

# Washington State Kinship Navigator Program: Closed Case Results

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## About Partners for Our Children

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Partners for Our Children (P4C) was founded in 2007 to focus new thinking, resources, and expertise on Washington State's child welfare system. P4C exists as a collaboration between the Washington State Department of Children, Youth, and Families, the University of Washington School of Social Work and private sector funding. The mission of P4C is to combine the strengths of a public research university with resources from the private sector in order to improve outcomes for vulnerable children and families touched by Washington's public child welfare system. We advance our mission through three interrelated tasks: system level research, data and analytic support, and public policymaking. As an independent entity with both the research assets of a major university and strong relationships with policy makers, we are in a unique position to research and evaluate the effects of policy choices and practice changes in the public child welfare system. We analyze data from the Department of Children, Youth, and Families to better understand trends within the system, and when possible, combine it with data from related systems (courts, education, etc.) to create a more complete picture of how the child welfare system operates. Findings ultimately provide critical decision support for lawmakers and agency staff. Finally, we provide non-partisan input on proposals and legislation related to children and families in Washington state and at the federal level – and whenever possible, we bolster public policy discussions with solid research evidence and data.

This report provides a comparison of key child outcomes based on responses to questions by caregivers from the intervention and comparison sites. The form evaluated in this report is a result of a partnership between UW, Aging and Long-Term Services Administration (AL TSA), and the Department of Children, Youth, and Families (DCYF), and the authors would like to thank our external partners for their valuable collaboration, comments, and support.

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## Executive Summary

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Washington State first implemented its Kinship Navigator program in 2005. Kinship navigators provide crucial support to kinship care families (families who care for the child/ren of a relative or close friend) across the state of Washington. This support includes assistance in applying for state and federal benefits and information and referrals for services to address kinship caregivers' needs. Kinship navigators also assist caregivers with Kinship Caregiver Support Program (KCSP) funds to help with basic needs and tangible goods. Kinship navigators help facilitate various other services for kinship caregivers such as local support groups, kinship closets, legal clinics, and free family recreational passes. All these services provided by kinship navigators promote knowledge and awareness of available resources for health, financial, legal, and other support services.

In addition to providing information and referral services, kinship navigators also help to reduce barriers faced by kinship care families through problem solving and collaboration with public, private, local, and state service providers. Recently, the kinship navigator program has taken two different forms, which we refer to in this report as comparison and intervention sites. At the comparison sites, the kinship caregivers contact the navigators and specifically request needed services and support. Kinship caregivers then initiate any follow-up contact with the navigators. At the intervention sites, after the kinship caregivers initiate the first contact, kinship navigators initiate follow-up contacts, establish goals with the caregivers, and follow-up with the caregivers at certain points in time (specifically, after three and six months of participation in the kinship navigator program). This report presents the results of the closed case form, which kinship caregivers completed for each kinship child in their care at both comparison (n=158 children) and intervention (n=191 children) sites six months after case closure. The closed case form asked caregivers a set of questions about any children who had left the home since case closure, a set of questions about the physical and behavioral health of children still in the home, and a set of questions about the educational experiences of children still in the home.

Propensity-score matching with statistical testing revealed that children in the intervention group were less likely to be absent from school, less likely to leave the home for reasons other than reunification or aging out, had slightly fewer emergency room visits, and had slightly more negative caregiver ratings of the kinship children's physical health. The latter two of these findings may seem contradictory but could potentially be explained by differences in provider access, consciousness of health-related factors by caregivers, or rates of conditions that typically do not require emergency room visitation (e.g., certain chronic health conditions).

Some potentially promising, but not quite statistically significant findings include fewer children in the intervention group being diagnosed with physical or behavioral health issues, more children in the intervention group attending an early childhood program or school, and slightly lower rates of suspension and expulsion of children in the intervention group.

For many items, the lack of statistical significance reflects very positive baselines in the comparison group rather than negative findings for the intervention group. For example, 98%+ of children in both groups have access to a primary care doctor, < 1% in both groups are pregnant or parenting, 97%+ have attended their well-child visits, 99%+ of children are covered by health insurance, and there are low rates (both < 13%) of leaving home before the 6-month check in (with no significant differences in terms of child demographics).

## Background

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### Overview of kinship care

Kinship care involves the full-time care of a child by a close family friend or relative. According to the Annie. E. Casey Foundation, over 2.6 million children (about 4% of all children in the nation) resided in kinship caregiving arrangements between 2018 and 2020 in the United States (2020a). The Annie E. Casey Foundation reported that between 2018 and 2020, 43,000 children in Washington state (about 3% of all the children in the state) lived in kinship care (2020b). Kinship care arrangements can be informal (taking place without state involvement) or formal (arranged/supervised by the child welfare agency). Informal kinship care arrangements take place most frequently (Gleeson & Seryak, 2010). Nationally, 59% of kinship care arrangements involve grandparents (Annie. E. Casey Foundation, 2020b). The second most common kinship arrangement involves placements with aunts and uncles, which make up 19% of placements, and the remaining 22% of kinship caregiving placements occur with other relatives such as siblings or cousins (Billing, Ehrle, & Kortenkamp, 2002). Within Washington State, 46% of children placed in foster care and under state child welfare supervision in 2020 involved kinship care arrangements (Day, 2020).

Kinship care arrangements result in fewer placement disruptions (Littlewood, 2015), which can lower the financial cost of out-of-home care for the state and the emotional cost of placement breakdowns for children. Kinship care arrangements can also improve the likelihood that siblings will be placed together (Fuller et al., 2013), which can improve a child's sense of relational and cultural permanency. By reducing instances of disruptive interventions, kinship care can provide children a sense of stability and security that foster care placements often cannot. Many researchers argue that kinship caregiving arrangements should be considered the preferred placement option for children whose parents cannot care for them (Winokur & Batchelder, 2015).

### Overview of the Kinship Navigator program in Washington State

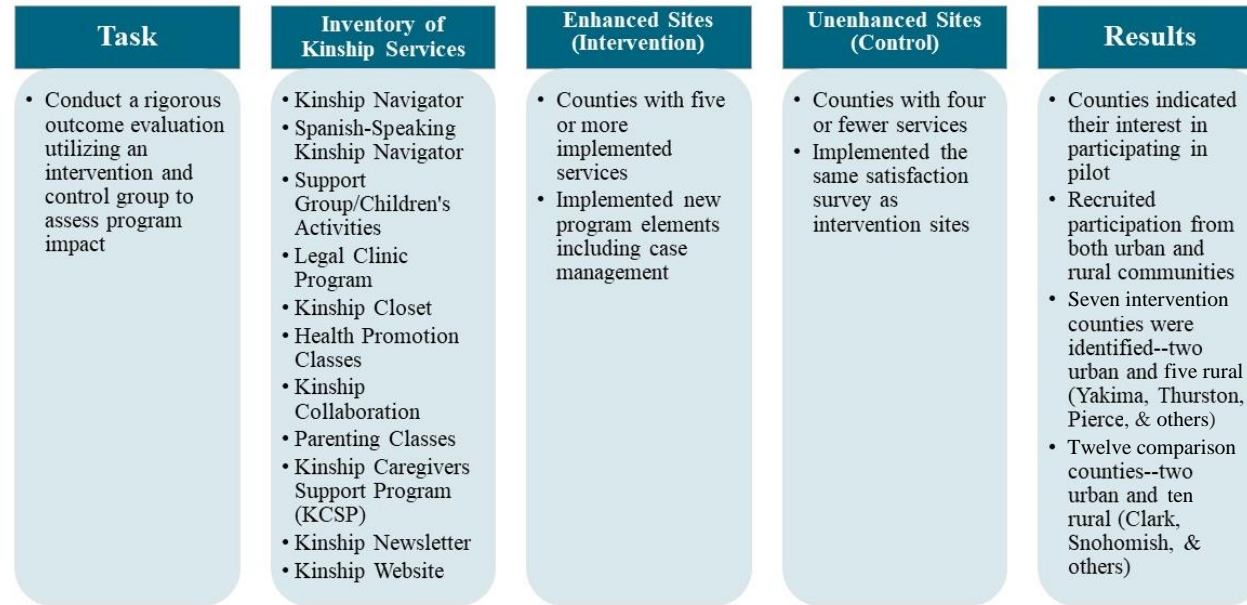
Kinship navigators operate within 30 of the 39 counties in Washington state. These navigators provide resource referral, assistance, and active listening to kinship caregivers raising their relatives' children. Additionally, kinship navigators assist caregivers with Kinship Caregiver Support Program (KCSP) funds to help with basic needs and tangible goods. Recently, the kinship navigator program has taken two different forms, which we refer to as comparison and intervention sites.

At both the intervention and comparison sites, kinship caregivers initiate first contact with the navigators. However, at the intervention sites, kinship navigators initiate the subsequent contact, while at the comparison sites, kinship caregivers initiate all contact. To select the intervention and control sites, the evaluation team conducted an inventory of kinship services provided by each kinship navigator site throughout the state (see Figure 1 below). Those in the intervention sites provided five or more services (e.g., legal supports, parenting classes, kinship closet, etc.) and had the capacity to add on the new program element of case management services. The control sites were identified as those providing four or fewer services and they would conduct business as usual without the addition of case management services. Once the evaluation team identified the number of services in each location, counties indicated their level of interest in the project. The evaluation team recruited from both urban and rural communities. A total of seven intervention sites and

twelve comparison sites were selected. More comparison sites were selected due to differences in population density between comparison and intervention sites, and the comparison sites were slightly smaller in size. The intervention counties include Pierce, Thurston, Mason, Franklin, Lewis, Benton, and Yakima. The comparison counties include Adams, Chelan, Clark, Cowlitz, Douglas, Grant, Klickitat, Lincoln, Okanogan, Skamania, Snohomish, and Wahkiakum.

