



Mississippi Kinship Navigator Needs Assessment & Feasibility Study

October 2019



**Prepared for: Mississippi Department of Child Protection
Services**

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About the Human Services Research Institute

The Human Services Research Institute (www.hsri.org) is a nonprofit, mission-driven organization that works with government agencies and others to improve health and human services and systems, enhance the quality of data to guide policy, and engage stakeholders to effect meaningful systems change.

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EXECUTIVE SUMMARY

October 2019

Mississippi Kinship Navigator Needs Assessment & Feasibility Study

Prepared for the Mississippi Department of Child Protection Services

The Study

The Mississippi Department of Child Protection Services (MDCPS) contracted with the Human Services Research Institute (HSRI) to conduct a comprehensive needs assessment and feasibility study on the possible implementation of a Mississippi Kinship Navigator program focused on providing supports and guidance to relative caregivers in the state who do not have active MDCPS cases, commonly referred to as informal kinship caregivers. With a goal of identifying or developing a program to meet local needs and federal Family First Prevention Services Act (FFPSA) requirements, HSRI and its partner, Families as Allies, conducted a national and Mississippi-specific situation analysis, a review of existing and previously implemented kinship programs in the nation, focus groups with Mississippi kinship caregivers, a statewide kinship caregiver needs survey, and a review of existing services in Mississippi for kinship caregivers.

Findings

The study findings demonstrate that a Mississippi Kinship Navigator program is both needed and feasible.

Need

There are an estimated 26,000 informal kinship caregivers in Mississippi (see Appendix A: Situation Analysis Report), most of which are grandparents, but also include aunts and uncles, sisters and brothers, cousins, and close family friends. It is likely that African American or Black kinship caregivers are overrepresented in the Mississippi caregiver population, with more than half of caregivers being African American or Black while just less than 40% of the State's entire population is African American or Black. It is also likely that many Mississippi kinship caregivers are living in poverty, given that an estimated one in five of all Mississippians live in poverty (U.S. Census Bureau, 2017) compared with one in ten nationally, and that an estimated one in three informal kinship caregivers in the nation are impoverished (Bramlett, Radcliff, & Chow, 2017).

Mississippi kinship caregivers who participated in focus groups and/or completed the statewide needs survey indicated high levels of need for a wide range of caregiving services and supports, including basic necessities for the children in their care, Medicaid and other assistance programs, stable housing, employment, reliable transportation, childcare and respite care, navigating custody arrangements, social support, school issues and homework, communicating and working with birth parents, and addressing child trauma and behavior. At the same time, informal kinship caregivers who participated in focus groups described numerous challenges in locating and accessing services, a lack of trust in the child welfare system, and a sense of isolation in providing safe and nurturing homes for the children in their care. A lack of supports and services for informal Mississippi kinship caregivers places the children in their care at risk for child welfare involvement and placement in foster or congregate care settings.

Feasibility

The existing array of services and supports in Mississippi contribute substantially to the feasibility of developing and implementing a Kinship Navigator program in the state. Further, federal FFPSA funding provides a unique opportunity to leverage these resources in order to provide the wide range of services and supports that Mississippi kinship caregivers need. In turn, the provision of these services is expected to improve safety, permanency and well-being outcomes for Mississippi children, as well as prevent formal involvement in the child welfare system. The primary key for unlocking these outcomes lies in the development and implementation of a Kinship Navigator program that includes promising or proven mechanisms for linking kinship caregivers with the right combination of existing services and supports to meet their individual needs. Although no one already existing kinship program is likely to meet the specific needs of Mississippi kinship caregivers, the development of such a program is possible – and feasible. The information gathered as a part of this study, including the identification of Mississippi caregiver needs and related, existing

promising practices to address these needs positions MDCPS well for designing a successful and effective Mississippi Kinship Navigator program.

To increase the likelihood of developing a Kinship Navigator program that will be eligible for federal reimbursement, we recommend following the timeframes delineated in Appendix F: Timeline for the Development, Implementation, & Study of a Mississippi Kinship Navigator Program Under FFPSA.

Recommendations

Program Model

The findings that emerged in this study suggest that *the Mississippi Kinship Navigator program should be family-driven, target informal kinship caregivers, and include care coordination and peer support as the primary intervention components.* Table 1 shows the recommended model most aligned with this recommendation and, thus, most likely to address Mississippi kinship caregiver needs and achieve optimal caregiver and child outcomes (which in turn, provides the highest likelihood that the program will be eligible for federal reimbursement). Three additional optional models are also shown, which vary depending on the inclusion of structured peer support networks and/or educational support groups; these program components are described thoroughly in the following paragraphs. The optional models should only be considered if MDCPS determines, in collaboration with a stakeholder advisory committee, that either structured peer support networks or support groups with an educational component are not ultimately feasible for a statewide Kinship Navigator program. However, regardless of the specific model the state or advisory committee selects to implement, each is designed to leverage existing services and supports throughout the state and can be fine-tuned as additional stakeholder input is gathered.

Care Coordination

Care coordination includes one-on-one in-person or remote (i.e., phone, email, or web-based) coordination of services and supports between a professional kinship navigator and kinship caregivers. Caregivers receive ongoing structured assessments of their needs and the kinship navigator provides a mixture of direct services and referrals to services and supports, depending on caregiver need and the existing array of services and supports in the area where the caregiver resides. Importantly, the kinship navigator assists caregivers in accessing these services and supports and follows through with the caregiver during and after the receipt of services and supports.

Structured Peer Support Networks

Structured peer support networks are networks developed by and for kinship caregivers, with assistance as needed from professional kinship navigators. Support networks may include telephone tree/buddy systems, web- or app-based social networking, and structured resource sharing or trading among caregivers (e.g., babysitting or respite care, exchange of hard goods, etc.)

Support Groups

Support groups include regularly scheduled opportunities for caregivers to meet (in-person or remotely) to offer mutual support to one another, both emotionally and instrumentally in the form of sharing support, information, and knowledge. Groups are developed and run by kinship caregivers with assistance from kinship navigators as needed. Traditional support groups are held primarily for mutual support purposes, while support groups with an educational component also include opportunities for community professionals to visit the group to share information and resources (e.g., lawyers sharing information and resources on legal guardianship, mental health providers offering trauma-informed care workshops, etc.).

Table 1. Recommended and Optional Mississippi Kinship Navigator Program Models

Model	Care Coordination	Peer Support		
	Professional Kinship Navigators	Structured Peer Support Networks	Support Groups	
			Traditional	Educational
Recommended	✓	✓	✓	✓
Option One	✓	✓	✓	
Option Two	✓		✓	✓
Option Three	✓		✓	

Program Pilot Sites

Study findings indicate that *the Mississippi Kinship Navigator program should be piloted in a multi-site community-based agency with a service philosophy that aligns with family-driven practice.* This would allow for a program to be quickly and cost effectively piloted in a selection of sites, and subsequently rolled out across the state over time.

A multi-site community-based organization is also optimal for evaluation purposes. However, the selection of a particular organization (or organizations) to provide Kinship Navigator services will significantly impact the type of study that can be conducted which may, in turn, impact the ultimate rating the program receives by the Title IV-E Prevention Services Clearinghouse. It will

therefore be critical to carefully consider the characteristics of potential service providers before selecting one to pilot the program.

Ideally, the organization selected to provide Kinship Navigator services will already be serving a broad population of families, including kinship families with children of all ages. This will allow for participants to be easily enrolled in the program in implementation sites, and also provide a pool of families for outcomes to be compared to in sites not yet implementing the program. Having a group of families to compare outcomes to is required under FFPSA, and identical data measures will need to be available for both intervention and comparison families. Selecting an organization that already collects some level of data on families would also benefit the state, by minimizing data collection burden as well as lowering program implementation and evaluation costs.

Our interviews with state and community stakeholders as part of the situation analysis indicated that such agencies do currently exist in the state. However, gathering additional information on prospective Kinship Navigator provider agencies would allow for further consideration into potential strengths or limitations that may enhance or impede a Mississippi-specific study. Specifically, limitations involving the population of caregiving families available for comparison purposes could impact the generalizability of study findings and the rating the program receives from the Prevention Clearinghouse. Ultimately, federal reimbursement for Kinship Navigator programs will be limited to only those that are favorably rated by the Prevention Clearinghouse; as such, it will be critical to carefully consider study implications when selecting a Kinship Navigator provider organization.

Program Development

Stakeholder Advisory Committee

To develop a program that is family-driven and effective for Mississippi kinship caregivers, *a stakeholder advisory committee should be convened at the start of program development*. This advisory committee should meet regularly to guide all aspects of the program and include kinship caregivers, church leaders, government human services agency administrators, community service agency directors and staff, and program evaluation staff. Taken together, the stakeholder advisory committee will be able to provide unique insights into the needs and difficulties experienced by kinship families across the state and provide recommendations to ensure the program is relevant and responsive to local populations.

Program Manual

A written program manual that details the components and processes of the Mississippi Kinship Navigator program should be developed. The program must have a manual or similar documentation to be eligible for review by the Title IV-E Prevention Services Clearinghouse. In addition, a program manual will better ensure that implementation is consistent between Navigator program sites and that targeted kinship caregiver and child outcomes can be empirically demonstrated. The manual should be developed in close consultation with the stakeholder advisory committee and, ideally, the process should be led by an organization experienced in developing kinship navigator and/or kinship support program manuals.

Additional Kinship Caregiver Perspectives

In order to ensure a family-driven development process and capitalize on the already existing supports and services in the state, *additional perspectives from Mississippi kinship caregivers on their needs and the service array they would be most likely to access and benefit from should be gathered*. We recommend conducting two to three additional caregiver focus groups during the development process and continuing to administer the statewide kinship caregiver survey.

Program Study

In order to be eligible for federal funding through FFPSA, Kinship Navigator programs will need to be rated as Promising, Supported, or Well-Supported by the Title IV-E Prevention Services Clearinghouse. To ensure a favorable rating by the Clearinghouse, *researchers with knowledge regarding the FFPSA review process should be involved in every stage of the program development process*. Decisions made during program development will impact the type of study that can ultimately be conducted; having researchers immersed in the development process to offer input on the ramifications of various decisions will increase the likelihood of a successful rating by the Clearinghouse. For instance, researchers could offer guidance on the type of information that should be considered if a Request for Proposals for community providers to implement the program is released. Once a provider organization is selected, researchers should work closely with the organization and the stakeholder advisory committee to ensure the program can be evaluated with either a quasi-experimental or randomized control trial design.



FINAL REPORT

October 2019

Mississippi Kinship Navigator Needs Assessment & Feasibility Study

Prepared for the Mississippi Department of Child Protection Services

Background

The mission of MDCPS is “To lead Mississippi’s efforts in keeping children and youth safe and thriving by strengthening families; preventing child abuse, neglect, and exploitation; and promoting child and family well-being and permanent family connections.” To further its mission, MDCPS is preparing to participate in the kinship navigator funding option under the Family First Prevention Services Act. As an amendment to Title IV-E of the Social Security Act, FFPSA allows Title IV-E agencies the option of receiving Title IV-E funding for kinship navigator programs that meet certain criteria, including operating in accordance with promising, supported, or well-supported practices. To ultimately receive FFPSA kinship navigator funding, MDCPS has until October 1, 2021 to develop, enhance, and/or study a kinship navigator program.

Aiming to meet the needs of Mississippi kinship caregivers and ensure program sustainability, MDCPS began the process of developing a Mississippi Kinship Navigator program with a needs assessment and feasibility study. From May 21, 2019 through Sept. 30, 2019, MDCPS contracted with the Human Services Research Institute (HSRI) to conduct the study, with the goal of making consumer-informed recommendations for the development of a Mississippi Kinship Navigator program that meets *both* the needs of Mississippi kinship caregivers whose kin children do not have active MDCPS cases (i.e., informal kinship caregivers) *and* the requirements of operating a promising, supported, or well-supported kinship navigator program under FFPSA. In partnership with Families as Allies, a statewide organization in Mississippi that is run by and for families of children with behavioral health challenges, HSRI conducted a preliminary situation analysis (presented in Appendix A) that resulted in 10 key preliminary issues for consideration in the needs assessment and feasibility study. This Final Report shares the methods and findings of the needs assessment, the feasibility study, and the resulting recommendations for the development,

implementation, and study of a Mississippi Kinship Navigator program.

Methods

This section of the report describes the methods for each component of the needs assessment and feasibility study, including the 1) situation analysis, 2) national review of kinship programs, 3) kinship caregiver focus groups, 4) statewide kinship caregiver survey, and 5) Mississippi service availability review.

Situation Analysis

The situation analysis methods are detailed in Appendix A: Situation Analysis Report. In summary, the study team pulled information and data from several sources for the situation analysis, including:

Existing documentation

We collected and reviewed publicly available policy, research, and program documentation. We also reviewed administrative data and internal interview and focus group information that HSRI collected for previous kinship-related projects.

Meet & greet

To introduce the Kinship Navigator feasibility study to state and community members, a project Meet and Greet was hosted by MDCPS and the study team on June 26 at the Mississippi Agricultural and Forestry Museum in Jackson. Attended by nearly 50 professionals, the meeting was instrumental in bringing together community stakeholders and making initial connections throughout the state. Attendees included, among others, behavioral health, mental health, educational and community providers; public school representatives; Supreme and local court representatives; and a state Senator. As a part of the Meet and Greet, the study team asked attendees to complete a brief survey indicating their willingness to be contacted for interviews and their ability and willingness to assist the study team with outreach and connections to kinship families. In all, 46

surveys were completed and collected at the Meet and Greet.

Interviews

The study team conducted two sets of interviews and three sets of focus groups. All interviews and focus groups were recorded and transcribed. The first set of interviews was conducted in-person on June 27 individually with six MDCPS administrators; the aim of these interviews was to help the team better understand MDCPS policies and processes around foster care and kinship caregiver certification for child welfare-involved families. Other information gathered included names and descriptions of other state initiatives underway, the role—if any—that MDCPS might play in the implementation of a Kinship Navigator program, and information around the services being provided by Mississippi state and community agencies.

Based on the information gathered during these in-person interviews and conversations with the MDCPS representatives, as well as information gathered through the Meet and Greet and the study team's expertise, a second set of interviews was prioritized with 18 key state and community stakeholders; of these, the team was able to reach and complete interviews with 15 (5 in-person and 10 by telephone). (Other potential interviewees failed to respond to emails or phone messages for scheduling.) In addition to the stakeholder interviews, the team conducted three in-person focus groups with Early Intervention Coordinators from the Mississippi State Department of Health (MSDH).

National Review of Kinship Programs

The program review process included the identification and review of 69 Kinship Navigator and Kinship Caregiver Support programs across the nation. A comprehensive overview of each program is provided in Appendix B: Kinship Support Programs. Because programs vary widely in the amount of information they report or that was publicly available, the extent of information included for each varies. Some measures originally intended to be reviewed across all programs—including the availability of implementation or fidelity assessments and cost findings—were available for so few programs that they are omitted from Appendix B. However, where possible this information is included in the National Review of Kinship Programs Findings section of this report.

Identification of programs for review

The study team used several sources to identify Kinship Programs for review, including programs listed in the Title IV-E Prevention Clearinghouse, programs listed in

the California Evidence-Based Clearinghouse, programs implemented and evaluated as part of the federal Family Connections grants (2009 and 2012), programs implemented and evaluated as part of Title IV-E Waiver Demonstration Projects, publicly available datasets (Grandfamilies.org, Casey.org), scholarly database searches, and state-by-state web-based searches.

Information/variables reviewed for each identified program

Where possible, information on each program was collected and is recorded in Appendix B for each of the following components: State or Location, Program Name and Provider, Source of Information, Program Description, Target Population, Target Outcomes, Study Description, Data Measures, Comparison Group Used (Yes/No), Evidence (At least one significant, positive finding – Yes/No). Researcher/Contact Information, Evidence-Based Rating.

