difficult to interpret the impact of having someone new enter the child's life, so these findings remain ambiguous.

One final observation is important. The final question of the instrument inquires about family finding for the child. While family finding was an element of this project, it was focused on State custody cases and not on the kinship navigator portion of our project. These interventions targeted separate and unique populations. Consequently, the low rate of family finding noted within this part of the project is not unexpected, although it could be viewed as disappointing. However, for the Maine project, participation in the kinship navigator services has provided new and sustaining family connections for the children, so there was little expectation of finding additional family members. Similarly, the entry of additional people into the child's life at this stage was not anticipated and could have been disruptive of the delicate bond being formed with the kinship families.
### Appendix 3: Statistical data from Kinship Navigator component: PSI and PedsQL data

#### Treatment as Usual (TAU) Group

<table>
<thead>
<tr>
<th>Measure (mean)</th>
<th>Baseline (n=68)</th>
<th>6-month Follow-up (n=55)</th>
<th>12-month Follow-up (n=46)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parental Stress Index (%tile):</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Defensive Responding</td>
<td>67.29</td>
<td>56.36</td>
<td>57.57</td>
</tr>
<tr>
<td>Parental Distress</td>
<td>55.24</td>
<td>44.95</td>
<td>53.50</td>
</tr>
<tr>
<td>Parent-Child Dysfunctional Interaction</td>
<td>66.54</td>
<td>59.73</td>
<td>66.20</td>
</tr>
<tr>
<td>Difficult Child</td>
<td>63.49</td>
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<tr>
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## Enhanced Services (ES) Group

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Appendix 4: Maine Kinship Connections Project introductory information

Maine is pleased to be identified as a recipient by the federal, DHHS, Administration for Children and Families of a Family Connections Grant Awards. The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) made discretionary grants available for states and localities to operate kinship navigator programs, intensive family finding efforts, family team conferencing initiatives, and family residential treatment centers. Maine submitted a proposal to include three of the allowable four categories.

The “Maine Kinship Connections Project” was awarded $666,773.00 for the first year with a potential of the same amount over the next two years beyond this grant period for a total over 1.8 million dollars. The grant will bring together the full network of organizations in the state with a track record in providing services and supports to kinship families to develop and test a model of kinship navigation services, kinship focused Family Team Meetings, and family finding processes. This project will improve the health, security, permanency, and well-being of both children at-risk of entering the child welfare system and children in the system, especially those placed with relatives. Evaluation of the project will be conducted by the University of Maine, Center on Aging.

Project Goals:
(1.) Helping children and kinship families access comprehensive formal and informal resources and (2.) creating systems-level changes that will enhance family team meeting and family finding protocols within the Department of Health and Human Services and within community agencies.

Services for Families:
Direct services provided under this grant will be delivered by Maine Kids-Kin, Casey Family Services, and Adoptive and Foster Families of Maine depending on family needs and will include:

- Maine Kids-Kin Kinship Navigator services are provided to kinship families by highly skilled navigators who will help families as they navigate the complex helping systems faced by kinship families. Specific supports include:
  - Court/legal systems navigation
  - Mental health education, training, and mentorship

Contact: Tracy Cooley, Navigator Project Coordinator, Maine Kids-Kin
304 Hancock St. Suite 2B Bangor, ME 04401, 207-941-2347 OR 1-800-298-0896, tcooley@mainekids-kin.org

Services for Kin Families, Child Welfare Staff and Community Agencies:
- Adoptive and Foster Families of Maine will provide specialized consultation and statewide professional training on kinship issues.
- Access to a large resource library is available and community discounts and camperships can be obtained by kin providers.

Contact: Bette Hoxie, Director, Adoptive & Foster Families of Maine & The Kinship Program, 294 Center Street, Suite 1, Old Town, ME, 04468, 207-827-2331 OR 1-800-833-9786, bette@affim.net

- Casey Family Services will provide training, mentoring, partnership in family team meeting for families that have a relative child placed with them or are part of a child welfare involved family support system. Specialized facilitation skills will be utilized to maximize the FTM outcomes and function.
- Casey Family Services will explore and utilize multiple family finding models to address the needs of up to 25 youth between 15-17 per year who do not have an identified family connection.

2/22/10
If you have any questions, please contact Tracy Cooly at 941-2347 or tcCooly@mainekids-kin.org.

Later date if they choose.

If they say, "No", be sure to leave a brochure so the family can self-refer at a later date.


Mention that all Maine Kids-Kin services are voluntary.

2. If they say, "Yes", ask them to sign the DHHS client authorization form to release general information.

1. If you are working with a kinship family, ask them if they would like F.A.C.T.

Families and Children Together (F.A.C.T.)

4 Easy Steps for DHHS Caseworkers to Refer Kinship Families
Appendix 6: Maine Kids-Kin introduction to services for grandfamilies

At Families And Children Together, we know life is full of surprises, and when caring for a relative’s child, you may have more questions than answers. That is why we created the Maine Kids-Kin program.