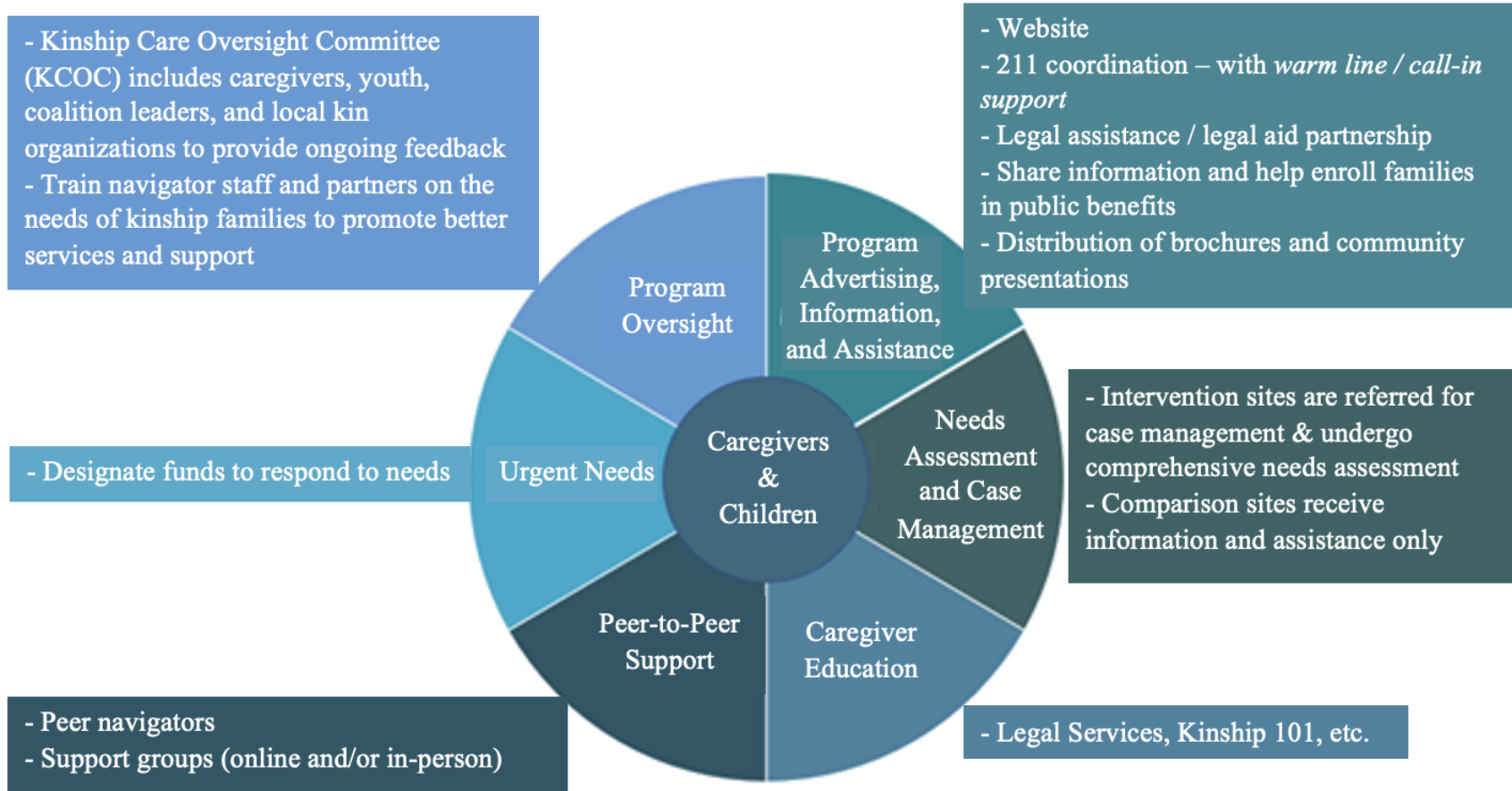
Figure 1. Intervention Site Selection Process

## Intervention Site Selection Process



At the intervention sites, if families desire case management services, navigators schedule an intake, complete a needs assessment, and conduct follow-up with families at three and six months. If families do not require case management services, the navigators provide families with information and assistance (such as referrals and Kinship Care Support Program (KCSP) emergent dollars for concrete goods), which they document in an online portal called GetCare. Communication with families may take place via phone, email, or in-person meetings. See Figure 2 below for the essential components of the Washington State Enhanced Kinship Navigator Program.

Figure 2. Washington State Enhanced Kinship Navigator Program essential components



At comparison sites, kinship caregivers initiate all communication with the kinship navigators, rather than only the initial contact. Kinship caregivers reach out to navigators for financial assistance, information and resources, and referrals. Kinship navigators at the comparison sites support the caregivers, but do not provide case management services such as assessments and three- and six-month follow-ups. Caregivers in both intervention and comparison sites complete a phone interview related to health and educational outcomes six months after case closure.

## Methodology

*Recruitment.* Caregivers who received navigation services at either intervention or comparison sites are eligible to complete the closed case form, a follow-up phone interview questionnaire six-months after case closure. These interviews were conducted over the phone with the support from staff at the Aging and Long-Term Support Administration (AL TSA). Those who completed the closed case form received a \$15 Walmart or Amazon gift card as compensation for their time. Kinship navigators did not have access to the results and the caregivers were assured that the results would not impact any services that they received. Interviews took approximately 20-60 minutes to complete and were approved by the Washington State Institutional Review Board (IRB).

*Measures.* The closed case form has three sections related to youth outcomes. These include 1) a section related to any youth who left the home of the caregiver in the six-month period after case closure, 2) a section on youth physical and behavioral health outcomes, and 3) a section on youth educational outcomes.

The first section asks how many children are currently living in the home, how many children have left the home since the case has closed, and asks a few questions related to who and why those children left the home. Possible responses for reasons that the child left the home include “Returned to birth parent,” “Entered foster care,” “Moved to another kin caregiver,” “Aged out,” or “Other.” Demographics for any children who left the home were provided by caregivers and include gender, birthdate, and race/ethnicity. Possible responses for gender were “Male” or “Female.” Birthdate was a date-formatted open response. Possible responses for race/ethnicity were “American Indian / Alaskan Native,” “Black or African American,” “Hispanic or Latino/Latinx,” “Asian / Pacific Islander,” “White (Non-Hispanic),” “Other,” “Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race),” “Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native),” “Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black),” or “Unknown (no races indicated).”

The second section asks about the children who are currently in the home. In this section, questions are related to the child’s physical and behavioral health, parenting and pregnancy, attendance of well-child visits, health insurance, and emergency room visits. Ratings of the child’s physical and behavioral health were answered on a scale from 1 = Excellent to 5 = Poor. Possible answers for the type of medical insurance the kinship child is covered by include “Medicaid / Apple Health,” “Employer-based health insurance,” “Tribally supported insurance plan,” “No insurance,” and “Other.” Possible answers to the number of ER visits the child had in the past six months include “0,” “1,” “2,” “3,” “I don’t know,” or “Other.” Possible answers to the question asking reasons for ER admittance include “Upper respiratory infections,” “Otitis media and related conditions,” “Fever of unknown origin,” “Open wounds of head, neck, or trunk,” “Fracture of upper limb,” “Headache, including migraine,” “Skin and subcutaneous tissue infections,” “Abdominal pain,” “Acute bronchitis,” “Allergic reactions,” “Sprains and strains,” “Viral infections,” and “Nausea and vomiting.” Other items in this section had possible responses of “Yes,” “No,” “N/A,” or “I don’t know.” There are also two questions asked to the intervention group only related to whether the child’s physical and behavioral health needs are being met. These two questions also had possible responses of “Yes,” “No,” “N/A,” or “I don’t know.”



The third section also asks about the children who are currently in the home. In this section, questions are related to school attendance, academic support the child needs or is receiving, academic success, and whether the child had been suspended or expelled. Possible responses for the suspension/expulsion question were “Yes, suspended,” “Yes, expelled,” “No,” or “I don’t know.” The question related to the number of absences the child had in the past year required a numerical write-in response. Other items in this section had possible responses of “Yes,” “No,” “N/A,” or “I don’t know.” There are also three questions asked to the intervention group only related to academic and behavioral support. These three questions also had possible responses of “Yes,” “No,” “N/A,” or “I don’t know.”

This analysis incorporated data from a participant tracker dataset, which includes basic demographic and program completion information for all participants. This participant tracker uses anonymous participant IDs and tracks participants' status in the program. Navigators solicit the demographic information for this dataset over the phone when participants call to request services. Navigators also submit fidelity forms with information regarding program elements the caregiver completed or did not complete. The data from the tracker enabled researchers to understand if the participant met the inclusion criteria for the analysis (described below).

Finally, the analysis incorporated data from the Economic Services Administration (ESA), an agency housed within DSHS. The ESA provided data on participants' SNAP (formerly known as food stamps) recipient status as well as age. The data from the ESA, the participant tracker, and the closed case form were combined to create the dataset used in the analysis.

*Quantitative analytic method.* The statistical software program R was used to calculate descriptive statistics and run statistical significance tests to evaluate differences in responses to the closed case form between the comparison and intervention groups. Duplicate and incomplete responses (meaning that less than 80% of the form was completed) were not included in the analysis. Additionally, participants who did not complete the closed case form within 60 days of their six-month post-close target date were not included in the analysis. Participant responses were compared between those in intervention and comparison sites. Some intervention participants' cases stayed open for longer than the intended service period (3-6 months), and as such, caregivers completed more than one closed case form (forms were administered every 6 months). Regardless of how many closed case forms participants completed, researchers selected only their latest set of responses in order to ensure that the data compared within those in intervention group matched a similar point in the participants' experience with the program.