Kinship Caregiver Focus Groups

Three Mississippi community service agencies with existing supports for kinship caregivers assisted the study team in identifying and inviting kinship caregivers to focus groups. Mississippi Families for Kids invited kinship caregivers who attended a school uniform/supply drive in Jackson to participate in one of two focus groups held during the drive (on August 10). The Community Education Center of South Mississippi invited kinship caregivers receiving program services to attend a focus group in Gulfport on September 16. And the Family Resource Centers of North Mississippi invited kinship caregivers receiving program services to attend one of two focus groups in Mound Bayou on September 25.

Each focus group was approximately one hour in length. At the beginning of each group, the interviewer read aloud and distributed to each participant an informed consent document that explained the purpose of the Needs Assessment & Feasibility Study and the procedures being used to maintain the confidentiality of participant responses. Following each participant's verbal consent to participate in and audio-record the group, the interviewer asked a series of 12 questions to gather information on caregiver characteristics, challenges faced in kinship caregiving, and service needs related to kinship caregiving. The focus group questions are included in Appendix C-1: Kinship Caregiver Focus Group Protocol.

Each focus group audio file was transcribed and uploaded into the qualitative data software program Dedoose for axial coding and categorization. An

inductive approach was used to condense the raw focus group data into thematic summaries. Constant comparison method was used to determine patterns, alignment, and dissonance within and between focus groups.

Statewide Kinship Caregiver Survey

Survey Development

A 25-question Likert-type survey was developed to provide insights into the demographics and needs of caregivers raising the children of other family members and friends. The survey was developed based on information gathered during interviews and focus groups with state and community agency representatives. Study team members' knowledge of caregiver needs in other U.S. states helped expand the pool of questions.

The survey was reviewed by all study team members for completeness and then entered into Opiniator software for dissemination. This software allows responses to be submitted through a web option, text option, and recorded voice option. To increase the warmth of the voice option, a voice actor was employed to record each question. The survey instrument can be found in Appendix D-3.

Survey Dissemination Approach

To disseminate the survey throughout the state, the study team took a multi-pronged approach:

- A flyer was developed to publicize the survey. The flyer included the reason for the survey, the mechanisms caregivers could use to access the survey, and the fact that respondents could enter to win one of ten \$100 gift cards. A copy of the flyer is included in Appendix D-1.
- Local magazines, newspapers, radio and television stations were contacted to gather information about their target demographics and community reach so relevant media outlets could be identified to assist with dissemination.
- A 30-second script describing the survey and how to access it was developed for radio broadcasting, and a comparable 30-second commercial was videotaped for television dissemination.
- Contact information for as many places of worship as possible across the state was identified through web searches.

Completed Dissemination Efforts

Across the month of September, color ads ranging from quarter page to half page were placed in the *Parents & Kids* and *Jackson Free Press* magazines, and the *Clarion-Ledger* and *Meridian Star* newspapers. Several of these print outlets also ran digital ads or sent email blasts to their listservs further publicizing the survey.

During this time period, 30-second ads were broadcast on two radio stations, one a soul station and the other a gospel station. Both stations had been mentioned by caregivers during a focus group discussion. In addition, 30-second video ads were shown on two Mississippi television network affiliates.

The flyer and video were posted on the Families as Allies website. Flyers were also emailed to community agencies across the state asking agency representatives to disseminate the information to families; similarly, flyers were individually emailed to churches and church representatives requesting pastors to announce the survey during sermons and to post flyers on notice boards.

Finally, a paper and pencil survey option was provided at all caregiver focus groups.

A detailed table of completed dissemination activities can be found in Appendix D-2.

Mississippi Service Availability Review

The study team used several methods to produce as complete a taxonomy as possible of the number, location, and kinds of services and service providers across the state. The aim was to understand the types and extent of services in place and to identify potential gaps in services that may need to be considered should a kinship navigator program be implemented.

Situation Analysis

The Meet and Greet was attended by nearly 50 professionals from a variety of state and community-based organizations. Through this event, the study team gathered information on a wide range of services currently available in Mississippi. This information was augmented with data gathered through subsequent interviews with MDCPS and other State agency administrators and community stakeholders, as well as focus groups with Early Intervention Coordinators from the Mississippi State Department of Health.

Recent activities

Since the completion of the situation analysis, extensive outreach has been conducted. Emails were sent to all Meet and Greet attendees requesting that each send the

names of three nongovernment agencies in their area that could provide kinship services. Only four email responses were received; however, through focus groups held with family members, several additional services and service locations have emerged.

Finally, extensive web searches were conducted to uncover additional local community agencies and nonprofits.

Findings

This section of the report summarizes the findings for each component of the needs assessment and feasibility study. An appendix with additional details is included and referenced where applicable for each component.

Situation Analysis

The situation analysis findings are detailed in Appendix A: Situation Analysis Report, which includes a review of the national and Mississippi kinship care contexts (prevalence, policy, needs, and services). The findings indicated 10 key preliminary issues that were used to shape the subsequent components of the needs assessment and feasibility study and inform the recommendations included in this Final Report. The key preliminary issues included:

1. To receive ongoing federal funding under FFPSA beyond the development phase, effectiveness of the Mississippi Kinship Navigator program should be demonstrated according to the standards and procedures set forth by the Title IV-E Prevention Services Clearinghouse.
2. Although Mississippi kin who are licensed by MDCPS may benefit from kinship navigator program services, Mississippi kin who care for non-child-welfare-involved children and youth will likely experience the greatest benefits from these services.
3. Non-child-welfare-involved kin caregivers are unlikely to seek out kinship navigator services if those services are provided directly by MDCPS.
4. There is an already-existing web of programs and services in Mississippi that can benefit kin caregivers.
5. Mississippi kin caregiver needs and access to services are likely to vary by the region in the state in which they live.
6. A thorough understanding of past and current kinship navigator programs and services in other

states is key for the development of a Mississippi Kinship Navigator program.

7. The Mississippi Kinship Navigator program should work closely with churches and faith-based organizations.
8. There are potentially many non-child-welfare-involved kin caregivers in Mississippi.
9. A kinship navigator program that includes care coordination and building caregiver support networks based on kin caregiver needs is likely to be most beneficial for Mississippi kin caregivers.
10. The newly available FFPSA transitional funds will allow some additional time for the development and evaluation of the Mississippi Kinship Navigator program.

National Review of Kinship Programs

The study team identified 69 kinship navigator and kinship support programs across the nation and examined these as potential models for Mississippi. A comprehensive overview of each program is provided in Appendix B: Kinship Support Programs Across the Nation.

Overall, programs varied widely in their implementation design but were similar in their overarching goals. Most aim to provide information and referrals and to increase caregivers' knowledge of and access to needed resources within their state and local communities. Most target both child welfare-involved (i.e., "formal") and non-child-welfare-involved (i.e., "informal") caregivers, though some programs targeted one or the other group specifically or did not specify a target population. Most programs were, or are, located in community-based settings rather than local child welfare offices, as recommended by one of the earliest evaluations of a kinship navigator program (TriWest Group, 2005).

Publicly available studies or journal articles were available for only 25 of the 69 programs reviewed; across these sources, the qualitative findings were unanimously positive, with caregivers providing favorable feedback about the supports they received. A cross-site analysis of these reports identified six program components that appear to drive positive program and participant outcomes: 1) family-driven practice, 2) the use of advisory boards, 3) the availability of web-based resources, 4) peer-support, 5) professional staff & care coordination models, and 6) the use of assessment tools. Below, we expound on these program components. Following that, we provide an overview of kinship navigator outcome and cost findings.

Family-Driven Practice

A cornerstone of most programs is the provision of flexible, customized supports based on family need and input. Caregivers arrive at programs with varying resources, knowledge, and strengths, and they are in the best position to identify their needs. Offering a wide array of supports and allowing caregivers to accept the services they believe will be most helpful ensures that assistance remains client-driven. Ideal service provision is flexible enough to intensify in periods of crisis or subside as family events reach a balance. These types of adjustable, customized resources for kinship families are appreciated by kinship caregivers with diverse family needs and kinship children at different ages and developmental levels.

Programs also appear to be most successful when they are developed with input from caregivers and youth in kinship care—and, resultingly, are tailored to the needs of the local population. In many cases, caregivers and youth serve on local kinship advisory boards, offering professionals their unique perspective on the effectiveness of the kinship navigator programs and the realities of service provision at state and local community agencies. Their input in the development and ongoing implementation of the program ensures that practice is—and continues to be—family-driven and useful for local kinship families.

Advisory Boards

Advisory boards or committees appear to greatly increase the efficacy of kinship navigator programs across the nation. Typically, project staff and evaluation team members participate in advisory boards along with representatives of local state and community organizations, kin caregivers, and youth in kinship care arrangements. These advisory boards both guide the initial development of kinship navigator programs and are used as opportunities to troubleshoot and support program services on an ongoing basis. Once the program has been implemented, these meetings also serve as opportunities to increase navigator referrals, provide training on navigation services, and facilitate the exchange of information and best practices among navigators and community providers.

Web-Based Resources

Programs with web-based resources were noted as especially helpful to caregiving families, particularly when navigator service areas cover large geographic regions. The 24/7 accessibility of web-based resources offer tremendous benefits to traditionally underserved populations such as kin caregivers, especially those who live far from navigator offices, those with little time for

in-person appointments due to work and caregiver commitments, and informal families not interested in sustained contact with service provider organizations.

Across programs, web-based resources were typically developed in one of two ways: as an integral part of the program itself or as part of a broader initiative to increase awareness of and access to services for the general population. In California, for instance, United Way developed a Kinship Resource Portal as a part of their kinship navigator program. The portal is best described as a self-service navigation tool that coordinates both public and private resources for kinship families based on their individual needs and preferences. Researchers built data collection and assessment tools directly into the portal and found that caregivers of various ages, ethnicities, income levels, and family arrangements were willing and able to use it, and that the more caregivers used it, the more their family needs decreased.

Alternatively, South Carolina opted to expand its 2-1-1 program statewide as an offshoot to its kinship navigator program, which both caregivers and the general population could use to search for providers and contact information for services such as food banks and community clinics.

In both examples, kinship navigator staff and kin-serving organizations also made use of the web-based resources to educate themselves on available resources for kinship families in their communities.

Peer Support

Peer support was cited as a useful component of many kinship navigator programs. Caregivers offer unique mutual support to one another, both emotionally and instrumentally in the form of sharing support, resources, and knowledge. One caregiver from Maryland illustrated this point, describing her interaction with another kinship navigator participant, “She needed a toddler bed, I had a toddler bed – here you can have it!” (Maryland Department of Human Resources Social Services Administration & University of Maryland School of Social Work, 2013).

Programs that involve peer support typically offered it in one of two ways: through the provision of caregiver support groups or by hiring kin caregivers as kinship navigators or resource specialists.

Support Groups

Across studies, caregivers described support groups as an important way to meet and form relationships with other kinship caregivers. They noted great appreciation for opportunities to provide supportive listening and

advice to one another, as well as to share needed resources to better care for their kinship children. Frequently, caregivers become isolated and drift away from their previous peer groups because of the new parenting role they have assumed; support groups allow caregivers to form new social connections, and attendance is often driven by caregivers' engagement and enjoyment of one another.

Across states, support group participation was highest when childcare and refreshments were provided. In addition to allowing caregivers a brief respite, these amenities allow caregivers a greater opportunity to focus on the education and resource-sharing activities that often occur at these meetings. To save on costs, kinship navigators in some states developed relationships with local businesses for in-kind donations, including childcare and guest speakers for support groups and events.

Often, support groups are peer-led, though professional navigator staff typically participate in the development and planning of support groups, many of which have educational components. These are most successful when caregivers give input on the range of topics they are most interested in learning about. For instance, based on feedback from caregivers in South Carolina, the Connecting for Kids Kinship Navigator Program developed a series of learning opportunities on five topics: dealing with feelings in kinship care, loving discipline, redefining roles and relationships, tune in and listen up, and visitation. Similarly, Michigan's kinship navigators used caregiver input to develop information sessions on Child Development, Trauma of Transition, Child Behavior Management, Family Communication, Grief and Loss, Stress Management, Anger, Bullying, and Social Media, among other topics.

Many evaluation reports described support groups as a particularly successful component of kinship navigator programs, providing opportunities for information sharing and emotional support to occur among caregivers. Participants of Ohio's Enhanced Kinship Navigator program perhaps best describe the value of support groups, noting, "The support group is really helpful. We all exchanged numbers after the first session, and we can call each other for support," and "The support group and the navigator absolutely made it possible to take our grandchildren. Without the support of the group, I don't think we would have made it this far... There have been times when we have just felt like giving up, but the support of the group keeps us going" (Public Children's Services Association of Ohio & Human Services Research Institute, 2012).

Caregivers as Navigators

A few states hired experienced kinship caregivers to serve as kinship navigators, typically with the support of professional staff. For instance, Rhode Island's Kinship Navigator program is comprised of kinship navigators known as "Grand Divas" who are themselves kinship providers and who support kinship families. They work with a social worker who manages difficult and challenging problems that kinship families are experiencing. Kinship families contact the Grand Divas by phone or through the website, a Diva responds, collects basic information and prepares a file describing the need. The social worker and Diva consult to determine whether the program can meet the families' needs and the Divas then offer concrete support for families in consultation with the social worker. The Divas also plan and offer social gatherings with and for kinship families and participate in DCYF training for staff and for prospective kinship families.

Similarly, Michigan's Homes for Black Children's Kinship Navigator program identified and trained caregivers as Kinship Navigators/Advocates who assist families in achieving foster care licensures and assist them in obtaining appropriate services and resources through the Michigan Department of Health and Human Services. They were described as "serving as a role model, and as a visible symbol of change and of what can be accomplished" (Homes for Black Children, 2015).

Minnesota employed a similar model where trained caregiver support specialists answered warmline calls, met in person with other caregivers, and provided support services. The mentorship model allowed the program to better serve a proportion of caregivers who could benefit from more ongoing support. The professional staff recruited and trained caregivers who felt comfortable discussing their personal experience and who could also recognize the uniqueness of each caregiver's story. Their primary role was to serve as a "listening ear," and when asked to provide information or referrals outside of their personal experience they were instructed to contact the professional navigator staff or refer the caregiver back to the program for more in-depth services.

These states as well as others have had tremendous success using caregivers as resources to support program participants. In fact, Florida's Kin-TECH evaluation report noted that peer navigators were exceptionally effective in connecting kin to resources, showing high TANF application and enrollment rates among caregivers that peer navigators worked with—even higher than when the professional navigators worked directly with kin. However, the report also noted that

peer navigators required 10 times the amount of supervision as professional staff and also pursued less diverse tasks, suggesting that a triage approach where peer navigators assist caregivers in applying for benefits while more complex or legal cases are diverted to professional navigators may streamline service provision and offer cost benefits.

Professional Staff & Care Coordination

While peer support was noted as a benefit to many programs, having professional staff serve as kinship navigators was reported to be an essential component of most kinship programs. Case management or care coordination—where professional staff work hand-in-hand with kin caregivers to thoroughly assess families’ strengths and needs, refer them to appropriate services, and follow up with families—is integral to many, if not most, kinship navigator models. Often, caregivers aren’t aware of services they may be eligible for or lack knowledge around application processes. Having trained, knowledgeable navigators willing to explain service eligibility and provide a certain level of “hand-holding” to walk caregivers through the process of accessing services can ultimately make the difference for many kinship families. Caregivers across programs cited their appreciation for navigator staff; when asked for input on Ohio’s Kinship Supports Intervention model, one caregiver zeroed in on her gratitude for her navigator, noting, “My kinship navigator was a godsend. She has helped me with this child every step of the way. She helps make it easier, and when I need someone to talk to, she’s always there for me.” (Human Services Research Institute, 2016).