Every question is important when it comes to the safety and care of your family. Many people wonder about legal assistance, getting school and childcare set up, and finding health care or mental health services. What are your questions?

Maine Kids-Kin staff can answer some of your questions.

If you have taken in a relative’s child, to keep the child safe, you can:

- Start getting more resources
- Learn more about the safety plan
- Get help for some of your financial needs
- Learn about your legal options
- Work with us for a short time or a long time.

Ask the DHHS caseworker for a referral to Maine Kids-Kin, or call us at the number below, and find out what we can do for you. At the first meeting, we will listen to you and explain what we can offer. Then, you decide whether Maine Kids-Kin is right for you.

All conversations are confidential within Maine law.

Be Informed ✨ Find Support ✨ Make Connections
1-866-298-0896 ✨ www.mainekids-kin.org
Appendix 7: Enhanced Services: Court volunteer overview information page

Maine Kids-Kin Court Volunteer Navigator Program Overview

Maine Kids-Kin, a program of Families and Children Together, is starting an exciting new program to better serve grandfamilies. Grandfamilies are relatives (most often a grandparent) who are stepping in to raise the children of their extended family members. We help to provide them with information and referrals, case management services, resources, and support and activity groups. We are now expanding those services with our new Court Volunteer Navigator Program.

The Court Volunteer Navigator Program, part of a new research grant, will serve grandfamilies who are going to court to help achieve permanency for the children in their care. Families who are participating in the grant will be offered the chance to participate in the program as part of our new extended services. If they decide they would like to do so, then they will be matched with a Court Volunteer.

Maine Kids-Kin will give volunteers for the program 15 hours of training before they begin their service. They will be trained in confidentiality, the court process, and listening skills, amongst other topics. It is hoped that some of this training will be given from the courts themselves. They will attend monthly, supervised meetings with their peers so as to gain support and further their knowledge.

Once up and running, the program will serve approximately twenty-five grandfamilies a year. They will live in the greater Bangor or Portland area. Due to the amount of towns this area covers, the grandfamilies will be involved in courts from many different counties. Maine Kids-Kin will work to develop relationships with these courts. This will allow them to become familiar with the program, and allow Maine Kids-Kin to have access to information that may be needed. It is expected that approximately fifteen volunteers will work with the program.

The grandfamilies who choose to receive the service will be going to court as a way to make more stable and permanent homes for the children that are in their care. Legal security is very important in reaching that goal, and it can often be a stressful or confusing time for families. The support of the court volunteers will help to ease that stress.
FAMILYSHARE is a facilitated meeting that takes place at the time of a child's placement in a Resource Family home or within five days of that placement. Its purpose is to help the Resource Family obtain information about how they can best parent the children entrusted to their temporary care, and to draw upon the expertise of the child's parents for that information. It also allows birth parents to get to know the people caring for their children and sets the stage for the child to see that his or her birth parents and foster parents can have a healthy and respectful relationship with one another. This will hopefully allow the child to be comfortable in his temporary home and not feel disloyal to his birth parents.

Other states and jurisdictions around the United States using a FAMILYSHARE model [often called “Icebreakers” in other states] include the cities of Phoenix and Tuscon in Arizona, Denver and many other counties in Colorado, Northern Virginia, including Fairfax County, Tennessee, New York City, Fresno County, Orange County and other counties in California. Preliminary and anecdotal observations in many of the jurisdictions are that FAMILYSHARE meetings set the tone for a strong collaborative relationship between Resource Parents and Birth Parents. It encourages a relationship that is focused on the needs of the child or children, and can minimize the emotional impact on a child entering care. It is hoped that the long-term outcomes of these meetings will result in children reaching permanency more quickly. Additionally, we hope that parents and children will maintain strong connections while parents resolve the issues that brought their children into care.

Our hope in Maine is that FAMILYSHARE will support Resource Families in truly becoming resources for the birth parents with whom they are working, and that the process of reunification will be less stressful for the children. Children can never have too many people to love them. FAMILYSHARE is a first step at modeling that for the children entrusted to our Resource Families’ care.
Appendix 9: Evaluation form used after training for DHHS caseworkers

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<th>TRAINING EVALUATION</th>
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<tr>
<td>Name of Training:</td>
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<tr>
<td>Trainer(s):</td>
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**Learning Objectives:**

*Instructions:* Please rate how well each learning objective was met.

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<table>
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<th>Content:</th>
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<td>Organized to facilitate learning</td>
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<td>Quality materials and visual aids</td>
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<td>Engaging presentation style</td>
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<td>Respectful of participants' contributions</td>
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<td>Adequate equipment in working order</td>
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What is the most important thing you learned in this training?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Would you recommend this training/trainer to others? Why?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional comments/suggestions for improvement:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________