Descriptive statistics were calculated for all measures. Percentages for some results may not equal 100% as respondents were allowed to select multiple choices for some factors, such as race/ethnicity and reasons for emergency room visits in the past six months. Differences between the comparison and intervention group responses were analyzed using statistical testing after propensity-score matching (described below). Then, the appropriate statistical tests for the data were chosen (Parab & Bhalerao, 2010). Chi-squared tests were used to determine statistical significance of any differences for questions with categorical responses, except if counts were too small when Fisher's Exact test was used instead. Mann-Whitney U test were used to determine statistical significance of any differences for questions with numerical responses, as all instances failed normality assumptions necessary to use t-tests based on Shapiro-Wilk normality tests.

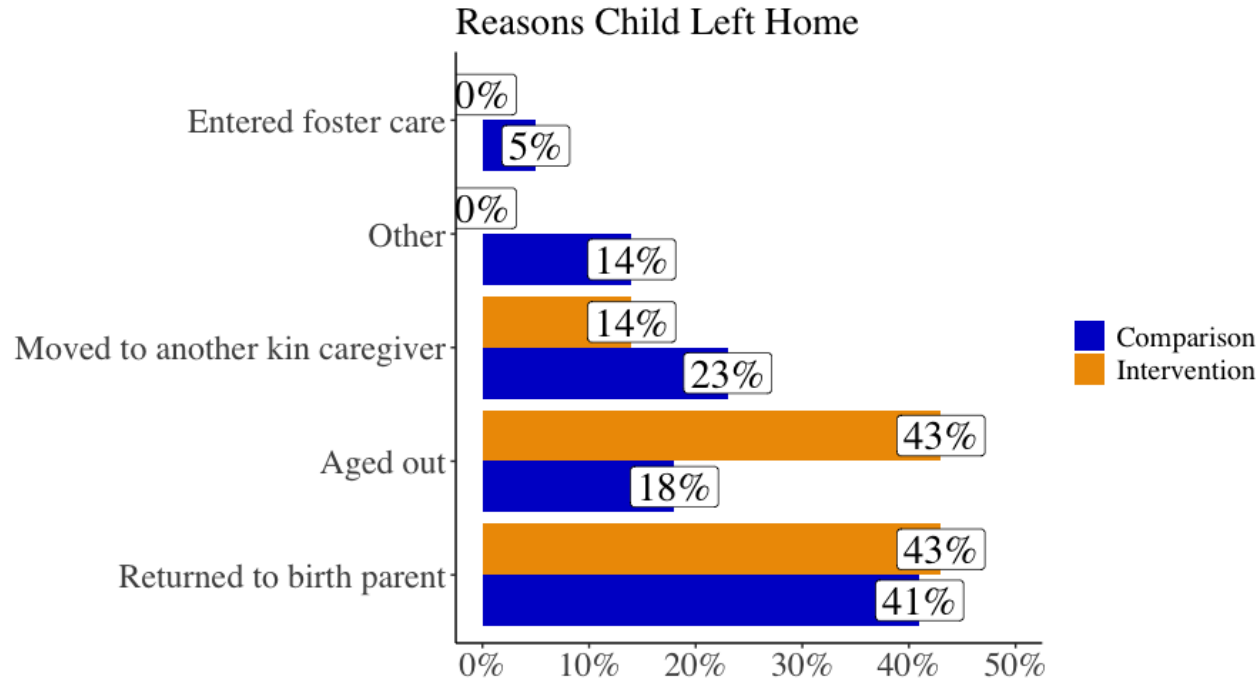
To ensure that any differences between the two groups (i.e., intervention and comparison) in terms of children who left the home, physical and behavioral health of children still in the home, and educational outcomes and needs of children still in the home were due to group assignment and not underlying demographic differences, we used propensity-score matching. Propensity-score matching (PSM) (Rosenbaum & Rubin, 1983; Stuart, 2010) was used to create a comparison group of dyads. A propensity score is an estimate of the likelihood that any given individual would be in the intervention group, given a set of measured characteristics (Starks & Garrido, 2014). PSM's basic logic is to compare intervention and comparison individuals who have similar propensities (or likelihoods) for receiving intervention, conditional on a set of several variables. For our analysis, these variables included the following caregiver demographics: BIPOC status, SNAP benefit recipient status, age, and Urban-Rural status. A single composite score for matching participants between the intervention and comparison groups is computed using a logistic regression with the treatment group as the dependent variable. Estimated propensity scores typically range from 0 to 1. Cases are matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM creates a matched group of comparison and intervention caregivers whose responses to the closed case form could be compared using the appropriate statistical tests for the data.

*Interpretation of Results.* Interpretations of the statistical results in this report were partially informed by feedback from the Kinship Care Subcommittee on Evaluation. Results and initial interpretations were presented with the subcommittee during a two-hour interactive video conference session in which subcommittee members provided interpretations and feedback on the results in breakout groups and the larger group. This feedback was used to refine interpretations of the key findings based on their practical expertise.

## Results

*Number of Participants.* The results in this report are based on responses to the closed case form. The number of participants who completed the form in the comparison group was n=158 while the number of participants who completed the form in the intervention group was n=191.

Figure 3. Reasons that children left the home of their kinship caregiver in the six months after case closure



*Children who Left the Home Results.* There only were n=23 children in the comparison and n=15 children in the intervention groups who left the home of the kinship caregiver during the six-month period after case closure. Both groups had low rates (<13%) of children who left the home during that time. However, based on our PSM analysis, there was a statistically significant ( $p < .05$ ) difference in the reasons that children left the home between the comparison and intervention groups (see Figure 3). While both groups had roughly 40% of those who left return to the birth parent, the intervention group had 43% leave the home due to aging out while the comparison group only had 18% leave due to aging out. Only 14% of those in the intervention group who left the home did so for any other reason while 42% of those in the comparison group who left the home did so for a reason that does not include reunifying with a birth parent or aging out. In particular, the 14% of “Other” reasons that youth in the comparison group left the home were described as some form of running away. See Tables 7 and 8 in the appendix for more details on the reasons for leaving the home for each group and the results of related statistical tests.

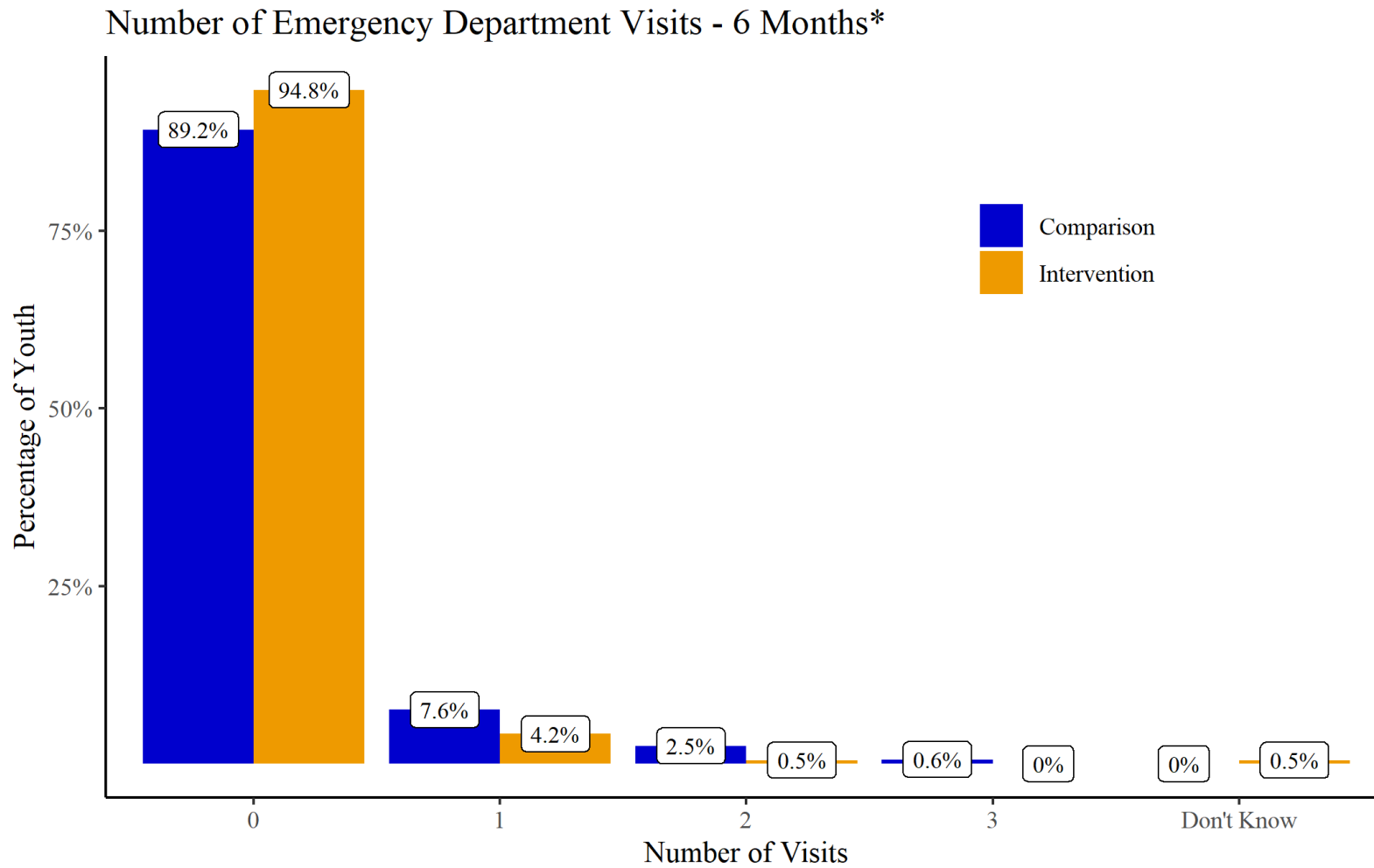
Other analyses related to the children who left the home did not show statistically significant differences between the two groups. In particular, within this small number of children who left the home of their kinship caregiver, both the intervention and comparison

groups were similar in regards to their gender (slightly more male than female), age (mostly late teens), race/ethnicity (roughly two-thirds White (non-Hispanic) with the remaining third predominately Black or African American and Hispanic or Latino/Latinx), and their recipient-status for SNAP benefits (mostly recipients). See Table 9 in the appendix for more details on the demographics of children who left the home for each group.