Some programs, such as the Project Healthy Grandparents Program, administered in the southeastern United States, require staff to hold a master’s degree in social work or to be a licensed registered nurse. However, most program reports suggest that an individual’s familiarity with local resources and ability to connect with caregivers are the most important characteristics for a kinship navigator to hold. Arizona’s Kinship Navigator program evaluation report emphasized the importance of selecting the “right” kinship staff, describing ideal candidates as “Professionals who are passionate about working with families and quickly able to engage kinship caregivers” (Arizona’s Children Association & LeCroy & Milligan Associates, 2015). Other reports highlighted the importance of cultural awareness among kinship navigator staff and of programs themselves. In Oklahoma, for instance, the Community Resource Specialist (i.e., kinship navigator) is trained to take notice of any cultural cues that will help them in working

with the kinship family and referring them to appropriate services. As another example, Arizona’s program has relationships with translation services to accommodate other language needs, and auxiliary aids are available to serve participants with hearing or visual impairments.

Ultimately, while professional staff were noted as beneficial to many kinship programs, several states reported that navigators indicated they need more than orientation training, and that in-depth ongoing training opportunities—particularly in an e-learning format—would contribute to overall program success.

Assessment Tools

The more robust programs across the nation use intake forms and assessment tools to help the navigator assess family strengths and needs and refer families to appropriate resources. Typically, staff complete an intake form as a part of the initial conversation with a caregiver, collecting information on the caregiver’s contact information, gender, age, race, ethnicity, Tribal affiliation if applicable, employment status, annual household income, and benefits received, as well as pertinent child information such as the current and sought legal relationship, DCS involvement, and special needs status, among other factors.

Validated tools are then typically used as a part of an in-depth assessment process. A wide variety of tools have been used in kinship navigator studies, the most common being the Family Needs Scale (also known as the Family Resource Scale, used in 14 programs). Common tools used among programs with evaluation reports (or otherwise publicly available information) include:

- Behavioral Index for Children (BRIC)
- Child and Adolescent Needs and Strengths Assessment (CANS)
- Child and Adolescent Social and Adaptive Functioning Scale
- Family Needs Scale (FNS)/Family Resource Scale (FRS)
- Family Support Scale
- MacArthur Health and Behavior Questionnaire
- Medical Outcomes Inventory
- Multidimensional Well Being Assessment
- Multigroup Ethnic Identity Measure (MEIM)
- New General Self-Efficacy Scale (NGSE)
- Parenting Stress Index (PSI)
- Parent Stress Inventory

- Pediatric Quality of Life (PedsQL)
- Pediatric Symptom Checklist
- Protective Factors Survey
- Services/Resources Assessment
- SF-12, SF-10
- Services/Resource Assessment
- Social Support Index
- Social Support Questionnaire
- Social Support Survey
- Strengths and Difficulties Questionnaire
- Youth Services Survey/Youth Services Survey for Families

Program Findings

Among the 69 programs reviewed, 25 had publicly available evaluation reports or journal articles which the team examined to assess the effectiveness of kinship navigator and support programs across the nation. The majority (17) included significant, positive findings for program participants; however, many research studies were limited by small sample sizes and lack of comparison groups.

Programs with positive findings tended to see significant differences between intervention and comparison groups in well-being outcome measures, including decreases in caregiver stress and service needs. Several studies also reported positive findings in terms of child safety and permanency, including greater placement stability, decreased entry into foster care, lower rates of maltreatment, and achieving permanency at greater rates than comparison groups.

Positive findings were reported for both formal and informal caregiving families, though researchers reported some differences in how these groups used the programs. For instance, the Arizona Kinship Support Services report noted that informal caregivers were significantly more likely to participate in support groups and in activities related to seeking permanent, legal custody of a child whereas formal caregivers were significantly more likely to attend Kinship Information Sessions and receive basic assistance (Arizona's Children Association & LeCroy & Milligan Associates, 2015). Notably, an Oklahoma study suggested that for formal caregivers involved in the child welfare system, participation in a kinship navigator program improved their perception of Child Protective Services in the state (Oklahoma Department of Human Services & NorthCare Community Mental Health Center, 2015).

Four programs emerged as particularly promising, each of which found positive, significant outcome findings and for which study components appear to line up with the federal Title IV-E Prevention Services Clearinghouse requirements, including the use of validated study measures and comparison research designs:

- Colorado's Kinship Supports Model
- Michigan's Project Building Kinship Bridges
- Ohio's Kinship Supports Intervention
- Oklahoma's Family KINnections

Each program uses a case management or care coordination model, where kinship navigators use some type of family or needs assessment to identify family strengths and needs and refer caregivers to appropriate services. Navigators continue to work with caregivers based on their level of need and desired level of support, and navigators complete follow-up assessments to track changes over time. Across the programs, varying levels of peer support are present, ranging from a Peer Navigator model used in Michigan's Homes for Black Children's Kinship Navigator program, to support groups that constitute an optional, recommended component of Colorado's and Ohio's kinship support programs (and where the existence of and/or support group model varied across participating counties).

Although no single program emerged as an ideal candidate to replicate in its entirety, components of each of these programs would be worth considering for a Mississippi Kinship Navigator model. Each of the programs included child welfare-involved families in their target populations, and, although Oklahoma's program focused on licensed kinship foster parents, the remaining programs served voluntary child welfare-involved families, whose circumstances may more closely mirror that of Mississippi's primary target population of non-child-welfare-involved families. Among the programs identified nationwide, these four programs as they currently stand appear to have the greatest evidence behind them and the highest likelihood of achieving a positive rating by the federal Prevention Clearinghouse. Accordingly, each is a valid model to consider when developing a Mississippi-specific program.

Cost Findings

Among the 25 studies reviewed, very limited cost information was found. Findings that did emerge tended to indicate that kinship navigator programs are cost beneficial, particularly when assuming that some children in families served by kinship navigator

programs are diverted from foster care. For instance, Washington's Kinship Navigator pilot project researchers estimated that approximately 690 families were diverted from foster care over a 16-month period. Using an average time of navigator services provided to these families of 3.9 months per family and multiplying it by 690, the authors estimate that as many as 2,694 months of foster care were diverted. Similarly, Michigan's program researchers concluded that the navigator program was an affordable alternative to foster care, noting that the highest cost per navigator case was over 2.5 times less than the lowest comparative cost from the state of Michigan (\$2,176 vs. \$6,497).

Unfortunately, few studies reported average caseloads among navigator staff, average salaries, or other pertinent information that would allow for more detailed cross-site cost analyses. Additional data collection within the state of Mississippi as the program is developed may provide more accurate and useful estimates of potential program costs and cost-savings.

Kinship Caregiver Focus Groups

A total of 30 kinship caregivers participated across the five focus groups held. A total of 12 caregivers participated across the two groups held in Jackson, 6 participated in the group held in Gulfport, and 12 participated across the two groups held in Mound Bayou. A detailed table of the characteristics of caregivers at each focus group site is included in Appendix C-2: Kinship Caregiver Focus Group Participant Characteristics.

Overall, 90% of the 30 caregivers currently had a kin child living with them, 50% had more than one kin child living with them, 57% had cared for their kin child or children for longer than a year, 70% were related to the kin child/children as a grandparent, 23% were related as an aunt or uncle, and 7% were close family friends (i.e., unrelated by blood). The 24 caregivers who participated in the Jackson and Mound Bayou groups were primarily informal kinship caregivers, whereas the 6 caregivers who participated in the Gulfport focus group were primarily formal kinship caregivers.

Themes emerging from the focus group analyses fell into five categories: 1) kinship caregiving enjoyment, 2) kinship caregiving challenges, 3) kinship caregiving help needed, 4) kinship caregiving help received, and 5) kinship caregiver perception of CPS. The themes occurring within and between the focus group sites are discussed below by category and provided in a table of themes in Appendix C-3: Kinship Caregiver Focus Group Themes. In addition, numerous kinship caregiver quotes

are provided for each theme category and focus group site in Appendix C-4: Kinship Caregiver Focus Group Quotes for Each Theme Category.

Theme Category: Kinship Caregiving Enjoyment

Informal and formal kinship caregivers across all three focus group sites described their enjoyment in providing their kin children with the best possible care, including providing them with an abundance of love, keeping them out of the foster care system, ensuring they are safe and with familiar people, seeing them healthy and content, and receiving love and appreciation in return from them. They also enjoy having help around the house with tasks they are physically unable to manage and assistance in keeping up-to-date with the use of technology, including computers, the internet, and smartphones. Many of the caregivers in the focus groups also expressed their satisfaction in doing the work that God intends them to do and passing on the love of God to their kin children.

Theme Category: Kinship Caregiving Challenges

The kinship caregivers who participated in focus groups identified numerous challenges in caring for their kin children. Whereas formal caregivers in the Gulfport group did not emphasize financial challenges other than having enough money to pay for kin child medical bills, the informal caregivers in the Jackson and Mound Bayou groups stressed a lack of adequate financial resources as a primary challenge, including the strain of purchasing essential goods and services for their kin children, such as food, clothing, bedding, haircuts, school supplies, school uniforms, and internet for homework. Paying for extracurricular activities (e.g., sports, dance, cheerleading, and clubs), increases in household utilities, more gas for their cars, childcare, and even the cost of needing to move to a safer, more family-friendly community were also described as substantial financial challenges.

Feeling unsupported and alone in caring for their kin children is another challenge for informal caregivers. They expressed resentment that government human service agencies and CPS assist parents and licensed foster care providers but have very little to offer them, even though they are caring for children whose parents are unable to do so and who would likely be in foster care otherwise. And, when they have qualified for assistance (e.g., SNAP, Child Support, and Medicaid), they have had difficulty successfully meeting the ongoing requirements for maintaining assistance which are often geared more toward birth parents, adoptive parents, and legal guardians. They also reported difficulties in identifying available supports from local, nongovernment agencies and encountering long waiting lists when supports are identified. Some also reported

low levels of support from family and friends in addition to the lack of these other supports.

Both informal and formal kinship caregivers across the focus group sites have substantial challenges with the behavioral and emotional issues of their kin children. While they recognize that the children in their care have been exposed to trauma and are simultaneously mourning the loss of attachment to their parents, they feel helpless to fully address these adverse experiences and emotions beyond providing them with a safe, secure, and loving home. As a result, they experience increasing frustration as their kin children continue to struggle. Likewise, they feel ill-equipped to adequately advocate for their kin children as issues crop up at school, including learning disabilities, disruptive behaviors, and bullying from other children in the school.

The informal kinship caregivers who participated in the Jackson and Mound Bayou focus groups also have difficulty finding time to take care of themselves and their ongoing responsibilities and relationships (e.g., with spouses) in addition to the responsibilities of caring for their kin children. In order to afford increases in utility bills and to pay for the goods and services that their kinship children need, most are currently employed or seeking employment. However, they have difficulty finding a job that does not require working outside of school hours or arranging for care when their kin children return home from school and they are at work, and affordable childcare for caregivers with younger children is nonexistent. They also reported challenges in finding time to take their kin children to and from appointments and extracurricular activities, even if they are fortunate enough to have the financial resources to pay for those activities.

Informal caregivers in the Jackson and Mound Bayou focus groups reported that their relationship with the parents of their kin children is stressful. They described situations where the parents have yelled and cursed at them, undermined their caregiving authority, and demonstrated poor role modeling or provided inadequate care during visits. These situations are extremely upsetting and disrupt the routines and expectations they have set for their kin children.

Both informal and formal kinship caregivers described their own physical health problems as a caregiving challenge. Some have mobility issues and need assistive devices, such as canes, to assist them in standing, sitting, and walking. Others also have high blood pressure or other medical conditions that limit their stress tolerance and energy levels. One caregiver stated that multiple bouts of cancer had made full-time caregiving impossible for her.

Theme Category: Kinship Caregiving Help Needed

Kinship caregivers who attended focus groups identified a range of needed services, most of which are related to the caregiving challenges they described. Both informal and formal caregivers across all three focus group sites indicated a need for additional healthcare for their kin children, either through Medicaid or in addition to Medicaid, and help accessing behavioral and mental health counseling for child trauma, behavioral and mental health issues, and developmental disabilities. They also need help addressing school and education issues, including bullying of their kin children, assessing learning disabilities, and locating tutoring services, as well as finding and accessing positive extracurricular activities for their kin children, including mentoring, summer camps, and after-school activities. In addition, informal kinship caregivers also reported needing a financial stipend (i.e., like a foster care board and maintenance payment), childcare and respite care, and help locating and accessing essential goods and services for their kin children, such as food, clothes, toiletries, car seats, haircuts, beds and bedding, dental care, school supplies, and internet for homework.

Both formal and informal kinship caregivers want support from other caregivers. The need for local kinship caregiver support groups was mentioned by numerous caregivers. They expressed a desire to share their own experiences and challenges with other caregivers in support groups, to learn from the experiences and challenges of other caregivers, and to provide moral support to one another. In their opinion, other caregivers are in the best position to provide the education and information they need, such as how to manage kin child behavior more effectively, establish routines, locate and access services, and determine when to obtain legal custody or to adopt.

Theme Category: Kinship Caregiving Help Received

During focus groups, both informal and formal kinship caregivers indicated that they have received moral support, essential hard goods, and/or respite care from family, friends, and their church. They also described the moral support they have received through prayer and trusting in God. Informal caregivers who attended focus groups in Jackson and Mound Bayou reported receipt of SNAP benefits and Medicaid for their children and having received help from local service agencies, including counseling for their kin children, essential hard goods, help paying for utility bills, and legal assistance obtaining guardianship. One caregiver reported paying a private lawyer for assistance with obtaining guardianship and another reported that her

kin child's basketball coach provides mentoring for her child.

Theme Category: Kinship Caregiver Perception of CPS

Both formal and informal kinship caregivers who attended focus groups conveyed a sense of distrust in CPS. Informal caregivers are generally afraid that CPS is only using them to avoid paying for foster care and are resentful of the money and assistance that formal kinship and foster care providers receive. In their experience, CPS workers are unhelpful, do not care about or appreciate them, and are looking for any reason to take their kin children away from them. Formal caregivers are also afraid that CPS is looking to take their kin children away and believe that CPS does not trust or respect them and that there is too much CPS oversight of kinship caregivers, including excessive regulations and too many different CPS workers visiting their homes too frequently. Formal caregivers also reported that the high rate of CPS caseworker turnover makes it difficult to form a trusting relationship with any one worker, and that there is a general lack of straightforward, honest communication with kinship caregivers.

Statewide Kinship Caregiver Survey

Surveys

Survey data collection began Sept. 1, 2019. The analyses provided are based on data entered through Sept. 27, 2019.

Ninety-three kinship caregivers initiated a survey response during the month of September. Of these, ten respondents answered 'No' to the screening question asking if they were raising a child or children of friends or family; these survey responses were excluded from the analysis. Surveys responses were also excluded if respondents failed to answer the needs questions. In all, seventy-two of the surveys completed by caregivers were useable for analysis.

The survey requested caregivers to respond to 19 potential needs with response options based on a 5-point scale ranging from 1: Strongly Disagree to 5: Strongly Agree.

Most surveys were completed through the web (76%); the remaining surveys were almost equally divided between the phone voice option (13%) and the phone text option (12%). It should be noted that although most responses were submitted through the internet, 12% of all respondents indicated that they did not have reliable access to the internet.

Demographics

Most caregivers who responded to the survey were grandparents (60%), followed by aunts or uncles (19%). Caregivers also included cousins (5%) and family friends (4%). Of the 10% of the caregivers who categorized themselves as 'Other', only three gave additional information: two were stepparents and one was a work colleague. African American or Black caregivers made up 58% of respondents; 41% of respondents were White.

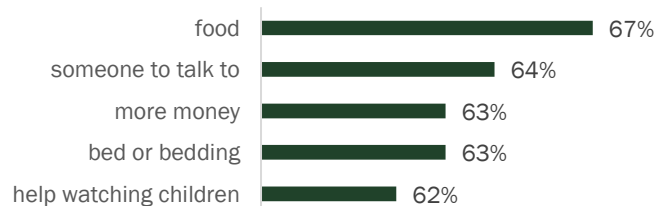
Needs

Given that the majority of caregivers were grandparents it is likely unsurprising that over 60% alluded to their financial insecurity while raising the children of family and friends—including needing more money to pay rent or a mortgage (63%), needing more food (67%), as well as needing a bed or more bedding while the children were in their care (63%). Respite (62%) and social support were also highly desired commodities; for example, 60% of the caregivers agreed or strongly agreed that they have wanted to connect with other kinship caregivers while raising their children, or that they have needed someone to talk to when having a hard time with the children in their care (64%). While many needed assistance with transportation (59%), over 50% of the caregivers also noted the need for assistance accessing public assistance programs such as Medicaid or help obtaining temporary or permanent legal custody of their children.

Based on the questions asked, the lowest extent of agreement was indicated for the statement "I've had a hard time with the behavior of the child(ren) in my care" (41%). It should be noted, however, that this still equates to 4 out of 10 caregivers who agreed or strongly agreed with this statement—a noteworthy number given the nervousness some individuals may have had responding to this statement in the affirmative.

Figure 1 provides a ranked overview of the five most needed commodities based on caregivers' responses to survey questions.

Figure 1. When raising others' children, caregivers need both financial and social support.

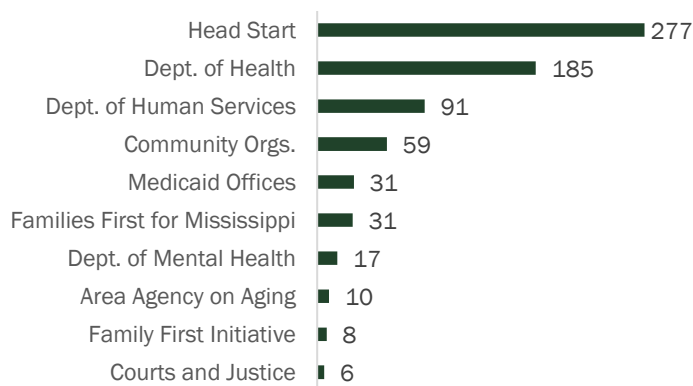


Appendix D-4 (Figure D5) provides a detailed overview of the percentage of caregivers who responded Agree or Strongly Agree to each of the questions in the survey.

Mississippi Service Availability Review

In all, 714 service locations were identified across the state. The agencies and organizations identified ranged from large, State-run agencies to small, local nonprofits that specialized in an array of services (providing coats for children, child development supportive services, baby-sitting services, etc.). As might be expected, the highest density of services, regardless of type, was found in the more populated areas of the state, such as Jackson and the Jackson Metropolitan area, Hattiesburg, the Gulfport and Biloxi areas at the Gulf Coast, and to a lesser extent, the area of Tupelo.

Figure 2. In all, 715 service agencies & organizations were identified; many were State agencies.



Head Start, run by local entities, showed a prolific presence across the state, including parts of the Delta. Many counties had more than one Head Start location, though it is unknown how many children and families were served within each county or within each Head Start facility. Again, perhaps as expected, clusters of Head Start program locations were centered around the cities and towns with larger populations.

Similarly, the Department of Health showed a strong presence throughout the state—the study team found 185 different locations. However, only 17 Department of Mental Health locations were identified across Mississippi’s 82 counties, perhaps suggesting a scarcity of State mental health service availability.

As shown in Figure 2, Families First for Mississippi has 31 sites. While Families First for Mississippi sites are not located in all 82 Mississippi counties, they have a wide presence that includes locations in the larger cities,

many of the rural counties, and in parts of the Delta region.

Although only 59 other community service organizations were identified, it is likely that many more exist. As more are identified, they should be added to the catalog of service providers. It will also be important to catalog services provided by local places of worship.

Appendix E-1 provides five Mississippi State maps. The first provides an overview of all identified service locations regardless of type. This is followed by a second map providing an overview of the Families First for Mississippi locations together with the location of Families as Allies. These two maps are followed by maps illustrating the locations of the Department of Health, Head Start, and finally, all other Government and Community Agencies, respectively.

The full list of service providers together with their addresses, and alphabetized by city, can be seen in Appendix E-2.

Recommendations

Based on the findings of the needs assessment and feasibility study, there are eight overarching recommendations for the development, implementation, and evaluation of Mississippi’s Kinship Navigator program.

Recommendation

Gather additional perspectives from Mississippi kinship caregivers on their needs and the service array they would be most likely to access and benefit from.

A no-cost extension is recommended to complete and finalize data-gathering efforts by holding additional focus groups through the end of this year and extending survey data collection through the end of February 2020. This will augment quality assurance in the development of the Mississippi Kinship Navigator program, helping to maximize a family-driven approach with input from families across the state.

As described, five focus groups in Jackson, Gulfport, and Mound Bayou have been held with kinship caregivers. The participating caregivers provided valuable contributions to our understanding of available services, caregiver needs and concerns, and the considerations that should be addressed when implementing a kinship navigator program in Mississippi; however, to gain a complete statewide understanding of the services needed, additional information should be gathered. We recommend a continuation of the caregiver focus groups through the end of December 2019. This will allow the study team to gather important information and

perspectives from caregivers in regions of the state yet to be researched.

In tandem, we recommend a continuation of survey data collection, primarily through word-of-mouth dissemination and in-person administration of the survey (e.g., through programs and agencies that currently serve kinship caregivers and during additional kinship caregiver focus groups). A more comprehensive understanding of the landscape from multiple sources across the state will add to the rigor of the findings so a kinship navigator program that is truly responsive to caregiver perspectives can be implemented. We therefore propose a continuation of survey dissemination through the end of February 2020 to allow for the additional efforts in-person administration of the survey will require.

Recommendation

Convene a stakeholder advisory committee that is fully inclusive of kinship caregiving families to oversee and guide the development, implementation, and evaluation of the Navigator program

To develop a program that is effective for Mississippi kinship caregivers, a stakeholder advisory committee should be convened at the start of program development. This advisory committee should meet regularly to guide all aspects of the program. It is essential that kin caregivers be included in the advisory committee as partners in the design, implementation, and evaluation of the Navigator program, and that they receive appropriate training, support, and/or coaching to do so. For example, caregivers on the advisory committee could be trained or supported through a family-driven leadership philosophy or curriculum by other families and caregivers with lived experience.

In addition to kinship caregivers, the advisory committee should include church leaders, government human service agency administrators, nongovernment community service agency directors and staff, and program evaluation staff. Taken together, the stakeholder advisory committee will be able to provide unique insights into the needs and difficulties experienced by kinship families across the state and provide recommendations to ensure the program is relevant and responsive to local populations.

Recommendation

Develop a family-driven Kinship Navigator program that: (a) targets kinship caregivers with non-child-welfare-involved children (i.e., informal caregivers) and (b) includes care coordination and caregiver support networks

Given the lack of trust in the child welfare system that kinship caregivers described in the focus groups, it is

recommended that the Mississippi Kinship Navigator program not only be administered and implemented by community-based agencies, but that it also be family-driven. This means that caregivers should be integral in the design, implementation, monitoring and evaluation of the program—partnering in decision-making at all levels. Caregivers should have the primary role in decisions regarding their kin children and in determining their own service array from within the Navigator program. This includes self-identification of strengths, challenges, desired goals, and the steps needed to achieve those goals, as well as choosing supports, services, and providers who are culturally and linguistically responsive and aware. Designing the Navigator program within this family-driven framework will maximize the program’s potential for successfully engaging and assisting Mississippi kinship caregivers.

The findings of the needs assessment and feasibility study indicate that informal kinship caregivers with children and youth who do not have active MDCPS cases should be targeted for Navigator program services. Compared to formal caregivers, informal caregivers have few supports and resources at their disposal, making caregiving extremely stressful. If informal caregivers can receive the supports and services they need through the Navigator program, the children and youth in their care may be less likely to end up in the child welfare system and, in turn, in formal foster or congregate care placements. However, formal kinship caregivers should not be excluded from program services, as they will likely still benefit from Kinship Navigator program services. This could decrease the likelihood that the children and youth in their care end up in more restrictive placement settings within the system.

The need for kinship caregiver individualized, one-on-one care coordination is also indicated by the findings of the needs assessment and feasibility study. The caregiver focus groups and statewide survey findings demonstrate that Mississippi kinship caregivers have a wide range of needs and are stretching their few existing resources to a breaking point in order to care for their kin children. And, while the focus group findings demonstrate their strong commitment to caring for their kin children, these kinship families are at imminent risk for disruption without additional services and supports. Mississippi kinship caregivers seem to need more than a simple information and referral system to access those needed services and supports. They likely need routine comprehensive needs assessments, service referrals that reflect their specific needs, and assistance accessing and following-through with referrals. It is therefore recommended that each kinship caregiver receiving

program services have a Kinship Navigator to personally administer these care coordination services.

The Kinship Navigator should also be responsible for coordinating caregiver-driven support networks based on the needs and wants of the caregivers in their service area. Peer-to-peer collaboration, evaluation data, and feedback to the Kinship Navigator from caregivers should be used to develop support networks that are responsive to the needs families identify. These networks might include additional training for families, online or in-person social networks, family-driven policy projects, or more traditional support groups. Additional details on care coordination for kinship caregivers and building caregiver support networks is included in the Situation Analysis Report in Appendix A.

Recommendation

Ensure that the Mississippi Kinship Navigator program capitalizes on the already-existing array of services, programs, and initiatives in the state

To ensure a smooth start to program development and implementation, it will be critical to make the most of the services and programs already available, and where possible, to build on and coordinate these efforts over time.

The study team identified a wide base of programs and services already in operation across the state. These programs should be leveraged as part of a Mississippi Kinship Navigator service continuum as programs that both refer families to Navigators and as providers of services for kin families.

As a part of this report, we documented the programs and services identified through our research activities; we recommend building on this effort by continuing to add to this catalog of services and further identifying other local services and service locations as the Mississippi Kinship Navigator program is developed. Religion and faith are of particular importance to Mississippians, and places of worship are abundant throughout the state; therefore, it will be important to identify and document church and faith-based organizations that may offer service arrays and supports from which kinship families could benefit. This document should be consolidated into a physical or web-based resource list, which could be used by both caregivers and service providers to identify available services within a given community.

We also recommend individualized, face-to-face contact with each local service provider to describe the Mississippi Kinship Navigator program and its goals to increase buy-in and willingness to receive referrals from, and make referrals to, the program. The building of local

relationships between Navigators and local service providers will be key to program success.

Finally, key stakeholder interviews revealed a wealth of organizations and individuals who are invested in meeting the needs of kinship caregivers and who are eager to participate in this statewide effort. It will be important to leverage this enthusiasm to ensure that a committed momentum for the program development and implementation continues through purposeful, coordinated, and organized efforts.

Recommendation

In partnership with the stakeholder advisory committee, develop a written program manual that details the components and processes of the Mississippi Kinship Navigator program.

The Mississippi Kinship Navigator program must have a program manual or similar documentation to be eligible for review by the Title IV-E Prevention Services Clearinghouse. A program manual will better ensure that implementation is consistent between Navigator program sites (and between multiple Navigator staff at the same site) and that targeted kinship caregiver and child outcomes can be empirically demonstrated. The manual should be developed in close consultation with the stakeholder advisory committee and, ideally, the process should be led by an organization experienced in developing kinship navigator and/or kinship support program manuals. The first step in the development process is to specify a theory of change that delineates program change mechanisms and the relationships between the mechanisms. The next step is to develop a logic model that includes program inputs, activities, outputs, and short- and long-term outcomes. From there, the Mississippi Kinship Navigator program target population, services, implementation and fidelity supports, and data collection procedures can be specified in a written draft of the manual.

Recommendation

Pilot the Kinship Navigator program in a multi-site community-based agency.

Mississippi's Kinship Navigator program should be piloted in a multi-site community-based agency with a service philosophy that aligns with family-driven practice. This would allow for a program to be quickly and cost effectively piloted in a selection of sites, and subsequently rolled out across the state over time.

A multi-site community-based organization is also optimal for evaluation purposes. However, the selection of a particular organization (or organizations) to provide Kinship Navigator services will significantly impact the type of study that can be conducted which may, in turn,

impact the ultimate rating the program receives by the Title IV-E Prevention Services Clearinghouse. It will therefore be critical to carefully consider the characteristics of potential service providers before selecting one to pilot the program.

Ideally, the organization selected to provide Kinship Navigator services will already be serving a broad population of families, including kinship families with children of all ages. This will allow for participants to be easily enrolled in the program in implementation sites, and also provide a pool of families for outcomes to be compared to in sites not yet implementing the program. Having a group of families to compare outcomes to is required under FFPSA, and identical data measures will need to be available for both intervention and comparison families. Selecting an organization that already collects some level of data on families would also benefit the state, by minimizing data collection burden as well as lowering program implementation and evaluation costs.

Our interviews with state and community stakeholders as part of this study's situation analysis indicated that such agencies do currently exist in the state. However, gathering additional information on prospective Kinship Navigator provider agencies would allow for further consideration into potential strengths or limitations that may enhance or impede a Mississippi-specific study. Specifically, limitations involving the population of caregiving families available for comparison purposes could impact the generalizability of study findings and the rating the program receives by the Prevention Clearinghouse. Ultimately, federal reimbursement for Kinship Navigator programs will be limited to only those that are favorably rated by the Prevention Clearinghouse; it would therefore benefit the state to carefully consider study implications when selecting a Kinship Navigator provider organization.

Recommendation

Develop an outcome study that balances real-world considerations with study design rigor

To ultimately be eligible for reimbursement under FFPSA, kinship navigator programs need to have demonstrated positive effects that meet Title IV-E Prevention Services Clearinghouse criteria. To do so, programs need to be evaluated using either a quasi-experimental or randomized controlled trial (RCT) design.

An RCT is the most rigorous research design possible and provides the highest level of evidence of a program's effectiveness. However, real-world limitations can hinder the practicality of an RCT, particularly one

delivered in a community setting where intervention services could easily "spill over" into a control group. For instance, a model involving peer support among caregivers within a particular service region could easily spill over into a control group if certain caregivers were intended to receive peer support and others were not.

Stakeholders should be prepared to consider both ethical and practical considerations of various research designs, and researchers should be on hand to present various design possibilities as the program is developed, including both RCT and quasi-experimental options. The final selection will ultimately depend on the specifications of the fully developed program, which should be finalized with stakeholder input.

Regardless of the type of design selected, researchers will need to work closely with the organization implementing the program to understand the range of data measures currently being used with existing clientele. Using existing data to the greatest extent possible will minimize data collection burden and contribute to the range of outcome measures that can be compared between an intervention and comparison group. Additional valid, reliable measures used in other successful kinship studies, such as the Family Needs Scale and Parenting Stress Index, should also be considered.

Although the study team's review of kinship navigator programs across the nation identified several programs with significant, positive findings, the differences between intervention and comparison groups were typically modest at best. Finding statistically significant differences between groups for these types of community-based interventions can be challenging; it will therefore be critical to focus attention on outcomes we would hope to see based on the service provided, and measure as many outcome variables as possible to increase the likelihood of finding the significant differences between groups that are necessary for continued federal funding.