*Physical and Behavioral Health Results for Children Still in the Home.* There were two statistically significant results related to the physical and behavioral health of children still in the home based on analysis of the PSM selected participants from the comparison and intervention groups. This means that we have some evidence that the intervention itself impacted the physical and behavioral health of children still in the home (see Tables 1, 2, and 5 for more details on child health-related responses). More specifically, these small but significant findings were related to reductions in the number of emergency room visits by children (0.1 fewer visits in a six-month period; see Figure 4) and slightly more negative caregiver ratings of their kinship children's physical health (a decrease of 0.3 on a scale from 1 = Excellent to 5 = Poor; see Figure 5). These findings may seem contradictory but could potentially be explained by greater consciousness of health-related factors by caregivers. Essentially intervention caregivers may have applied more scrutiny to a child's physical health, causing them to both rate issues more critically but also to deal with these issues before they require emergency room visits. The findings could also be explained by differences in provider access or rates of conditions that typically do not require emergency room visitation (e.g., certain chronic health conditions). Two potentially promising, but not quite statistically significant, health-related findings include fewer children in the intervention group being diagnosed with physical health issues (12.0% in intervention vs. 20.3% in comparison) or behavioral health issues (22.0% in intervention vs. 27.2% in comparison).

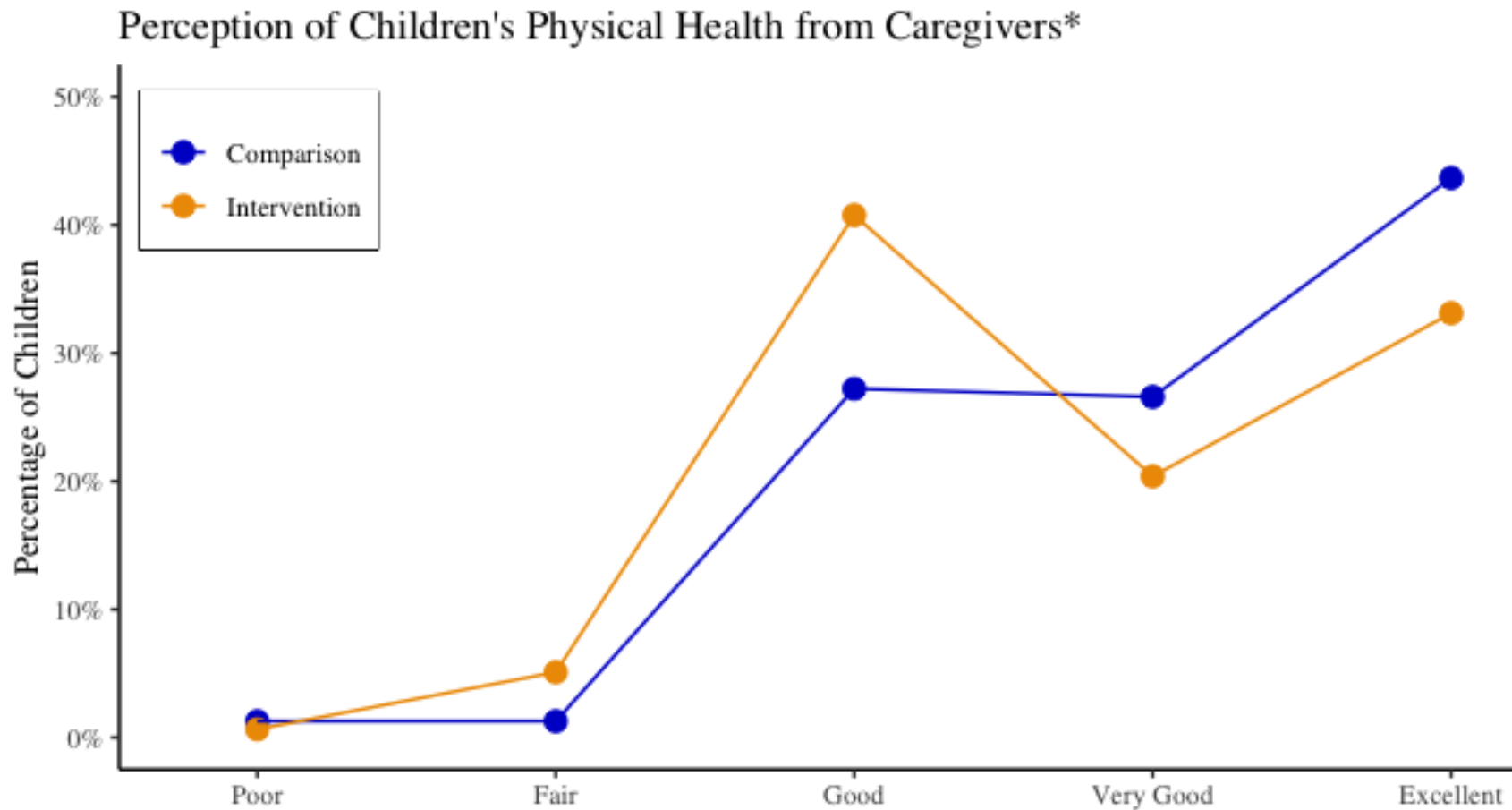
For many health-related items, the lack of statistically significant findings reflects very positive baselines in the comparison group rather than any negative findings for the intervention group. For example, 98%+ of children in both groups have access to a primary care doctor, < 1% are pregnant or parenting, 97%+ have attended their well-child visits, 99%+ of children are covered by health insurance.

Figure 4. Distributions of the number of emergency room visits for the kinship child during the previous six month for both the comparison and intervention groups



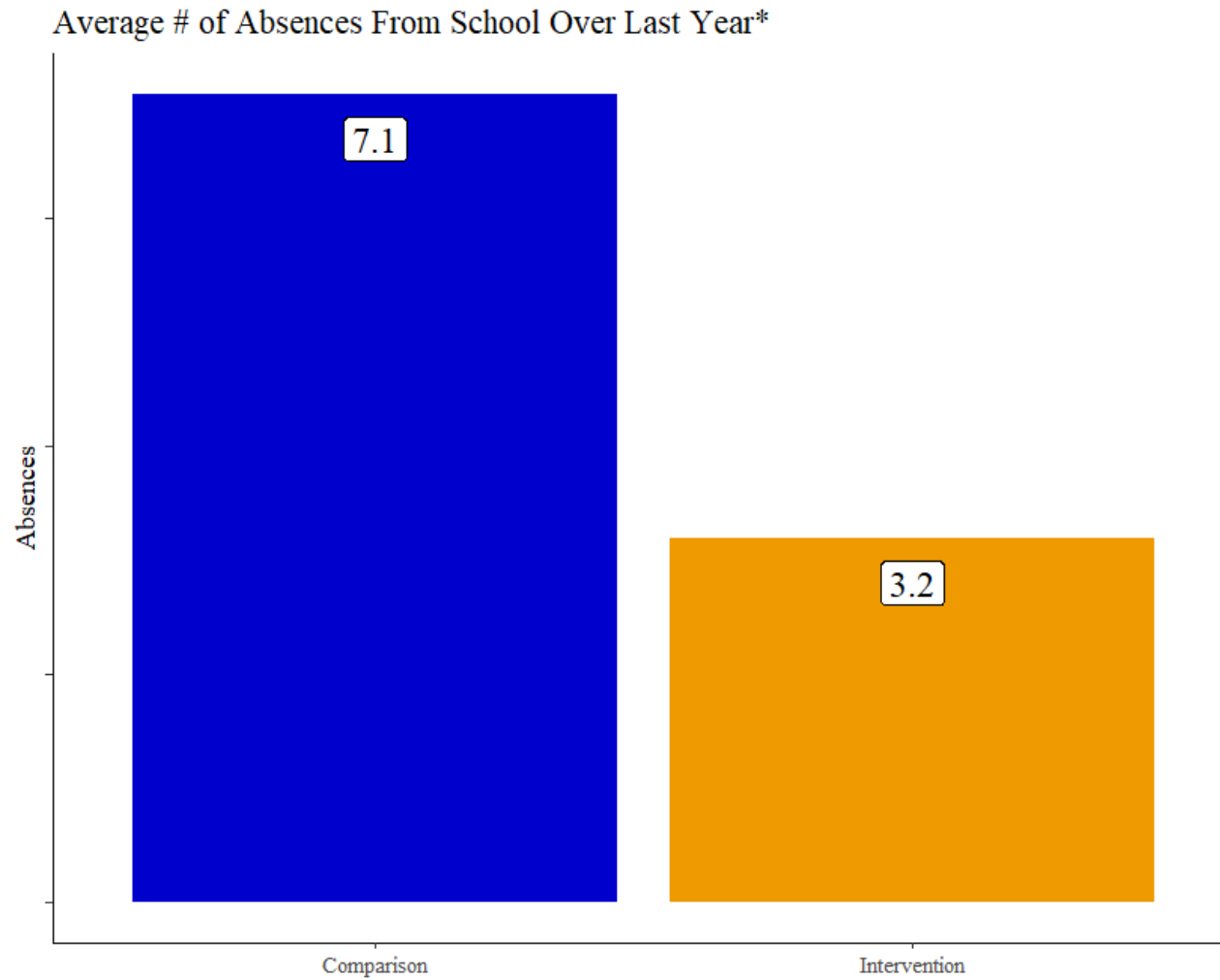
\*Indicates a statistically significant difference between the comparison and intervention groups