Ultimately, researchers will need to work closely with the organization implementing the program and a stakeholder advisory committee to develop a research plan that balances real-world considerations with study design rigor. An ongoing collaborative effort will be integral to developing an effective kinship navigator program that can be studied and submitted to the Prevention Clearinghouse by June of 2021.

Recommendation

Follow the timeline included in Appendix F for the development, implementation, and study of a Mississippi Kinship Navigator program under FFPSA

A detailed timeline is included in Appendix F. The timeline delineates the specific tasks that need to be completed between Oct. 1, 2019 and April 30, 2022. Completion of the tasks within the specified timeframes will ensure that the Mississippi Kinship Navigator program meets the needs of Mississippi kinship caregivers and is sustainable under FFPSA.

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Appendices

Appendix A: Situation Analysis Report

Appendix B: Table of Kinship Support Programs Across the Nation

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Appendix D: Kinship Caregiver Statewide Survey

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Appendix E: Mississippi Service Availability

Appendix E-1: Service Provider State Maps

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Appendix F: Timeline for the Development, Implementation, & Study of a Mississippi Kinship Navigator Program Under FFPSA

Appendix A: Situation Analysis Report

July 2019

Mississippi Kinship Navigator Needs Assessment & Feasibility Study: Situation Analysis & Key Preliminary Issues Report

Prepared for the Mississippi Department of Child Protection Services

Introduction

The Mississippi Department of Child Protection Services (MDCPS) is exploring the needs of Mississippi kin caregivers and the feasibility of implementing a kinship navigator program under the federal Family First Prevention Services Act (FFPSA). This report presents the findings from an initial situation analysis of kin caregiving nationally, and in the state, in addition to the key preliminary issues for consideration in the needs assessment and feasibility study. The findings will be used to shape the remaining primary study activities, including a detailed review of existing kinship programs in the nation, the identification of kin caregivers in Mississippi and their service needs, and recommendations for the implementation of a Kinship Navigator program in the state.

Summary

The situation analysis findings indicated ten key preliminary issues to be considered in the needs assessment and feasibility study:

1. To receive ongoing federal funding under FFPSA beyond the development phase, effectiveness of the Mississippi Kinship Navigator program should be demonstrated according to the standards and procedures set forth by the Title IV-E Prevention Services Clearinghouse.
2. Although Mississippi kin who are licensed by MDCPS may benefit from Kinship Navigator program services, Mississippi kin who care for non-child-welfare-involved children and youth will likely experience the greatest benefits from these services.
3. Non-child-welfare-involved kin caregivers are unlikely to seek out Kinship Navigator services if those services are provided directly by MDCPS.
4. There is an already-existing web of programs and services in Mississippi that can benefit kin caregivers.
5. Mississippi kin caregiver needs and access to services are likely to vary by the region in the state in which they live.
6. A thorough understanding of past and current Kinship Navigator programs and services in other states is key for the development of a Mississippi-specific Kinship Navigator program.
7. The Mississippi Kinship Navigator program should work closely with churches and faith-based organizations.
8. There are potentially many non-child-welfare-involved kin caregivers in Mississippi.
9. A Kinship Navigator program that includes care coordination and building caregiver support networks based on kin caregiver needs is likely to be most beneficial for Mississippi kin caregivers.
10. The newly available FFPSA transitional funds will allow some additional time for the development and evaluation of the Mississippi Kinship Navigator program.

Situation Analysis

Information & Data Collection

The three primary information and data collection activities for the situation analysis included a review of existing documentation, a meet and greet with key community stakeholders, and detailed interviews with select MDCPS administrators, other relevant state department administrators, and community service provider stakeholders. These are described in more detail in Appendix A. The list of Meet and Greet Attendees is included in Appendix B, and state and community interview protocols are included in Appendices C and D, respectively. Appendix E includes a list of stakeholders interviewed for this situation analysis.

National Kinship Care Context

Definition

Throughout the nation, grandparents, aunts and uncles, and other family members and close family friends are caring for children other than their own. These arrangements, known commonly as kinship care, are

generally believed to be in the best interest of children, as they minimize disruption in children’s lives by allowing them to live in a familiar setting close to the family, neighborhood, and culture they know best.

Nationally, the use of kinship placements has grown substantially in recent years, allowing children at risk of being placed into non-relative foster care to instead be cared for by a kinship caregiver (Annie E. Casey Foundation, 2012). However, because kinship care has been defined differently over time and across jurisdictions, estimating the exact number of children in kinship care is challenging. The Child Welfare Information Gateway currently defines kinship care as, “The care of children by relatives or, in some jurisdictions, close family friends (often referred to as fictive kin).” However, kinship care itself spans a variety of arrangements and is also often characterized as either “formal” (meaning there is, or at some point has been, involvement in the child welfare and court systems) and “informal” (the arrangement was made voluntarily, though there may be some level of child welfare involvement). Within these definitions, there are four separate types of kinship care that practitioners and researchers commonly refer to (Testa, 2017):

- **Public kinship care (formal):** Courts have awarded legal custody of the child to the state and the child is placed with kin through the foster care system. These caregivers receive payments from the child welfare system if they are licensed or approved as foster parents.
- **Permanent kinship care (formal):** Courts have awarded permanent, legal custody or guardianship to caregivers who were previously caring for kin children as foster parents.
- **Voluntary (informal):** A child welfare system has initiated the removal and facilitated voluntary placement of the child with kin, but the legal custody of the child remains with the biological parent (or in some cases, temporary custody is awarded to kin). Also commonly referred to as “diversion,” voluntary kinship care arrangements can range widely in terms of the level of child welfare involvement—from a brief home visit or background check to opening a case and providing ongoing intervention and treatment services.
- **Private (informal):** Private arrangements in which legal custody remains with the birth parents and care arrangements are made without involvement of the child welfare agency or the juvenile court system.

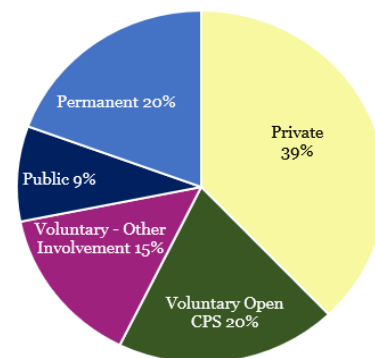
Prevalence

Estimating the number of children in kinship care is complicated by the fact that individual caregivers can occupy a variety of different roles. For instance, a caregiver may at one point informally care for a child while later take on the role of licensed foster parent. Later still, if they are awarded permanent custody, their formal role as an adoptive parent may eclipse their kinship status. In fact, some general population surveys skip asking relatives questions about their experiences as non-parental caregivers because they have become the legal parents of the children in their care. Because of this multiplicity of roles, caregivers may be omitted—or double-counted—depending on the type of estimate being made.

Given the variety of roles that caregivers may assume, the most comprehensive data currently available about the numbers, and types of kin care arrangements comes from the 2013 National Survey of Children in Nonparental Care (NSCNC). As shown in Figure 1, these findings show that the largest grouping of kin care arrangements are private kinship care, where kin caregivers are caring for children without current or previous child welfare involvement (39%); in contrast, public kinship care constitutes only a fraction of kin care arrangements (9%) (Testa, 2017). Bramlett, Radel, and Chow, who analyzed this data, estimate that an additional 436,000 adopted children are also living with relatives or fictive kin (2017).

Figure 1. Children in Kinship Care

2.2 Million Children in Kinship Care Nationally



Service Needs

Despite the vast number of informal kin care arrangements, studies have shown that service availability for public (formal) kinship caregivers far surpass those for informal private and voluntary kinship caregivers (Letiecq, Bailey, & Porterfield, 2008; Goodman, Potts, Pasztor, & Scorzo, 2004; Goodman, Potts, & Pasztor, 2007). For informal caregivers,

be eligible for federal reimbursement, these programs must meet certain federal criteria and be rated as a “promising,” “supported,” or “well-supported” practice by the Title IV-E Prevention Services Clearinghouse.

In the spring of 2019, the Administration for Children and Families released the Prevention Services Handbook of Standards and Procedures which details program components that Kinship Navigators must include, as well as study requirements that programs must meet, in order to be rated by the Clearinghouse.

While there is considerable flexibility in the types of programs that can be developed, study requirements are more stringent. Specifically, programs must be evaluated using a Randomized Control Trial (RCT) or quasi-experimental design and compare outcomes for children and families who received the program to a similar group of children and families not receiving program services. To meet the lowest standard acceptable to receive federal funding (i.e., “promising”), the study must show that children and families receiving the program achieved a statistically significant improved outcome (over and above the comparison group) in at least one of the following target outcomes: 1) child safety, 2) child permanency, 3) child well-being, 4) adult well-being, 5) access to services, 6) referral to services, and 7) satisfaction with programs and services.

Unfortunately, the Prevention Services Clearinghouse study standards are particularly difficult to meet for studies examining the effects of kinship navigator programs, particularly if they focus on informal families among the general population, for whom consistent data is not already available. Because informal families are typically not all connected to existing services that track identical outcome measures, establishing an appropriate comparison group of children and families may be challenging. When considering options for establishing study groups and an evaluation design, it will be critical to consider the following elements:

- **Baseline equivalence:** The primary difference between the intervention and comparison groups should be the receipt of kinship navigator services. Children and families in each group should have roughly similar backgrounds, characteristics, and access to services, with the exception of the intervention group receiving support through the kinship navigator program.
- **Measurement standards:** Outcome measures must be valid, reliable, and there must be consistency in measurement between the intervention and comparison groups. Measures should be constructed the same way for each group, and the time between pre-test (baseline) and post-

test (outcome) should not systematically differ between intervention and comparison groups.

- **Design confound standards:** Closely related to baseline equivalence, study design must ensure there are no confounding factors that are systematically different from one group to another. For instance, the Prevention Services Clearinghouse offers “refusal of offer of treatment” as one example of a confounding factor (i.e., the intervention and comparison groups cannot consist of individuals who accepted and refused kinship navigator services, respectively, because individuals who accept and refuse treatment may differ systematically from one another).

Unfortunately, most kinship navigator programs that currently exist were developed prior to these standards being released, and few are likely to meet study and outcome measure requirements. The two programs initially selected for review by the Prevention Clearinghouse (Kinship Interdisciplinary Navigation Technologically-Advanced Model, or KIN-Tec; and The Children’s Home Society of New Jersey Kinship Navigator Model) both ultimately received a rating of “unable to be rated” due to not meeting the strict study or outcome measure requirements. Currently, no kinship navigator programs are eligible under the Family First Prevention Services Clearinghouse.

Review of Existing Programs and Stakeholder Interview Insights

In the next phase of the project, the study team will complete a comprehensive review of kinship navigator programs that currently exist throughout the nation, comparing program services offered to the needs of Mississippi, and the extent to which each has been successful in achieving positive outcomes for children and families. To date, 34 kinship programs have been identified across 22 states for review. However, because most programs have been developed with special attention to local needs, it will likely be necessary to develop a unique program that will best serve families throughout the diverse climate of Mississippi.

Throughout interviews with stakeholders as a part of this situation analysis, we have begun to uncover existing strengths, including a diverse array of existing services, and supports that kin caregivers may need. These interviews have also been used to begin identifying potential data sources that could be used to develop intervention and comparison groups and outcome measures. For instance, the Family Resource Center of North Mississippi and the Mississippi Community Education Center, who provide Families First for Mississippi Services throughout the state, currently

conduct an extensive intake process and follow-up with families regularly, providing a potential opportunity to establish intervention and comparison groups, and each of which expressed interest in providing Kinship Navigator services. Similarly, the three Mississippi Division of Medicaid Coordinated Care organizations (United Health Care, Magnolia, and Molina) provide the managed care program *MississippiCAN* to families throughout the state and have comprehensive data on the number and type of services and supports that families apply for and receive—also potentially useful for a program study.

Family First Prevention Services Act Transitional Funds

Ultimately, developing a Kinship Navigator program for Mississippi will need to occur quickly, as federal funding for the development, evaluation, and enhancement of FFPSA Kinship Navigator programs expires on October 1, 2021, and up until recently programs would need to have been reviewed and approved by the Clearinghouse by this point in order to secure additional and ongoing funding. However, ACF recently announced that FFPSA transitional funds will now be available for programs that states reasonably believe will receive a favorable rating by the clearinghouse, which allows slightly more time for the development process to occur.

Prior to the announcement, findings from the Kinship Navigator program would have had to be submitted long before the 2021 deadline to allow sufficient time for the FFPSA Clearinghouse to review and approve a Kinship Navigator program. However, these transitional funds now allow for the submission of program findings to be submitted at any point up until the October deadline, as long as promising findings have emerged and researchers have valid reason to believe the program will be positively rated. While not an enormous extension, the establishment of these funds provides several additional months to carefully plan, implement, and study a Mississippi Kinship Navigator program.

Mississippi Kinship Care Context

Overarching Findings

Rural Areas

With a population of close to three million and covering approximately 47,000 square miles, Mississippi is one of the most rural states in the nation: an estimated 50.3% of its population lives in rural areas, and it has an average population density of 63 people per square mile (World Population Review, 2019). In fact, the Office of Rural Health Policy describes 79% of Mississippi's 82 counties as completely rural and others as having large rural tracts (List of Rural Counties, 2010).

The Mississippi Broadband Enabling Act was signed into law earlier this year, with the hope of improving broadband internet access to rural areas. In the meantime, however, approximately 580,000 people in Mississippi are without access to a wired connection capable of 25 Mbps download speed which is the minimum broadband speed as defined by the Federal Communications Commission as adequate for light usage; and approximately 250,000 Mississippians have no wired providers available in their area. To some extent this may further isolate some rural Mississippians from information and communication. Nonetheless, it should be noted that for those people who have a mobile device such as a cell phone, the internet is accessible throughout Mississippi, although the degree to which data can be used will depend on the provider (Reese, 2019).

Race, Poverty, & Health

Approximately 37% of Mississippi's population is African American; 59% is white; and 4% is made up of other ethnicities, including Native American (World Population Review, 2019); notably, the Mississippi Band of Choctaw Indians have over 10,000 members, with land covering 10 of Mississippi's counties (Mississippi Band of Choctaw Indians, n.d.).

Among these individuals, many are living in poverty; the 2010-2014 American Community Survey estimates approximately 20% of Mississippians live in poverty compared with approximately 12% nationally. Indeed, Mississippi is the most impoverished state in the nation; 24% of households experience food insecurity compared with approximately 12% nationally (U.S. Dept. of Agriculture, 2017). At the county level, the areas with most poverty tend to have the largest African American populations (Index Mundi, n.d., Annie E. Casey Foundation, n.d.).

The average life expectancy for Mississippians is three years less than the national average, but notably, health outcomes differ significantly between races, with African American Mississippians faring worse on a wide range of health indicators. Throughout the state, obtaining healthcare can be difficult for a variety of reasons, including unemployment, cost of healthcare, transportation challenges, and physician availability. For example, prior research found 27% of African Americans compared with 18% of whites had been unable to see a doctor in the previous year due to cost, and that travel time to the nearest primary care physician in one county could take up to 4 ½ hours, well beyond the federal benchmark of 30 minutes for Health Professional Shortage Areas. In fact, eight counties' residents indicated travel times of 3 hours or greater to the nearest

health care provider (Mississippi State Department of Health, 2016).

These health challenges extend to infants and babies as well: 17% of babies in Mississippi are born before the 39th week of pregnancy, compared with 12% nationally. This percentage increases to 20%, or 1 in 5 births, for the African American community, putting infants at risk for both physical health problems (including death), and developmental delays (Mississippi State Department of Health, n.d.). And while Mississippi has not seen the same dramatic rise in opiate use that has occurred nationally, there has nonetheless been an increase in neonatal hospitalization related to maternal drug use (Mississippi State Department of Health, 2019; National Institute on Drug Abuse, 2019).

Education

In 2015, only 26% of fourth graders in public schools were proficient or better in reading (National Center for Education Statistics, 2015). These data also showed that adjusting for regional cost differences, Mississippi spent approximately \$2,500 less per child on education than the national average (National Education Association, 2019); and per child state spending on preschool children was \$2,161 in Mississippi between 2017 and 2018, less than half the U.S. average of \$5,175 (Friedman-Krauss, Barnett, Garver, Hodges, Weisenfeld, DiCrecchio, 2019).

Religion

Finally, Pew research data suggest that religion is important to many Mississippian adults: 83% are affiliated with a Christian faith (mainly Evangelical and Historically Black Protestant) and 49% of respondents stated that they attend church on a weekly basis (Pew Research Center, n.d.). Churches and other faith-based organizations are therefore very important for communities, in fact Mississippi was ranked 8th in the nation for religiosity (Pew Research Center, 2016). And anecdotally, perhaps hand-in-hand with this statistic, people describe the giving, wonderfully supportive nature of Mississippians as well as the importance of maintaining good relationships at all levels of Mississippi society.

Prevalence

Recent estimates suggest that a substantial number of children in Mississippi are being cared for by kin. Based on the Current Population Survey Annual Social and Economic Supplement (CPS ASEC), an estimated 8% (n=56,000) of all children in the state lived with a relative without a parent present during 2018, and according to the federal Adoption and Foster Care Analysis and Reporting System (AFCARS), 39%

(n=2,095) of all children 0 to 20 years old in MDCPS custody were living in a relative foster family home on the last day of Federal Fiscal Year (FFY) 2017. In that same year, the American Community Survey (ACS) estimated that 88,601 Mississippi grandparents were living with grandchildren under 18 years old, with almost 19% of these grandparents being responsible for their grandchildren with no parent present.

There are likely even more children being cared for by kin than the above estimates suggest. While AFCARS provides a reliable point-in-time count of children in foster kin care, it does not capture the total number of children in custody at any point during a given year, nor does it capture the small number of children who are not in custody but who are receiving MDCPS services and are in relative care. In addition, both the CPS ASEC and the ACS are community surveys that extrapolate prevalence estimates based on samples of families in the state who respond to the surveys, and obtaining representative samples may be particularly challenging from low-income populations, persons of color, rural residents, immigrants, and native populations (Annie E. Casey Foundation, 2018). In fact, most of the northwest area of Mississippi, along with many parts of the southern half of the state, are among the most difficult areas in the country to survey (Center for Urban Research, 2019). Undercounting in this region may occur for a variety of reasons, including difficulties with rural locations and access, but these families may also avoid providing responses due to a historical and continuing fear and suspicion of revealing information to government sources. However, both the CPS ASEC and ACS do have their strengths. In addition to being publicly available, they can be disaggregated by various demographic indicators at the county level and by zip code where population sizes are large enough.

Service Strategy & Caregiver Needs

Based on our work in other states, the existing research, and what we learned from the initial state and community stakeholder interviews, the needs of Mississippi kin caregivers likely fall into two overarching service strategies, including care coordination and building support networks.

Care Coordination

Care coordination typically begins with an assessment of individual concerns and priorities, and most evidence-based kinship support programs include a structured assessment of caregiver needs. Some include assessments developed specifically for use by the programs whereas others include existing parent-based assessments. For example, Ohio's Kinship Supports Intervention, which has demonstrated positive child

outcomes for children in kinship care (Wheeler & Vollet, 2018; California Evidence-Based Clearinghouse for Child Welfare), uses the Family Resource Scale (FRS), which is highly predictive of effective parenting and positive family functioning (Dunst & Leet, 1987; Dunst, Trivette, & Deal, 1994; Brannan, Manteuffel, Holden, & Heflinger, 2006). Regardless of the assessment used, existing kinship programs commonly assess the categories of caregiver resources included in Table 1.

Table 1. Commonly Assessed Kin Caregiver Resources

Resource Category	Example Resources
Hard goods	Food, clothing, bedding, and car seats
Housing	Money to pay rent or mortgage and money to pay utilities
Health Care	Medical insurance or Medicaid for children and dental care access
Employment	Job stability and salary adequacy
Transportation	Car or public transportation access
Child care	Availability while at job and respite care
Mental health	Behavioral and trauma-informed caregiving skills and trauma-informed assessment and treatment for children
Legal assistance	Guardianship/Adoption assistance
Birth parent communication	Boundary setting and scheduling visits
Self-care	Time to socialize, be alone, participate in fun activities, exercise, and get enough sleep

Following the initial assessment, care coordination continues with referral to and direct delivery of services aimed at addressing assessed caregiver needs. The mix of service referrals and direct delivery of services largely depends on the availability of services in a caregiver's community and in-house program resources. Referrals are almost always made to ongoing specialized services, such as behavioral and mental health treatment, legal assistance, state assistance programs (e.g., Medicaid and TANF), and child care; however, care coordinators may or may not have the resources to provide hard goods, transportation vouchers, respite care, or other services, and they may or may not be helping caregivers with caregiving skills, strategies for communicating with birth parents, and self-care planning. Whether through referrals or direct service delivery, kinship supports programs should have the resources available to address each assessed resource. Otherwise, caregivers are likely

to feel that their needs are not being addressed and they may disengage from the program.

Another important component of care coordination includes assisting with and following up on service referrals. Caregivers are more likely to follow through with services referrals if a care coordinator assists them with making initial contact and setting up appointments, securing transportation and child care for appointments, remembering appointment times, and completing required paperwork. Care coordinators should also have regular contact with caregivers to determine if referred services were accessed, the level of caregiver satisfaction with services, and whether additional needs have arisen. Ongoing assessment and service delivery are critical for kinship caregivers, as many needs may not arise until weeks or even months after a child enters kinship care.

During situation analysis interviews, community and state agency stakeholders discussed the need for Mississippi Kinship Navigator program services that fit within a care coordination strategy. The importance of initiating program services with an individual needs assessment was specifically emphasized. Stakeholders suggested that caregiver needs are likely to vary depending on the area of the state in which they live, and that services should be tailored to fit each caregiver's individual needs. They identified a variety of services that kin caregivers in the state are likely to need, including:

- **Basic Needs:** According to interviewed stakeholders, caregivers may need assistance with hard goods (e.g., securing a bed, school supplies, clothing, or additional food for the children in their care) and maintaining adequate housing (e.g., paying utility bills and weatherizing their homes). Not being able to access children's SNAP benefits was frequently mentioned.
- **Child Health:** Stakeholders believed that caregivers are likely to need assistance with locating and accessing physical and mental health care for the children in their care. The potential mental health challenges that children in kin care may have were mentioned often. Stakeholders suggested that caregivers need education and support to address the behaviors that stem from those challenges, as well as assistance with accessing counseling and trauma-informed therapy and other behavioral health care support for the children in their care.
- **Legal Custody:** Most stakeholders recognized the issues that kin caregivers without legal custody face, such as not having the authority to make school and health care-related decisions for the children in their

care, and cited assistance with obtaining legal custody as a prevalent caregiver need.

- **Schoolwork:** Stakeholders believed that caregivers, particularly grandparent caregivers, are likely to need support in helping their kin children to complete homework and prepare for tests. One focus group interviewee mentioned that mentors could be a resource for this need.
- **Childcare and Respite:** Almost all stakeholders discussed the overwhelming need for affordable childcare, particularly for those caregivers who are in the workforce and during the summer months. The need for caregiver respite, to preserve caregiver physical and mental well-being, was also cited during the interviews.
- **Transportation:** Stakeholders frequently cited reliable transportation options as a prominent caregiver need, especially for low-income caregivers in rural areas.

Many community and state agency stakeholders we interviewed also noted that caregivers, particularly grandparents, are likely to have difficulty navigating multiple systems and that each caregiver needs a single, knowledgeable person to assist with navigation. The complexities of navigating multiple systems without this type of support may result in caregivers simply giving up on accessing needed services. As suggested by different interviewees, navigation services could be aided through a centralized electronic system that catalogs regional services and provides a portal for applying for those services and scheduling appointments.

Support Networks

Kin caregivers with extensive support networks have less stress and are better able to respond to the challenges of caregiving (Goodman, Potts, & Pasztor, 2007; Gerard, Landry-Meyer, Roe, 2006). In focus groups with kin caregivers that we have conducted in other states, one of the most often cited need is connection with other caregivers. A common strategy for connecting caregivers is through organizing and hosting in-person information-sharing and educational groups. Caregivers who attend these groups frequently report that in addition to learning new caregiving skills and information, connecting with other caregivers reduces stress, decreases feelings of isolation, and increases their understanding and knowledge of available resources. Rates of caregiver attendance are, however, variable with most programs reporting that only a small, core group of the same caregivers consistently attend. Alternatively, some kinship programs have used social media platforms and telephone lists for information-sharing and connecting caregivers to one another.

During situation analysis interviews, community and state agency stakeholders specifically discussed the need for connecting kin caregivers. Hosting community-based kin caregiver support groups was cited by multiple stakeholders as a strategy for increasing connection among caregivers. One community service provider that we interviewed, Mississippi Families for Kids, has an existing kin caregiver support group that is held once a month in Jackson.

Caregiver support networks may also consist of family members, friends, church members, and social service agency staff. Beyond connecting caregivers with social service agency staff through service referrals, some existing kinship programs have used Family Finding and Engagement to increase the number of family, friends, and church members in caregiver support networks.

Other Considerations

In addition to suggesting services and needs related to care coordination and building caregiver support networks, most community and state agency stakeholders we interviewed believed that the Mississippi Kinship Navigator program should only be loosely connected with MDCPS. Otherwise, informal caregivers without active child welfare cases are unlikely to engage with the program for fear of losing their kin children to foster care, even if the children are safe in their care. Several stakeholders recommended that an unaffiliated community-based agency with positive ties to the community administer the program, and that any program materials or public communications do not indicate that MDCPS is any way connected to the program.

Stakeholders also emphasized that the Kinship Navigator program should not duplicate existing services in the state that can benefit caregivers, whether those existing services are offered through state government agencies, community-based service providers, or policy initiatives. They recommended conducting a thorough statewide scan of all existing services and documenting services by Navigator program service area.

Service Availability

Through information collected from the Meet and Greet and Situation Analysis interviews, a wide range of services currently available in Mississippi were identified, several of which will be key to consider in the development of a kinship navigator program:

- **Families First for Mississippi:** Designed to support the needs of the whole family system and implemented through the *Family Resource Center of North Mississippi* and the *Community Education Center*, Families First for Mississippi offers

seminars, workshops, classes, and presentations in the areas of parenting, educational opportunities, positive youth development, literary assistance and workforce and job readiness.

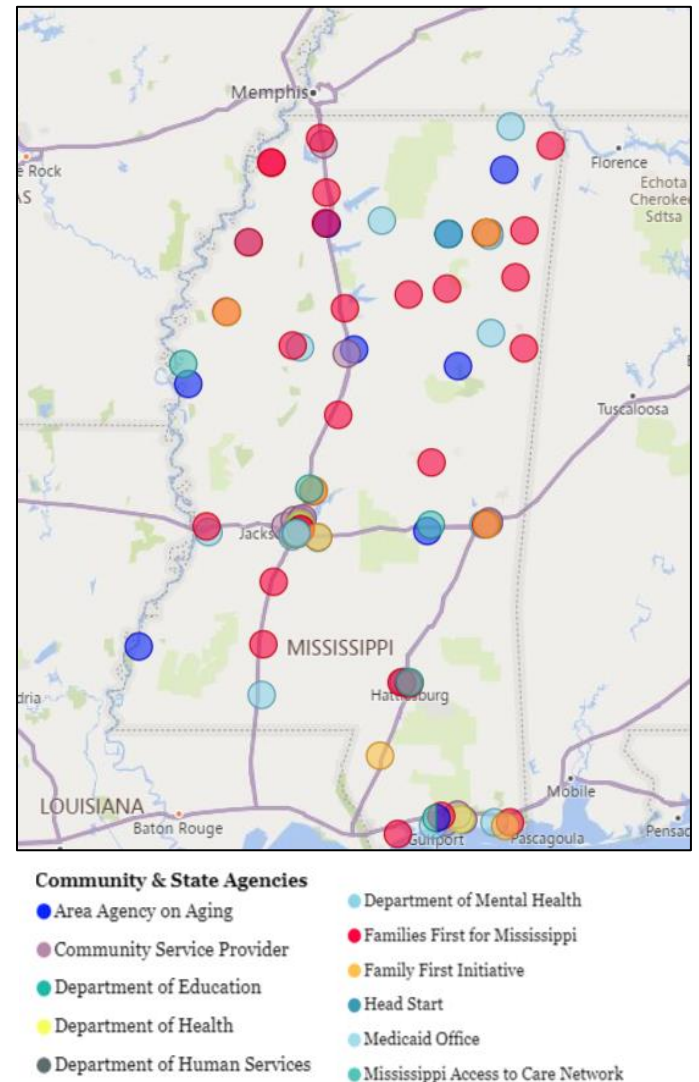
- **Family First Initiative:** Spearheaded by Justice Dawn Beam, Family First seeks to coordinate local supportive services for families as a mechanism to prevent child maltreatment and the unnecessary placement of children in the foster care system.
- **Mississippi Access to Care (MAC Center):** Operating under the Area Agencies on Aging, the MAC Center provides a centralized phone line to refer callers to local resources.
- **Mississippi Head Start:** Located throughout the state, Head Start organizations provide Mississippi children and families with a range of individualized services in the areas of education and early child development; medical, dental and mental health; nutrition; and parent engagement.
- **Mississippi Coordinated Access Network (MississippiCAN):** This managed care program, operated by the Mississippi Division of Medicaid through three coordinated care organizations (Magnolia Health, United Healthcare, and Molina Healthcare) provides services and coordinates access to care to eligible, low-income Mississippians.
- **Mississippi Families for Kids:** A statewide, private 501 (c) (3) nonprofit organization, Mississippi Families for Kids implements child-focused, solution-based permanency planning programs and helps families to connect with resources.
- **Churches and Local Congregations:** Located throughout the state, churches and local faith-based entities were cited in nearly every interview and focus group as a critical resource for kin caregivers.

In addition, a wide range of other state, community, and faith-based organizations offer far-reaching services that kin caregivers may benefit from. The following figure illustrates a selection of these programs throughout the state of Mississippi; for simplicity, state organizations with offices in every county are denoted by their state office only. Organizations grouped under “Community Service Providers” include:

- Batson’s North Pediatric Clinic
- Canopy Children’s Solutions
- Catholic Charities Inc.
- Families as Allies
- Mission First
- Mississippi Families for Kids
- Mississippi Volunteer Lawyers Project
- Moore Community House

- One Voice
- Parents for Public Schools
- Southern Echo Inc.
- United Methodist Children’s Homes
- Wesley House Community Center

Figure 3. Mississippi Services Availability



Service Access

As evidenced in the map above, an array of services currently exists in the state of Mississippi. However, several challenges in relation to service access were identified:

- **Service Availability by Region:** The largest concentration of services appears to be located in the central region, near and around Jackson, whereas service availability in the southern and southwestern portions of the state is less robust. Caregivers living near the I-55 North-South corridor were identified as having better access to

services, while caregivers living in more rural areas may have a more difficult time accessing services, even when they exist.

- **Service Gaps:** Financial, legal, and mental health services were identified as the top three service gaps throughout the state.
- **Service Awareness:** Several interviewees noted that service awareness presents a challenge for kin caregivers in Mississippi. Often, services are not widely advertised, and supports including legal assistance and respite may be available but unknown to caregivers.

Key Preliminary Issues

Ten key preliminary issues for the needs assessment and feasibility study emerged from the situation analysis. They are stated and briefly described below.