Figure 5. A slightly higher frequency of caregivers in the comparison group rated their kinship child's physical health more positively than caregivers did in the intervention group



\*Indicates a statistically significant difference between the comparison and intervention groups

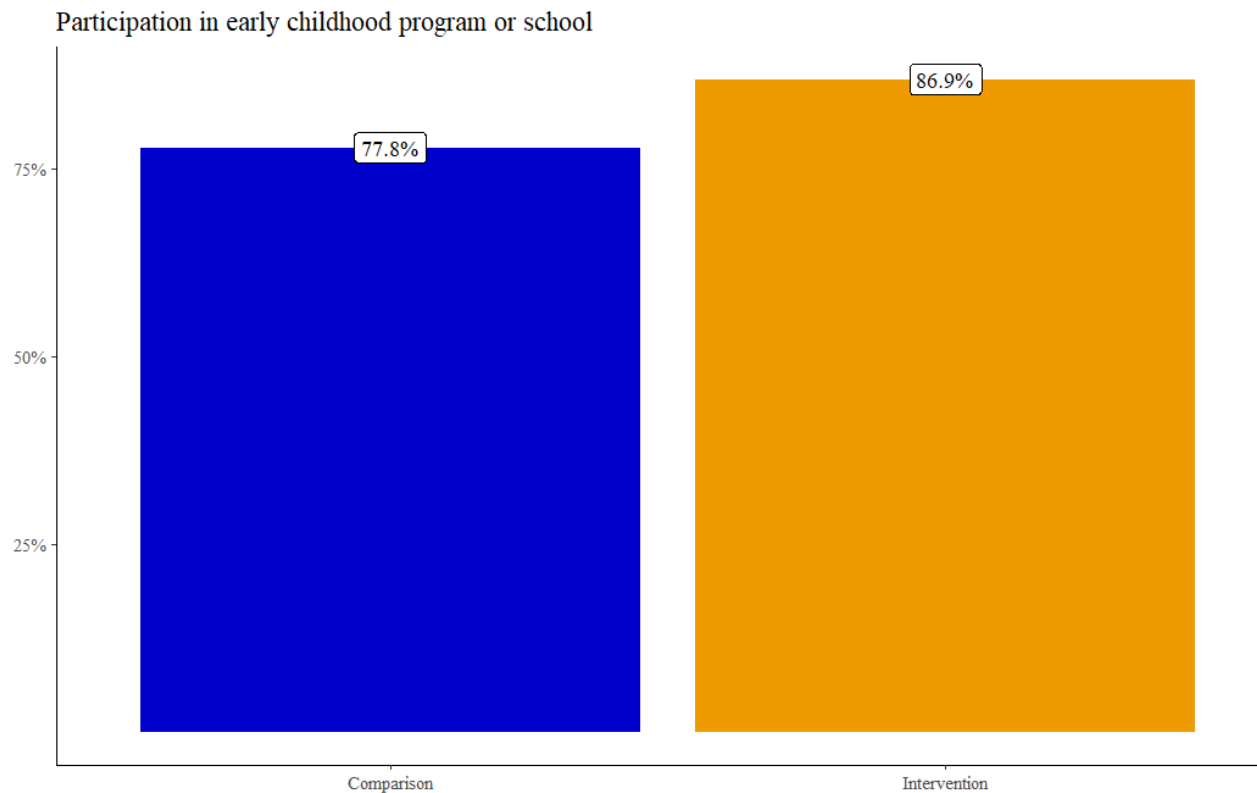
Figure 6. Average number of absences from school over the last year for children in the comparison and intervention groups



\*Indicates a statistically significant difference between the comparison and intervention groups

*Educational Results for Children Still in the Home.* There was one statistically significant result related to the education of children still in the home based on analysis of the PSM selected participants from the comparison and intervention groups. This means that we have some evidence that the intervention itself impacted the education of children still in the home (see Tables 3, 4, and 6 in the appendix for more details on child education-related responses). More specifically, there was a significantly fewer absences from school (3.9 fewer absences; see Figure 6) observed in the intervention group. Associated positive impacts from this increase in attendance may be observable especially in the longer term. Some potentially promising, but not quite statistically significant, education-related findings include more children in the intervention group attending an early childhood program or school (86.9% in intervention vs. 77.8% in comparison; see Figure 7) and slightly lower rates of suspension (4.8% in intervention vs. 6.6% in comparison; see Figure 8) and expulsion (0.6% in intervention vs. 1.6% in comparison; see Figure 8). Due to a limitation in the data available, the interpretation of more children in the intervention group attending an early childhood program or school is unclear. The age of children is not included in this dataset so it could be that the intervention group has an older set of children, or it could be that a greater percentage of school-aged children who received the intervention are actually attending school.

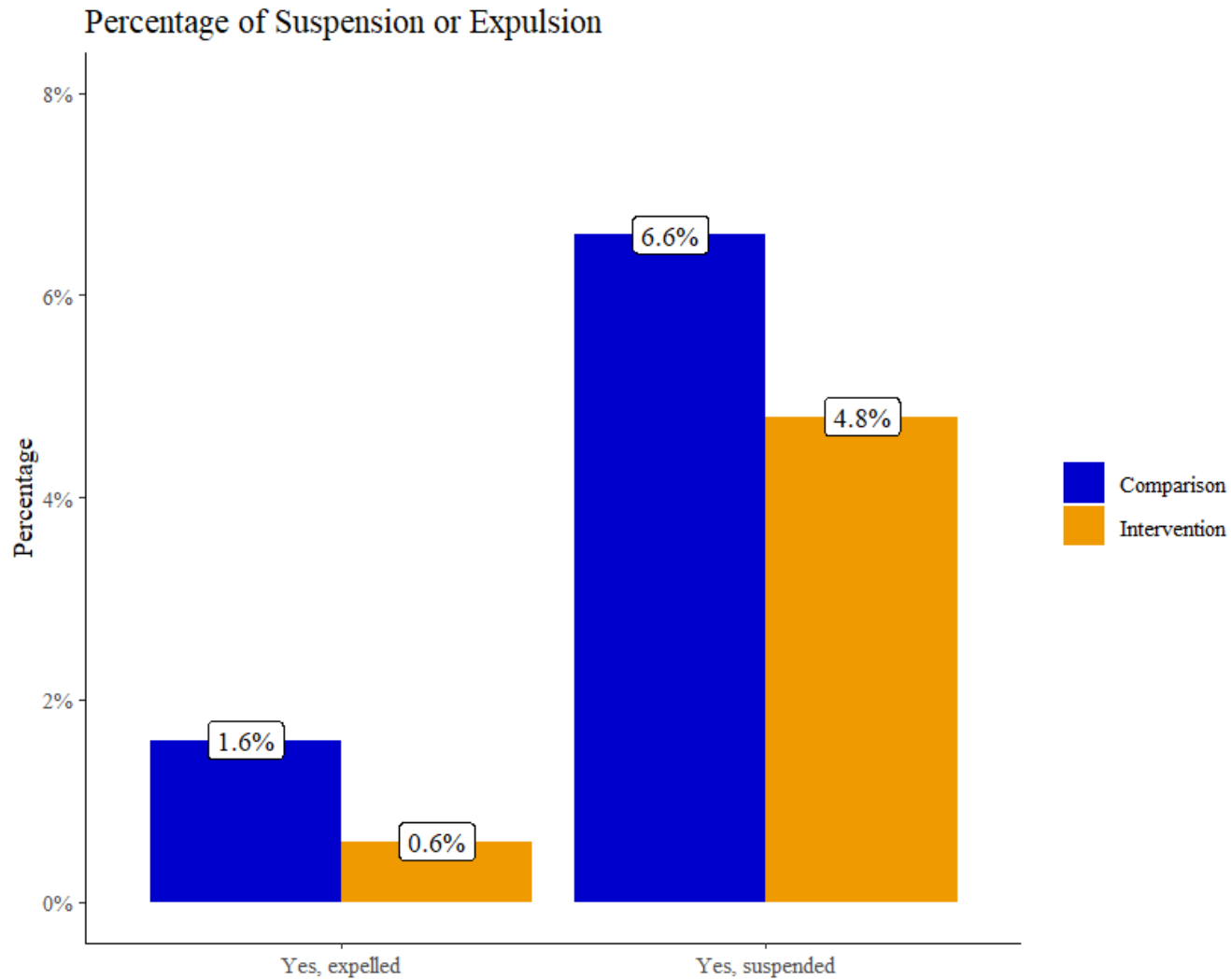
Figure 7. Percentages of children in the comparison and intervention groups who are attending an early childhood program or school





For many education-related items, the lack of statistically significant findings reflects positive baselines in the comparison group rather than any negative findings for the intervention group. For example, 92+% of children in both groups have not repeated a grade and 83+% are not failing any classes.

Figure 8. Percentages of children in the comparison and intervention groups who have been suspended or expelled



## Summary

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The findings from analysis of the closed case form indicate that despite the onset of the COVID-19 pandemic and remote schooling, children in kinship care in Washington state experienced largely positive outcomes and high levels of needs being met in the areas of physical health, behavioral health, and education. Children in the intervention group were less likely to be absent from school, less likely to leave the home for reasons other than reunification or aging out, had slightly fewer emergency room visits, and had slightly more negative caregiver ratings of the kinship children's physical health. The latter two of these findings may seem contradictory but could potentially be explained by differences in provider access, consciousness of health-related factors by caregivers, or rates of conditions that typically do not require emergency room visitation (e.g., certain chronic health conditions). Some potentially promising, but not quite statistically significant findings include fewer children in the intervention group being diagnosed with physical or behavioral health issues, more children in the intervention group attending an early childhood program or school, and slightly lower rates of suspension and expulsion of children in the intervention group. For many items, the lack of statistically significant findings reflects very positive baselines in the comparison group rather than any negative findings for the intervention group. For example, 98%+ of children in both groups have access to a primary care doctor, < 1% in both groups are pregnant or parenting, 97%+ have attended their well-child visits, 99%+ of children are covered by health insurance, and there are low rates (both < 13%) of leaving home before the 6-month check in (with no significant differences in terms of child demographics). Additionally, the data collection for this analysis took place between May 2019 – December 2021, so the relatively positive baseline findings are encouraging given the onset of the pandemic and remote schooling during this time period. Overall, the results indicate positive outcomes for children in kinship care with the navigation services they received in Washington state.