Issue 1: Demonstrating Evidence Under the Family First Prevention Services Act

To receive ongoing federal funding under the Family First Prevention Services Act (FFPSA) beyond the development phase, effectiveness of the Mississippi Kinship Navigator program should be demonstrated according to the standards and procedures set forth by the Title IV-E Prevention Services Clearinghouse. A program will need to be designed in such a way that outcomes for children and caregivers receiving the program can be compared to similar children and caregivers not receiving the program through either a randomized control trial or a quasi-experimental design.

Issue 2: Targeting Non-Child-Welfare-Involved Kin Caregivers

Although Mississippi kin who are licensed by MDCPS may benefit from Kinship Navigator program services, Mississippi kin who care for non-child-welfare-involved children and youth will likely experience the greatest benefits from these services. These caregivers typically have greater needs and fewer resources available than child welfare-involved families and may experience greater improvements in outcomes as a result of program services.

Issue 3: Separating MDCPS from Kinship Navigator Program Services

Non-child-welfare-involved kin caregivers are unlikely to seek out Kinship Navigator services if those services are provided directly by MDCPS. A program located within a community provider or other neutral setting may attract a broader number of kin caregivers and offer a more family-friendly approach to supporting local families in need.

Issue 4: Existing Programs and Services in Mississippi

There is an already-existing web of programs and services in Mississippi that can benefit kin caregivers. A wide range of family-centered programs, workshops, and other supports are currently offered through state, community, and faith-based organizations. To most effectively develop a successful Kinship Navigator program, these existing supports should be leveraged. Kinship Navigator coordinators or staff should be knowledgeable of the existing array of services, and the program should not duplicate efforts that currently exist throughout the state.

Issue 5: Regional Variation in Kin Caregiver Needs and Access to Services

Mississippi kin caregiver needs and access to services are likely to vary by the region in the state in which they live. Mississippians living along the I-55 North-South corridor have greater access to existing services than caregivers living in more rural areas of the state, particularly the western and southwestern regions. As the program is developed, it will be critical to carefully examine the best and most cost-effective ways to support families in these more rural areas.

Issue 6: Existing Kinship Programs & Services in Other States

A thorough understanding of past and current kinship navigator programs and services in other states is key for the development of a Mississippi-specific Kinship Navigator program. Although a unique program will likely be developed to meet the needs of caregivers throughout Mississippi, reviewing the extent to which other programs were successful in achieving positive, measurable outcomes will be key to developing a program that will be eligible for ongoing FFPSA funding.

Issue 7: Churches and Faith-Based Organizations

The Mississippi Kinship Navigator program should work closely with churches and faith-based organizations. Over 80% of Mississippians are affiliated with a Christian faith and almost 50% attend church on a weekly basis. Churches and faith-based organizations in the state hold the community's trust and are, therefore, an important asset for comprehensive delivery of Kinship Navigator program services, particularly in rural areas where churches are likely to be the most accessible service providers.

Issue 8: Prevalence of Non-Child-Welfare-Involved Kin Caregivers in Mississippi

There are potentially many non-child-welfare-involved kin caregivers in Mississippi. In 2018, it was estimated that 8% (n=56,000) of all children in the state lived with a relative without a parent present, and in 2017, it was estimated that 19% (n=16,834) of Mississippi grandparents living with grandchildren under 18 years old were responsible for their grandchildren with no parent present. In addition, 39% (n=2,095) of all children 0 to 20 years old in MDCPS custody were living in a relative foster family home on the last day of FFY 2017. These estimates indicate a reliance on kin caregivers for providing safe and nurturing homes to Mississippi children whose parents are unable to do so.

Issue 9: Kinship Care Coordination and Support Networks

A kinship navigator program that includes care coordination and building caregiver support networks based on kin caregiver need is likely to be most beneficial for Mississippi kin caregivers. Care coordination moves well beyond information and referral services to include a structured assessment of caregiver needs, referral to and direct delivery of services aimed at addressing assessed caregiver needs, assisting caregivers in accessing service referrals, following-up on referrals, and administering ongoing needs assessments. And, building support networks includes connecting kin caregivers to one another and to other people, such as family members, friends, church members, and social service agency staff.

Issue 10: FFPSA Transitional Funds

The newly available FFPSA transitional funds will allow some additional time for the development and evaluation of the Mississippi Kinship Navigator

program. The FFPSA will now allow states to use transitional funding for Kinship Navigator program services before a program has been rated; however, a state must reasonably believe the program will be rated by the Clearinghouse in order to secure these funds. To be eligible, study findings should be reported in a publicly available report by Oct. 1, 2021.

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Appendix B: Kinship Support Programs Across the Nation

National Review of Kinship Programs by State

Arizona

Program Name & Name of Provider

Arizona Kinship Support Services; Arizona's Children's Association (AzCA)

Source of Information

Final Report (Family Connections Grant, 2012 cohort)

Program Description

Kinship Navigators provided formal and informal kin caregivers with information and referrals. Caregivers could also participate in Kinship Information Sessions, for information on the child welfare dependency process and permanency option; Guardianship Clinics, to receive assistance from a lawyer in completing guardianship packets for the courts; and weekly, bi-weekly, or monthly peer-led support groups, among other services. Clients self-select from an array of services based on their family's needs. Caregivers utilizing multiple services had cases opened for "Open Case Navigation services" through the program.

Target Population

Relative kin caregivers and their kin children in formal and informal arrangements in four Arizona counties: Pima, Maricopa, Pinal, and Cochise.

Target Outcomes

Child Safety; Child Permanency

Study Description

The evaluation comprised a process study, which examined implementation of the program, and an outcome study, which focused on Open Navigation cases using a within-group pre-post comparison design. Open Navigation cases were examined longitudinally at intake and at two follow-up data points, ranging from 6 months to 24 months post baseline survey. In total, 63 caregivers caring for 134 children participated in both the baseline and follow-up data collection.

Data Measures

Initial contact forms were completed with caregivers, providing demographic data. An adapted Family Needs Scale (FNS) and New General Self-Efficacy Scale (NGSE) were conducted at baseline and at two follow-up points. Safety, stability, and permanency data were collected from Arizona DCS administrative data. Client activities and systems/outreach activities were tracked, and staff conducted time logs for a cost study.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

Yes, Open Navigation cases demonstrated a significant decrease in FNS measures including the need to: "Pay for utility bills like water, electricity, and AC/heat"; "Getting special travel equipment for your child or children"; "Having time to take care of yourself"; "Getting short term or temporary relief (i.e. respite care) from caring for your child or children"; and "Finding future care for your child or children."

Researcher/Contact

LeCroy & Milligan Associates, Inc.

Evidence-Based Rating (if applicable)

None

California

Program Name & Name of Provider

Encore Parenting Project (EPP); Aspiranet, in partnership with the Los Angeles County Department of Children and Family Services (DCFS), Grandparents as Parents (GAP), and California State University, Long Beach

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Encore Parenting Project included a website with centralized information and links to community-based programs, traditional navigational services (information and referral), and enhanced navigational services (including short-term case management and referral to a support group for kinship caregivers). In order to provide navigational services, family strengths and needs assessments were conducted. EPP established a Training Program for kinship navigators that teaches successful navigation techniques. At the time of the final report, a “Strategies Guidebook” was still under development.

Target Population

Relative and non-relative kinship caregiver families in two areas of Los Angeles County: San Gabriel Valley (SPA 3) and the South Bay/Harbor areas (SPA 8).

Target Outcomes

Child Permanency; Child Well-being

Study Description

A random control design was used: Kinship caregivers seeking navigational services were assigned to either a control group which received traditional KN services (i.e., information and referral) or the experimental group which received enhanced KN services. However, the evaluator was unable to obtain secondary data from the Department of Children and Family Services as originally planned, therefore the outcome study focuses on pre–post findings for the enhanced KN services group.

Data Measures

Caregiver needs were first identified using the Encore Parenting Project (EPP) Initial Needs Assessment form. Child educational, mental, and physical measures were taken from the Behavior Index for Children (BRIC). Measures on the level of formal support participants received were taken from Gerard, Landry-Meyer and Roe’s social support index (2006). Additional caregiver measures were taken from an adapted (2010) version of the Family Needs Scale (Dunst, Trivette and Deal, 1988). A 6-month follow-up was conducted with program participants using the BRIC and the Family Needs Scale.

Comparison Group Used?

No - originally a comparison group was going to be used; however, researchers were unable to obtain administrative child welfare data. Outcomes focus on pre–post findings for children and families in the experimental group.

Evidence/ At Least 1 Positive Outcome?

Significant differences were found on the pre–post FNS scale measures.

Researcher/Contact

CSU, Long Beach, School of Social Work

Evidence-Based Rating (if applicable)

None

California

Program Name & Name of Provider

United Ways of California (UWCA) 2-1-1-iFoster Kinship Navigator Collaborative; Edgewood Center for Children and Families

Source of Information

Final Report (Family Connection Grants, 2009 and 2012 cohorts)

Program Description

The model includes two primary components: 1) a web-based resource portal operating as a self-service navigation tool that coordinated both public and private resources for kinship families based on their individual needs and preferences, and 2) a County Collaborative, functioning as a cross-systems collective of members from local kinship-serving organizations supporting program outreach and leading localization of needed resources for kinship families.

Target Population

Formal and informal kinship families in three California counties: Riverside, Monterey, and San Bernardino.

Target Outcomes

Child Well-being; Child Permanency; Adult Well-being

Study Description

A mixed-methods approach was taken, using qualitative and quantitative data to understand the impact of the intervention at individual, program, and county levels among the demonstration counties. The outcome study measured change in caregivers and children from baseline to 6 months and then 12 months after baseline in a variety of measures including permanency, safety, and well-being measures. A total of 141 caregivers completed all study surveys. County Collaborative members were recruited to participate in monthly meetings and events (including focus groups) along with two post surveys, while program partners participated in a 12-month online survey. Qualitative interviews were conducted electronically with kinship caregivers regarding the online tool, while one-on-one interviews were conducted with program partners to gauge feedback and experiences with the program model.

Data Measures

Surveys administered to kinship caregivers asked questions pertaining to the kinship children's mental, behavioral, and physical health; permanency stability; and demographics. The adapted version of the 1998 Kinship Navigator Family Needs Scale was utilized to measure family needs. The SF-12 and SF-10 were used to measure the mental and physical health of kinship caregivers and children. Lastly, the Strengths and Difficulties Questionnaire (SDQ) was employed with kinship caregiver participants. Qualitative data was collected from the surveys and focus groups administered to County Collaborative members, and the 12-month survey administered to program partners. The content covered aspects such as project successes, goals for the future, implementation feedback and more.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

Yes, a significant decrease in needs was found from the baseline to 12 months for study participants in the following areas: legal assistance, help getting furniture, assistance related to benefits, dental care for your family, belonging to caregiver groups/clubs, social/talking support, time for family activities.

Researcher/Contact

Edgewood Center for Children and Families' Research Department

Evidence-Based Rating (if applicable)

None

California**Program Name & Name of Provider**

Kinship Navigator Program; YMCA San Diego

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

This program operated through four regional Kinship Navigators (KNs) in Central, East, North and South San Diego County. This model focused on the relationship between a dedicated navigator and a kinship caregiver, with the navigator assessing a caregiver's needs once they had built rapport. The assessment results shaped the plan to meet the caregiver's needs, and a level of need was assigned to the caregiver: Level 1 - Low Need, Level 2 - Mid Need, and Level 3 - High Need. The navigator supported caregivers by making referrals, assisting with paperwork, and helping them access services based on their needs. Additionally, pertinent "general education" was provided by the KN on the importance of child permanency. Additional components of the KN included outreach, direct services, systems collaboration, data collection, and an independent evaluation testing the model.

Target Population

Formal and informal kinship caregivers in San Diego County.

Target Outcomes

Child Safety, Child Permanency, Child Well-being

Study Description

The outcome study used a repeated measures single group design, assessing family needs at intake and at a 3-month follow-up period. The study analyzed change over time and the types and intensities of services offered.

Data Measures

A modified Family Needs Scale (FNS) was used to evaluate families' changes in needs over time. Structured phone interviews and focus groups inquired about key elements to replicate the program, collaboration between partners, the successes, and challenges of the program. The Levels of Collaboration Scale was used as part of the Network Analysis.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

Harder & Company

Evidence-Based Rating (if applicable)

None

California

Program Name & Name of Provider

Families Helping Families/Kinship in Action (KIA); Community Coalition

Source of Information

Community Coalition

Program Description

Community Coalition was a Family Connections Grantee in 2012 (described below). Separate from this grant, the organization offers two kinship support programs: Families Helping Families and Kinship in Action (KIA) which organize relative caregivers in South Los Angeles to advocate for the needs and rights of relative caregivers and children, and provide services including: financial assistance, mental health services, educational support, legal aid, support and network groups, and leadership opportunities.

Target Population

Relative kinship caregivers in South Los Angeles.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

California**Program Name & Name of Provider**

South Los Angeles Kinship Navigator Program (South LA KN Program); Community Coalition (in partnership with Advancement Project, Alliance for Children's Rights, the Los Angeles County Department of Children and Families, and the Los Angeles County Department of Public Social Services)

Source of Information

Final Report (Family Connections Grant, 2012 cohort)

Program Description

The South LA KN Program, operated through Communities Coalition, involves a face-to-face kinship navigator model with an intensive needs assessment and follow-up process using veteran relative caregivers as Resource Navigators. It is heavily based on the key principles and features of the Kinship Care Wellness Program, including accessible and kinship-centered support services provided via group therapy, education, resource navigation, stress reduction, and respite activities. The project included outreach and community engagement, a Kinship Advisory Council, centralized referral and information services, and kinship caregivers as leaders and advocates for child welfare practice and systems change.

Target Population

Formal and informal kinship families in Los Angeles Service Planning Area (SPA 6) in South Los Angeles.

Target Outcomes

Referral to Services; Child Well-being

Study Description

A pre-test post-test randomized waitlist group design was used. Participants were placed in either the intervention group which received services from the South LA KN immediately or a control group who received services 6 months later. A matched case design combined participants from the intervention and control groups into a single study group, pre-post outcomes were examined comparing well-being measures at baseline and at a follow-up period between 9- and 12-months post-baseline.

Data Measures

Caregiver measures were taken from the Services/Resources Assessment, Protective Factors Survey, Family Support Scale, Multigroup Ethnic Identity Measure, Medical Outcomes Inventory, Multidimensional Well Being Assessment, and the Family Needs Scale. Child measures were taken from the Strengths and Difficulties Questionnaire and the Child and Adolescent Social and Adaptive Functioning Scale.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

Yes: significant increase in the "reported quality of formal services and resources accessed 9-12 months" after baseline measures were taken; significant increase in "individual family protective factors from baseline" at the 9-12-month follow-up period; significant increases in family functioning

Researcher/Contact

Dr. Cheryl Grills, professor at Loyola Marymount University and director of Imoyase Community Support Services.

Evidence-Based Rating (if applicable)

None

California

Program Name & Name of Provider

Kinnections Initiative; Lilliput Children's Services

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Kinnections Initiative used a dual approach to support child welfare-involved kinship families: 1) intensive family-finding service, designed to provide a thorough and exhaustive search for kin and initiate comprehensive engagement services once kin were located; and 2) intensive kinship navigation services (KSSP Plus) including in-home case management services and therapeutic support. Intensive Family Finding services included team decision-making meetings (facilitated by county social workers) and Family Team Meetings (facilitated by Kinnections staff). Intensive Kinship Navigation services included family engagement, resource linkage, support groups, intensive family support, and transition and termination support.

Target Population

African American children ages 0-17 entering foster care for the first time in Sacramento County.