## References

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The Annie E. Casey foundation. (2020a). *Children in kinship care in the United States*. The Annie E. Casey foundation kids count data center.

Retrieved from: <https://datacenter.kidscount.org/data/tables/10455-children-in-kinship-care#detailed/1/any/false/1985,1757/any/20160,20161>

The Annie E. Casey foundation. (2020b). *Washington indicators*. The Annie E. Casey foundation kids count data center. Retrieved from:

<https://datacenter.kidscount.org/data#WA/2/0/char/0>

Billing, A., Ehrle, J., & Kortenkamp, K. (2002). Children cared for by relatives: what do we know about their well-being? *Urban Institute*. B(B-46). <https://www.urban.org/sites/default/files/publication/42716/310486-Children-Cared-for-by-Relatives.PDF>

Children's Bureau. (n.d.). Glossary. U.S. Department of Health & Human Services. <https://www.childwelfare.gov/glossary>

- Day, A. (2020, September, 29). *Preventing child abuse and neglect: Lesson's learned from Washington State's Kinship Navigator Program* [conference session]. Child Welfare League of America 2020 virtual conference.
- Economic Services Administration. (n.d.). Non-needy relative, in loco parentis, and legal guardian grant. Washington State Department of Social and Health Services. Retrieved from <https://www.dshs.wa.gov/esa/community-services-offices/non-needy-relative-loco-parentis-and-legal-guardian-grant>
- Fuller, T., Nieto, M., Lei, X., Zhang, S., Pacey, M., Helton, J., and Cross, T. (2013). Conditions of Children in or at risk of foster care in Illinois. *Children and Family Research Center*.  
[https://cfrc.illinois.edu/pubs/rp\\_20150101\\_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf](https://cfrc.illinois.edu/pubs/rp_20150101_ConditionsOfChildrenInOrAtRiskOfFosterCareInIllinois2013MonitoringReportOfTheB.H.ConsentDecree.pdf)
- Garrido, M. M., Kelley, A. S., Paris, J., Roza, K., Meier, D. E., Morrison, R. S., & Aldridge, M. D. (2014). Methods for constructing and assessing propensity scores. *Health services research*, 49(5), 1701–1720. <https://doi.org/10.1111/1475-6773.12182>
- Gleeson, J. P., & Seryak, C. M. (2010). 'I made some mistakes...but i love them dealrly' the view of parents of children in informal kinship care. *Child and Family Social Work*, 15(1), 87-96. doi:/10.1111/j.1365-2206.2009.00646.x
- Legal Voice. (2017). Options for grandparents and other nonparental caregivers: A legal guide for Washington State. Retrieved from [http://docs.legalvoice.org/Options\\_for\\_Grandparents\\_Handbook.pdf](http://docs.legalvoice.org/Options_for_Grandparents_Handbook.pdf)
- Littlewood, K. (2015). Kinship services network program: Five-year evaluation of family support and case management for informal kinship families. *Children and Youth Services Review*, 52, 184-191. DOI: 10.1016/j.childyouth.2014.10.008.
- Office of Financial Management. (2020a). Median household income estimates. Retrieved from <https://www.ofm.wa.gov/washington-data-research/economy-and-labor-force/median-household-income-estimates>

- Office of Financial Management. (2020b). Population density and land area criteria used for rural area assistance and other programs. Retrieved from <https://www.ofm.wa.gov/washington-data-research/population-demographics/population-estimates/population-density/population-density-and-land-area-criteria-used-rural-area-assistance-and-other-programs>
- Parab, S., & Bhalerao, S. (2010). Choosing statistical test. *International journal of Ayurveda research*, 1(3), 187.
- Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika*, 70, 41–55.
- Starks, H., & Garrido, M. M. (2014, October). *Observational & Quasi-Experimental Research Methods* [PowerPoint slides]. Presentation presented at the 8th Annual Kathleen Foley Palliative Care Retreat Methods Workshop, Park City, UT. Retrieved from <http://npcrc.org/files/NPCRC.Observational-PropensityScoreMethodsWkshop.10-20-14.pdf>.
- Stuart, E. (2010). Matching methods for causal inference: A review and a look Forward. *Statistical Science*, 25(1), 1–21. doi: 10.1214/09-STS313
- Washington State Department of Children, Youth & Families. (n.d.). Become a foster parent. Retrieved from <https://www.dcyf.wa.gov/services/foster-parenting/become-a-foster-parent>
- Washington State Department of Children, Youth & Families. (2020). Relative versus non-relative placements.
- Washington State Health Care Authority. (2016). Who can apply for whom. <https://www.hca.wa.gov/health-care-services-supports/program-administration/who-can-apply-whom>
- Winokur, M. A., Holtan, A., & Valentine, D. (2009) Kinship care for the safety permanency, and well-being of children removed from the home for maltreatment. *Campbell Systematic Reviews*. 1-174. doi: 10.4073/csr.2009.1

## Appendices

### Appendix 1. Tables and Figures

Table 1. Results of health-related survey items for youth in comparison and intervention groups

Survey Item	Comparison (N = 158)	Intervention (N = 191)	Test Name	Result
In general, how would you rate your kinship child's physical health?	Mean = 1.9 SD = 0.9	(N = 189) Mean = 2.2 SD = 1.0	Mann-Whitney U Test	U = 10255, p < .01*
In general, how would you rate your kinship child's behavioral health?	Mean = 2.7 SD = 1.2	Mean = 2.8 SD = 1.0	Mann-Whitney U Test	U = 11064, p = .06
Does your kinship child have a primary care pediatrician?	Yes = 98.7% No = 1.3%	(N = 190) Yes = 98.9% No = 1.1%	Fisher's Exact Test	p = 1
Does your kinship child have a diagnosed physical health issue?	Yes = 20.3% No = 79.7%	Yes = 12.0% No = 88.0%	Chi-squared Test	X <sup>2</sup> (1, N = 316) = 2.8, p = .10
Does your kinship child have a diagnosed behavioral health issue?	Yes = 27.2% No = 72.8%	Yes = 22.0% No = 77.5% I Don't Know = 0.5%	Chi-squared Test	X <sup>2</sup> (1, N = 315) = 0.1, p = .72
Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?	(N = 156) Yes = 0.6% No = 75.6% NA = 23.7%	Yes = 0% No = 93.7% NA = 5.8% I Don't Know = 0.5%	Fisher's Exact Test	p = .45

Is the child in your care a pregnant or parenting youth in informal kinship relationship?	(N = 156) Yes = 0.6% No = 75.6% NA = 23.7%	Yes = 0.5% No = 92.1% NA = 7.3%	Fisher's Exact Test	p = 1
Has your kinship child attended their well-child visits since they came to live with you?	Yes = 97.5% No = 1.3% I Don't Know = 1.3%	Yes = 99.0% No = 0.5% I Don't Know = 0.5%	Fisher's Exact Test	p = .62
What type of health insurance does your kinship child have?	Medicaid / Apple Health = 98.1% Employer-based health insurance = 2.5% Tribally supported insurance plan = 0.6% No insurance = 0% Other = 0.6%	Medicaid / Apple Health = 95.3% Employer-based health insurance = 1.0% Tribally supported insurance plan = 0.5% No insurance = 0.5% Other = 1.6%	Chi-squared Test	$X^2(1, N = 316) < 0.1,$ p = 1
In the last 6 months, how many ER visits has your kinship child had?	0 = 89.2% 1 = 7.6% 2 = 2.5% 3 = 0.6%	0 = 94.8% 1 = 4.2% 2 = 0.5% I Don't Know = 0.5%	Mann-Whitney U Test	U = 13114, p = .03*

\*Survey responses with statistically significant differences in the responses between comparison and intervention groups are highlighted in purple

Table 2. Reasons for emergency room visits for all youth in comparison and intervention groups who had at least one visit to the emergency room in the last six months

<b>Survey Item</b>	<b>Comparison (N = 17)</b>	<b>Intervention (N = 10)</b>	<b>Test Name</b>	<b>Result</b>
Upper respiratory infections	11.8%	10.0%	Fisher's Exact Test	p = .50
Otitis media and related conditions	0%	0%	-	-
Fever of unknown origin	0%	10.0%	-	-
Open wounds of head, neck, or trunk	5.9%	10.0%	Fisher's Exact Test	p = 1
Fracture of upper limb	23.5%	0%	Fisher's Exact Test	p = .12
Headache, including migraine	0%	0%	-	-
Skin and subcutaneous tissue infections	0%	0%	-	-
Abdominal pain	0%	30.0%	Fisher's Exact Test	p = .25
Acute bronchitis	5.9%	0%	Fisher's Exact Test	p = 1
Allergic reactions	0%	0%	-	-
Sprains and strains	17.6%	10.0%	Fisher's Exact Test	p = .62
Viral infections	0%	10.0%	Fisher's Exact Test	p = 1
Nausea and vomiting	11.8%	0%	Fisher's Exact Test	p = .50

Table 3. Results of education-related survey screener item for youth in comparison and intervention groups

<b>Survey Item</b>	<b>Comparison (N = 158)</b>	<b>Intervention (N = 191)</b>	<b>Test Name</b>	<b>Result</b>
Does your kinship child attend an early childhood program or school?	Yes = 77.8% No = 22.2%	Yes = 86.9% No = 13.1%	Chi-squared Test	$X^2(1, N = 316) = 2.6,$ $p = .11$

Table 4. Results of education-related survey items for youth in comparison and intervention groups who are currently attending an early childhood program or school

<b>Survey Item</b>	<b>Comparison (N = 122)</b>	<b>Intervention (N = 166)</b>	<b>Test Name</b>	<b>Result</b>
Has your kinship child repeated any grades?	(N = 121) Yes = 2.5% No = 97.5%	Yes = 7.2% No = 92.2% I Don't Know = 0.6%	Chi-squared Test	$X^2(1, N = 255) = 3.7,$ $p = .054$
Does your kinship child receive special education services or other support programs?	Yes = 25.4% No = 73.8% I Don't Know = 0.8%	Yes = 24.7% No = 75.3%	Chi-squared Test	$X^2(1, N = 256) = 0.1,$ $p = .75$
Does your kinship child have a current IEP or 504 plan?	(N = 31) Yes = 80.6% No = 19.4%	(N = 41) Yes = 78.0% No = 19.5% I Don't Know = 2.4%	Chi-squared Test	$X^2(1, N = 68) = 0,$ $p = 1$
Is your kinship child failing any classes?	Yes = 10.7% No = 88.5%	(N = 165) Yes = 15.8% No = 83.6%	Chi-squared Test	$X^2(1, N = 256) = 2.5,$ $p = .12$



	I Don't Know = 0.8%	I Don't Know = 0.6%		
Has your kinship child been suspended or expelled?	Yes, suspended = 6.6% Yes, expelled = 1.6% No = 91.8%	Yes, suspended = 4.8% Yes, expelled = 0.6% No = 94.5%	Chi-squared Test	$X^2(1, N = 255) = 0.9,$ $p = .34$
How many absences has your kinship child had in the last year?	(N = 114) Mean = 7.1 Median = 4 SD = 10.3	(N = 165) Mean = 3.2 Median = 0 SD = 10.2	Mann-Whitney U Test	U = 10946, $p < .01^*$

\*Survey responses with statistically significant differences in the responses between comparison and intervention groups are highlighted in purple

Table 5. Results of health-related survey items asked only to the intervention group

Survey Item	Intervention
Are your kinship child's physical health needs being met?	(N = 191) Yes = 97.9% No = 2.1%
Are your kinship child's behavioral health needs being met?	(N = 190) Yes = 95.8% No = 4.2%

Table 6. Results of education-related survey items asked only to the intervention group

Survey Item	Intervention
Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?	(N = 32) Yes = 96.9% No = 3.1%
Do you need assistance addressing your kinship child's social or behavioral needs at school?	(N = 178) Yes = 2.2% No = 97.8%
Do you need assistance requesting academic support for your kinship child?	(N = 179) Yes = 2.2% No = 97.8%

Table 7. Reasons for leaving home for any youth who the caregiver indicated left home in either the comparison or intervention group

Survey Item Response	Comparison (N = 22)	Intervention (N = 14)	Test Name	Result
Returned to birth parent	41%	43%	Chi-squared Test	X <sup>2</sup> (3, N = 28) = 8.2, p = .04*
Aged out	18%	43%		
Moved to another kin caregiver	23%	14%		
Entered foster care	5%	0%		
Other	14%	0%		

Table 8. Aggregated reasons for leaving home for any youth who the caregiver indicated left home in either the comparison or intervention group

Survey Item Response	Comparison (N = 22)	Intervention (N = 14)	Test Name	Result
Returned to birth parent	41%	43%	Chi-squared Test	X <sup>2</sup> (2, N = 28) = 7.5, p = .02*
Aged out	18%	43%		
Mobile (i.e., Moved to another kin caregiver, Entered foster care, and Other)	42%	14%		

Table 9. Demographics of any youth who the caregiver indicated left home in either the comparison or intervention group

<b>Survey Item</b>	<b>Comparison (N = 23)</b>	<b>Intervention (N = 15)</b>	<b>Test Name</b>	<b>Result</b>
Gender	Male = 13 Female = 10	(N = 14) Male = 8 Female = 6	Chi-squared Test	$X^2(1, N = 36) < 0.1,$ $p = 1$
Age	Mean = 17.8 Median = 17.3 SD = 9.5	(N = 14) Mean = 14.5 Median = 16.8 SD = 5.7	Mann-Whitney U Test	U = 173, $p = .55$
SNAP	Yes = 78% No = 22%	Yes = 87% No = 13%	Chi-squared Test	$X^2(1, N = 36) = 0.1,$ $p = 0.77$
Race	American Indian / Alaskan Native = 4% Black or African American = 17% Hispanic or Latino/Latinx = 9% Asian / Pacific Islander = 9% White (Non-Hispanic) = 70% Other = 0% Multiracial AI/AN = 0% Multiracial Black = 4% Multiracial Other = 0% Unknown = 0%	American Indian / Alaskan Native = 0% Black or African American = 7% Hispanic or Latino/Latinx = 20% Asian / Pacific Islander = 0% White (Non-Hispanic) = 60% Other = 0% Multiracial AI/AN = 0% Multiracial Black = 7% Multiracial Other = 0% Unknown = 0%	Chi-squared Test (White vs Non-White)	$X^2(1, N = 36) = 0,$ $p = 1$

Table 10. Results of Shapiro-Wilk normality test to determine type of statistical test appropriate

<b>Survey Item (table # in which survey item appears)</b>	<b>Results</b>
In general, how would you rate your kinship child's physical health? (Table 1)	U(315) = 0.82, p < .01*
In general, how would you rate your kinship child's behavioral health? (Table 1)	U(316) = 0.89, p < .01*
How many absences has your kinship child had in the last year? (Table 4)	U(248) = 0.53, p < .01*
Age (Table 9)	U(36) = 0.92, p < .01*

\* If p < .05, then the assumption of normality does not hold and we should use the Mann-Whitney U Test instead of a T-Test

Appendix 2. Closed Case Forms

a) Intervention Group Closed Case Form

<b>Client identification number:</b> _____		<b>Timepoint:</b> <input type="checkbox"/> three-month <input type="checkbox"/> six-month <input type="checkbox"/> twelve-month	
<b>Follow up date:</b> _____ <b>Case close date:</b> _____ <b>Date satisfaction survey sent:</b> _____			
<b>1. How many kinship children are currently living in your home?</b>		_____	
<b>2. Did you have any kinship child(ren) leave your home? (if no, skip to caregiver health, if yes go to question 3)</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Date kinship child left the home. (if more than one child left the home, please complete questions 3-7 for each child)</b>		_____	
<b>4. Gender</b>	<b>5. Birthdate</b>	<b>6. Race/Ethnicity (Check all that apply)</b>	
<input type="checkbox"/> Male  <input type="checkbox"/> Female	____/____/____ (MM / DD / YYYY)	<input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Hispanic or Latino/Latinx  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> White (Non-Hispanic)  <input type="checkbox"/> Other: _____	
		<input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race)  <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native)  <input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black)  <input type="checkbox"/> Unknown (no races indicated)	

7. Where did the child move to?	<input type="checkbox"/> returned to birth parent	<input type="checkbox"/> moved to another kin caregiver
	<input type="checkbox"/> entered foster care	<input type="checkbox"/> aged out <input type="checkbox"/> Other: _____

**Caregiver Health (SF-12)**  
**These questions ask your views about your health.**

**8. In thinking your own health, which resources are you interested in learning about? (Check all that apply)**

P	S
<input type="checkbox"/> Fall prevention <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Nutrition <input type="checkbox"/> Heart health <input type="checkbox"/> Aging <input type="checkbox"/> Chronic disease <input type="checkbox"/> Memory <input type="checkbox"/> Self-Care    (living well) <input type="checkbox"/> Diabetes <input type="checkbox"/> Managing stress <input type="checkbox"/> None of the above Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> Fall prevention <input type="checkbox"/> Smoking cessation <input type="checkbox"/> Nutrition <input type="checkbox"/> Heart health <input type="checkbox"/> Aging <input type="checkbox"/> Chronic disease <input type="checkbox"/> Memory <input type="checkbox"/> Self-Care    (living well) <input type="checkbox"/> Diabetes <input type="checkbox"/> Managing stress <input type="checkbox"/> None of the above Management <input type="checkbox"/> Other: _____

9. In general, would you say your overall health is: (Select one)	P	S
	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Good	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Good
	P	S

<b>10. Do you have any unmet healthcare needs?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> If yes, please specify: _____	<input type="checkbox"/> If yes, please specify: _____

<b>Kinship Child Health (If more than one child, please complete one for each child)</b>	
<b>11. In general, how would you rate your kinship child's <u>physical health</u>?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
<b>12. In general, how would you rate your kinship child's <u>behavioral health</u>?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair
<b>13. Does your kinship child have access to primary care?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>14. Does your kinship child have a diagnosed physical health issue?</b>  Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
<b>15. Does your kinship child have a diagnosed behavioral health issue?</b>  Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know
<b>16. Are your kinship child's physical health needs being met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know

<b>17. Are your kinship child's behavioral health needs being met?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know															
<b>18. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know															
<b>19. Is the child in your care a pregnant or parenting youth in informal kinship relationship?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know															
<b>20. Has your kinship child attended their well-child visits since they came to live with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> I don't know															
<b>21. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)?</b> <i>(Check all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Upper respiratory infections</td> <td><input type="checkbox"/> Headache, including migraine</td> <td><input type="checkbox"/> Allergic reactions</td> </tr> <tr> <td><input type="checkbox"/> Otitis media and related conditions</td> <td><input type="checkbox"/> Skin and subcutaneous tissue infections</td> <td><input type="checkbox"/> Sprains and strains</td> </tr> <tr> <td><input type="checkbox"/> Fever of unknown origin</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Viral infections</td> </tr> <tr> <td><input type="checkbox"/> Open wounds of head, neck and trunk</td> <td><input type="checkbox"/> Acute bronchitis</td> <td><input type="checkbox"/> Nausea and vomiting</td> </tr> <tr> <td><input type="checkbox"/> Fracture of upper limb</td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> Upper respiratory infections	<input type="checkbox"/> Headache, including migraine	<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Otitis media and related conditions	<input type="checkbox"/> Skin and subcutaneous tissue infections	<input type="checkbox"/> Sprains and strains	<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Viral infections	<input type="checkbox"/> Open wounds of head, neck and trunk	<input type="checkbox"/> Acute bronchitis	<input type="checkbox"/> Nausea and vomiting	<input type="checkbox"/> Fracture of upper limb		
<input type="checkbox"/> Upper respiratory infections	<input type="checkbox"/> Headache, including migraine	<input type="checkbox"/> Allergic reactions															
<input type="checkbox"/> Otitis media and related conditions	<input type="checkbox"/> Skin and subcutaneous tissue infections	<input type="checkbox"/> Sprains and strains															
<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Viral infections															
<input type="checkbox"/> Open wounds of head, neck and trunk	<input type="checkbox"/> Acute bronchitis	<input type="checkbox"/> Nausea and vomiting															
<input type="checkbox"/> Fracture of upper limb																	
<b>22. In the last 6 months, how many ER visits has your kinship child had?</b> _____ visit(s) <input type="checkbox"/> I don't know																	
<b>23. What type of health insurance does your kinship child have?</b> <i>(Select all that apply)</i> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Medicaid / Apple Health</td> <td><input type="checkbox"/> No insurance</td> </tr> <tr> <td><input type="checkbox"/> Employer-based Health Insurance</td> <td><input type="checkbox"/> Not Applicable</td> </tr> </table>			<input type="checkbox"/> Medicaid / Apple Health	<input type="checkbox"/> No insurance	<input type="checkbox"/> Employer-based Health Insurance	<input type="checkbox"/> Not Applicable											
<input type="checkbox"/> Medicaid / Apple Health	<input type="checkbox"/> No insurance																
<input type="checkbox"/> Employer-based Health Insurance	<input type="checkbox"/> Not Applicable																



Tribally Supported Insurance Plan

Other, please explain: \_\_\_\_\_

**Kinship Child Education** (If more than one child, please complete one for each child)

<b>1. Does your kinship child attend an early childhood program or school?</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next)	If yes, what is your kinship child's _____ Grade grade?
<b>2. Has your kinship child repeated any grades?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
<b>3. Does your kinship child receive special education services or other support programs?</b>	<input type="checkbox"/> Yes → <input type="checkbox"/> No (skip to next) <input type="checkbox"/> I don't know	Does your kinship child have a current IEP or 504 plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know
<b>4. Is your kinship child receiving all of the services outlined in the IEP or 504 Plan?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
<b>5. Is your kinship child failing any classes?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
<b>6. Do you need assistance addressing your kinship child's social or behavioral needs at school?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7. Do you need assistance requesting academic support for your kinship child?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. Has your kinship child been suspended or expelled?</b> <i>(Check all that apply)</i>	<input type="checkbox"/> Yes, suspended <input type="checkbox"/> Yes, expelled <input type="checkbox"/> No <input type="checkbox"/> I don't know	

<b>9. How many absences has your kinship child had in the last year?</b>	Number _____ <input type="checkbox"/> I don't know
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b) Comparison Group Closed Case Form

<b>Client identification number:</b> _____	<b>Timepoint:</b> <input type="checkbox"/> three-month <input type="checkbox"/> six-month <input type="checkbox"/> twelve-month
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<b>Follow up date:</b> _____ <b>Case close date:</b> _____ <b>Date satisfaction survey sent:</b> _____		
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<b>Child Placement Stability</b>		
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<b>24. How many kinship children are currently living in your home?</b>	_____
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<b>25. Did you have any kinship child(ren) leave your home? (if no, skip to caregiver health, if yes go to question 3)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

<b>26. Date kinship child left the home. (if more than one child left the home, please complete questions 3-7 for each child)</b>	_____
---	-------

<b>27. Gender</b>	<b>28. Birthdate</b>	<b>29. Race/Ethnicity (Check all that apply)</b>	
<input type="checkbox"/> Male  <input type="checkbox"/> Female	____/____/____ (MM / DD / YYYY)	<input type="checkbox"/> American Indian/ Alaskan Native; Tribal affiliation: _____  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Hispanic or Latino/Latinx  <input type="checkbox"/> Asian/Pacific Islander  <input type="checkbox"/> White (Non-Hispanic)	<input type="checkbox"/> Multiracial American Indian/Alaska Native (any American Indian/Alaska Native indicated as well as another race)  <input type="checkbox"/> Multiracial Black (any Black indicated as well as another race except American Indian/Alaska Native)

		<input type="checkbox"/> Other: _____	<input type="checkbox"/> Multiracial (all other combinations, with no indication of American Indian/Alaska Native or Black)
			<input type="checkbox"/> Unknown (no races indicated)

<b>30. Where did the child move to?</b>	<input type="checkbox"/> returned to birth parent	<input type="checkbox"/> moved to another kin caregiver
	<input type="checkbox"/> entered foster care	<input type="checkbox"/> aged out <input type="checkbox"/> Other: _____

**Caregiver Health (SF-12)**  
 These questions ask your views about your health.

<b>31. In general, would you say your overall health is:</b> <i>(Select one)</i>	<i>P</i>	<i>S</i>
	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair
	<input type="checkbox"/> Very Good <input type="checkbox"/> Poor	<input type="checkbox"/> Very Good <input type="checkbox"/> Poor
	<input type="checkbox"/> Good	<input type="checkbox"/> Good

**Kinship Child Health (If more than one child, please complete one for each child)**

<b>32. In general, how would you rate your kinship child's <u>physical health</u>?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
	<input type="checkbox"/> Very Good <input type="checkbox"/> Fair

<b>33. In general, how would you rate your kinship child's <u>behavioral health</u>?</b>	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Very Good <input type="checkbox"/> Fair												
<b>34. Does your kinship child have a primary care pediatrician?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<b>35. Does your kinship child have a diagnosed physical health issue?</b>  Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know												
<b>36. Does your kinship child have a diagnosed behavioral health issue?</b>  Please specify diagnosis _____	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know												
<b>37. Is the child a pregnant or parenting youth in foster care as described in section 471e(2)B of the Act?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know												
<b>38. Is the child in your care a pregnant or parenting youth in informal kinship relationship?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know												
<b>39. Has your kinship child attended their well-child visits since they came to live with you?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> Not applicable <input type="checkbox"/> No <input type="checkbox"/> I don't know												
<b>40. If the kinship child required an emergency room visit in the last 6 months, what were the reasons for the ER visit(s)?</b> <i>(Check all that apply)</i> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Upper respiratory infections</td> <td><input type="checkbox"/> Headache, including migraine</td> <td><input type="checkbox"/> Allergic reactions</td> </tr> <tr> <td><input type="checkbox"/> Otitis media and related conditions</td> <td><input type="checkbox"/> Skin and subcutaneous tissue infections</td> <td><input type="checkbox"/> Sprains and strains</td> </tr> <tr> <td><input type="checkbox"/> Fever of unknown origin</td> <td><input type="checkbox"/> Abdominal pain</td> <td><input type="checkbox"/> Viral infections</td> </tr> <tr> <td><input type="checkbox"/> Open wounds of head, neck and trunk</td> <td><input type="checkbox"/> Acute bronchitis</td> <td><input type="checkbox"/> Nausea and vomiting</td> </tr> </table>		<input type="checkbox"/> Upper respiratory infections	<input type="checkbox"/> Headache, including migraine	<input type="checkbox"/> Allergic reactions	<input type="checkbox"/> Otitis media and related conditions	<input type="checkbox"/> Skin and subcutaneous tissue infections	<input type="checkbox"/> Sprains and strains	<input type="checkbox"/> Fever of unknown origin	<input type="checkbox"/> Abdominal pain	<input type="checkbox"/> Viral infections	<input type="checkbox"/> Open wounds of head, neck and trunk	<input type="checkbox"/> Acute bronchitis	<input type="checkbox"/> Nausea and vomiting
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<input type="checkbox"/> Open wounds of head, neck and trunk	<input type="checkbox"/> Acute bronchitis	<input type="checkbox"/> Nausea and vomiting											

Fracture of upper limb

**41. In the last 6 months, how many ER visits has your kinship child had?** \_\_\_\_\_ visit(s)

I don't know

**42. What type of health insurance does your kinship child have? (Select all that apply)**

Medicaid / Apple Health

No insurance

Employer-based Health Insurance

Not Applicable

Tribally Supported Insurance Plan

Other, please explain: \_\_\_\_\_

**Kinship Child Education** (If more than one child, please complete one for each child)

**10. Does your kinship child attend an early childhood program or school?**

Yes →  
 No (skip to next)

If yes, what is your kinship child's grade? \_\_\_\_\_ Grade

**11. Has your kinship child repeated any grades?**

Yes  
 No  
 I don't know

**12. Does your kinship child receive special education services or other support programs?**

Yes →  
 No (skip to next)  
 I don't know

Does your kinship child have a current IEP or 504 plan?  
 Yes  
 No  
 I don't know

**13. Is your kinship child failing any classes?**

Yes  
 No  
 I don't know

**14. Has your kinship child been suspended or expelled?**  
(Check all that apply)

Yes, suspended  
 Yes, expelled  
 No  
 I don't know

**15. How many absences has your kinship child had in the last year?**

Number \_\_\_\_\_

I don't know