Target Outcomes

Child Permanency; Child Well-being, Placement Stability

Study Description

Both a process/implementation evaluation and outcomes evaluation were conducted. The implementation was evaluated via a survey developed for program staff, participant observation, staff interviews and discussions, and program documents. The outcome study used descriptive statistics to describe outcomes for children and families that received Family Finding and used a randomized experimental design to understand the effects of the intensive kinship navigation services. This included both between-subjects and within-subjects repeated measures analysis, examining safety, permanency, and well-being measures at baseline and follow-up time periods.

Data Measures

Process/Implementation data measures included: participant observation, program documents, recorded interviews with program staff, informal conversations with system partners and a Systems Coordination and Work Plan Implementation Evaluation Survey, a series of forms (Referral Form, Intake Form, and Discharge Form), a Youth Services Survey, and the Youth Services Survey for Families. Outcome data measures included: data collection sheets on safety, foster care entries and exits, and placement stability; DECA-I, DECA-T, DECA, Y-OQ, CAFAS, and Y-OQ-SR. The Child and Adolescent Needs and Strengths (CANS) Assessment was used for the experimental group.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

Stanford Youth Solutions

Evidence-Based Rating (if applicable)

None

Colorado

Program Name & Name of Provider

Colorado's Title IV-E Waiver Demonstration Project; the Colorado Department of Human Services

Source of Information

Final Evaluation Report (2018) and Evaluation Brief (2019)

Program Description

A five-year Title IV-E Waiver Demonstration Project that enabled child welfare agencies to put into place forward-looking practices designed to maintain children and youths' in-home placements and/or to circumvent foster and congregate care by guiding families into kinship care arrangements. Concurrently, these practices worked to strengthen families with the goal of achieving reunification, or permanency if the former could not safely be attained. The interventions offered as part of the project consisted of 1) Facilitated Family Engagement Meetings (FEE), 2) Kinship Supports (KS), 3) Permanency Roundtables (PRT), and 4) Trauma-informed Screening and Assessment and Trauma-focused Treatment (TSAT), the administration of a trauma-screening for children and youth followed by referrals to appropriate mental health agencies and/or trauma-focused treatment. Fifty-three counties participated in the waiver and implemented one or more of the project's interventions.

Target Population

Target populations were dependent on the interventions implemented by local child welfare agencies.

FEE: All child welfare cases that were open

PRT: Children and youth in out-of-home care exceeding 12 months and youth with an Other Planned Permanent Living Arrangement goal in place

KS: Kinship caregivers referred to the county department of human/social services

TSAT: All children with an open child welfare case

Target Outcomes

Child Safety; Child Permanency; Child Well-being

Study Description

A longitudinal analysis was conducted, comparing children entering out-of-home care prior to, and during the waiver period. Specifically, the number of care days and expenditures were looked at between the two time periods. To examine each intervention, a specific matched case comparison design was used to determine the impact of each practice on child safety and child permanency.

Data Measures

County-level data was taken from an annual county Implementation Index, site visits, and the Colorado Financial Management System. Child-level data was taken from the Colorado Statewide Automated Child Welfare Information System, a survey administered to kin caregivers, a survey from the Office of Behavioral Health (for the TSAT intervention), and the Multistate Foster Care Data Archive.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes

Researcher/Contact

Human Services Research Institute, Chapin Hall at the University of Chicago, Social Work Research Center at Colorado State University

Evidence-Based Rating (if applicable)

None

Delaware**Program Name & Name of Provider**

Kinship Care Program

Source of Information

Delaware Division of State Services

Program Description

The program is designed to support kinship families during the initial 180 days of a kinship care arrangement. The services are intended to address immediate needs, offering families supports in meeting clothing, shelter, health, safety, and educational supply needs.

Target Population

Formal or informal relative kinship caregivers during the first 180 days of a child's transition to kinship care. The caregiver must be a relative by the 5th degree, the caregiver's family income must be less than 200% of the federal poverty level, the parent cannot live in the caregiver's home, and the child must be under 18 years of age.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Florida

Program Name & Name of Provider

Kinship Interdisciplinary Navigation Technologically-Advanced Model (KIN-Tech); The Children's Home

Source of Information

Final Report (Family Connections Grant, 2012 cohort)

Program Description

The KIN-Tech model includes three separate features: 1) A kinship navigator provides assistance with the application for benefits and services using one-e, an online portal site (application support occurs in the home of a relative with a laptop computer), 2) Peer-to-peer support (hiring grandparents and other relatives who have lived the caregiving experience and can mentor and coach kinship caregivers), and 3) A cadre of interdisciplinary professionals who unite to help kinship caregivers problem-solve complex issues.

Target Population

Kinship caregivers in formal or informal placements in Pinellas and Hillsborough Counties.

Target Outcomes

Child Safety; Child Permanence; Child Well-being; Adult Well-being

Study Description

The evaluation of the program utilized a pragmatic randomized controlled trial: a central intake line was used to randomly assign participants using a decision-tree, stratifying clients by county and child welfare involvement. Treatment groups included: 1) standard kinship navigator services plus One-e-App, peer-to-peer navigation, and interdisciplinary team meetings (in Pinellas County); and 2) Peer-to-peer navigation only (in Hillsborough County). Two comparison groups composed of: 1) standard kinship navigator services of Pinellas County, and 2) standard kinship navigator services of Hillsborough County; and two control groups included: 1) usual child welfare services in Pinellas, and 2) usual child

welfare services in Hillsborough. In both treatment and comparison groups, participants included both formal and informal families, while the control groups were composed of child welfare–involved families only.

Data Measures

Several measures were examined in the evaluation. Child safety and permanence data was collected from administrative child welfare datasets; child well-being measures were based off of the Pediatric Symptom Checklist, Protective Factors Survey, The MacArthur Health and Behavior Questionnaire; caregiver well-being outcomes measures were based on the Family Support Scale, Family Resource Scale, the Florida Kinship Center Needs Checklist; program fidelity was examined by the KIN Tech Caregiver Service Tracker to be completed by program staff during every treatment and/or service provided.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes: Significant findings for 1) improvements in family support for the treatment group, 2) reduction in child injuries and accidents for treatment group, and 3) improvement for treatment group’s peer acceptance.

Researcher/Contact

AAJ Research and Evaluation

Evidence-Based Rating (if applicable)

Title IV-E Prevention Clearinghouse: Does not currently meet criteria

Georgia

Program Name & Name of Provider

Georgia Kinship Navigator Program; Georgia Division of Family & Children Services (DFCS)

Source of Information

Georgia Division of Family & Children Services

Program Description

The Georgia Kinship Navigator program operates as a “one-stop-shop” for information and referral services to assist kinship families in the following areas: SNAP and TANF benefits, Medicaid, child care, relative care subsidy, adoption assistance, Salvation Army, food pantries, counseling, mentor services, other kinship-specific programs, etc. The program is operated out of 12 regional centers across the state.

Target Population

Formal or informal relative and non-relative kinship caregiver families statewide.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No report found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Georgia**Program Name & Name of Provider**

Support Groups for Kinship Caregivers; Regional Area Agency on Aging

Source of Information

Georgia Department of Human Services

Program Description

Regional Area Agency on Aging offices offer support groups that provide education for kinship caregivers throughout the state on topics including grandparents raising grandchildren, positive parenting, effective discipline, and healthy relationships.

Target Population

Relative kinship caregivers statewide (12 regional agency locations).

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No report found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Idaho**Program Name & Name of Provider**

Idaho Relatives as Parents; Idaho 2-1-1

Source of Information

Idaho 2-1-1

Program Description

A not-for-profit agency working to strengthen the net of supports available for kinship caregivers by providing information and referrals and offering support groups in seven regions across the state. Referrals are made for services regarding financial assistance, legal assistance, health and dental assistance, and early childhood intervention services for I/DD youth and food assistance programs.

Target Population

Relative kinship caregivers statewide.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No report found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Iowa

Program Name & Name of Provider

Kinship Resources; Iowa Foster and Adoptive Parents Association (IFAPA)

Source of Information

Iowa Foster and Adoptive Parents Association

Program Description

The Iowa Foster and Adoptive Parents Association provides peer support, training, and resources to promote safety, permanency, and well-being for Iowa's children. Free parenting courses are available to any kinship caregivers to attend, including "Grief and Loss: How to Help You and Your Kids Heal" and "How to Talk So Kids Will Listen," among others. Additionally, the IFAPA website communicates meeting details for ongoing support groups, which kin caregivers may also attend, and offers guides and booklets on a range of topics specific to relatives raising others' children.

Target Population

Iowa's foster, adoptive, and kinship families.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No report found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Iowa

Program Name & Name of Provider

Kinship Care; Mid-Iowa Family Therapy Clinic, Inc.

Source of Information

Mid-Iowa Family Therapy Clinic, Inc.

Program Description

Funded through a grant from the Polk County Decategorization, kinship families are able to receive financial support through the program in the form of purchased goods and services. These “concrete” items may include the payment of a utility bill or the purchase of a bed. Families are helped in the order they apply until the grant’s funds are exhausted each month.

Target Population

Voluntary relative and non-relative kinship caregiver families in Polk County, Iowa with current or previously opened cases with the Iowa Department of Human Services. Non-relative custodial parents and licensed foster parents are ineligible.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No report found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Maine

Program Name & Name of Provider

Adoptive & Foster Families of Maine, Inc. & The Kinship Program

Source of Information

Adoptive & Foster Families of Maine, Inc. & The Kinship Program

Program Description

Kinship Specialists (certified grandfamily leaders) assist families in navigating an array of systems by advocating for kin caregivers and referring clients to a wide array of existing services. The program offers C.A.R.E.S. Meetings (support groups); peer mentoring; kinship network groups; annual training conferences; an extensive lending library of books, videos, etc., trainings, and material goods; among other supports.

Target Population

Information not found.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

No report found.

Evidence/ At Least 1 Positive Outcome?

No study found

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Maine**Program Name & Name of Provider**

Maine Kinship Connections Project; Maine Department of Health & Human Services

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

Maine Kinship Connections built on prior efforts in the state and includes: 1) an Enhanced Kinship Navigator program, including a court volunteer navigator and a mental health educator made available to kinship families, 2) Family Finding, and 3) Facilitated Family Team Meetings.

Target Population

Kinship caregiver families residing within a 60-mile radius of Portland or Bangor.

Target Outcomes

Adult Well-being; Child Well-being; Child Permanency

Study Description

KN services were evaluated via a quasi-experimental design, examining caregiver stress and child well-being outcomes for kinship families receiving enhanced KN services versus those receiving standard KN services. The evaluation of Family Finding and Family Team Meetings included process findings only, and no comparison group was used.

Data Measures

Data measures were taken on caregiver stress and child well-being including the Parent Stress Index (PSI) and the Pediatric Quality of Life (PedsQL). Families who opted to participate in the grant project completed 1) a baseline survey, along with 2) a 6-month follow-up survey and 3) a 12-month follow-up survey.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

UMaine Center on Aging

Evidence-Based Rating (if applicable)

None

Maryland

Program Name & Name of Provider

Making Place Matter through Family Kin Connections (Place Matters); Maryland Department of Human Resources Social Services Administration

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Making Place Matter through Family Kin Connections project includes three components: 1) a Kinship Navigator program, 2) Intensive Family Finding, and 3) Family Involvement Meetings. The KN program included seven local programs administering family service assessments. Accompanying the KN is a statewide website and toll-free hotline number for kinship families to call for connections and referrals.

Target Population

Informal kinship families (not involved in the child welfare system) across Anne Arundel, Baltimore, Charles, Montgomery, Prince George's, Washington, and Baltimore City Counties.

Target Outcomes

Child Safety; Child Permanency; Child Well-being

Study Description

The evaluation included a process and outcome study. Initially a randomized control trial was implemented; however, it was discontinued due to the low number of cases recruited for the project and concerns with capacity to implement the project with fidelity to the model. The evaluation was redesigned to include a focus on the intervention population.

Data Measures

Data sources included: Interviews and focus groups with KNs, administrators, in-home workers, and caregivers; a caregiver survey; a KN demographic questionnaire; types of services requested and received by caregivers; activities completed by KNs; and secondary safety and permanency data from MD-CHESSIE.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

University of Maryland School of Social Work

Evidence-Based Rating (if applicable)

None

Maryland

Program Name & Name of Provider

Kinship Navigator

Source of Information

Catholic Charities of Baltimore

Program Description

A traditional Kinship Navigator program connecting kin caregivers to services in the community such as financial assistance, medical assistance, school enrollment assistance, legal assistance, mental health resources, and other services that might be needed to support the child and kinship family.

Target Population

Relative kinship caregiver families in Baltimore County.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Massachusetts**Program Name & Name of Provider**

Kinship Support program; Massachusetts Mentor

Source of Information

Massachusetts Mentor

Program Description

The Massachusetts Mentor Kinship Support program provides case management, trauma-focused care, skill building opportunities, and foster parent support groups to formal kinship foster families. Once a child is placed into kinship care, each family is assigned a program services clinical coordinator who makes weekly home visits and provides case management services.

Target Population

Formal kinship foster families.

Target Outcomes

Not specified

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Michigan

Program Name & Name of Provider

Kinship Care Resource Center; Michigan State University - School of Social Work

Source of Information

Michigan State University

Program Description

The Kinship Care Resource Center (KCRC) is an online portal directing caregivers to resources electronically. This website connects caregivers to a warmlines, resources relating to education (for the kinship children), financial assistance, legal assistance, personal care for the caregivers, relationship-building within kinship families, educational webinars for caregivers, and working with the Michigan Department of Human Services.

Target Population

Relative kinship caregivers.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Michigan

Program Name & Name of Provider

Project Building Kinship Bridges; Homes for Black Children

Source of Information

Final Report (Family Connections Grant, 2012 cohort)

Program Description

A KN program providing navigation and mentoring services for participants. Kinship navigator advocates/mentors were hired to: 1) guide kinship families in foster home licensure processes, and 2) mentor families in accessing supports and resources available through the Michigan Department of Health and Human Services Temporary Assistance for Needy

Families Program (TANF). Aiming to promote stability for the kinship family home, the KN project incorporated additional support measures such as establishing a partnership with the Detroit Public School community, strategies to identify and address familial needs and/or trauma, unique parenting enhancement services, and the administration of community mental health referrals. Another focal point of the program sought to better educate birth families on the need for permanent placements for kinship children, the importance of placements being with kin, and how to achieve the capacity to make permanency possible. Lastly, the project provided monthly activities for participating families as part of the well-being cluster services.

Target Population

Formal or informal African American kinship families with kinship children aged 5-17 that were in, or at-risk of entering, the foster care system in Wayne County.

Target Outcomes

Child Permanency; Child Well-being; Child Safety

Study Description

A comparison study was used for the evaluation, with two groups: the Kinship Group, families that were determined to have utilized one or more of the well-being cluster services (family activities, mentoring services, kinship club, or parent enhancement education), and the Comparison Group, families that were determined not to have utilized any of the well-being cluster services. Pre-test and post-test data were collected from families as well.

Data Measures

Pre-test data was collected in February 2015 and post-test data was collected August-September 2015, including the Parenting Stress Index Short Form, the Protective Factors Survey, and the Family Needs Scale. Evaluators also drew and examined demographic data included in the pre- and post-tests that were conducted.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes: Stress scores were found to be significantly lower for the intervention group and significant increases in identification of supports for intervention group

Researcher/Contact

Larry M. Gant, University of Michigan, School of Social Work

Evidence-Based Rating (if applicable)

None

Minnesota

Program Name & Name of Provider

The Minnesota Kinship Navigator Project; Minnesota Kinship Caregivers Association

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

A kinship navigator program aiming to provide the support and direction that kinship families need to maintain a stable home for kinship children. Utilizing regional centers throughout the state, the Kinship Navigator Project was able to provide for kin families through information-sharing and referrals, the operation of a warmline, local support groups, one-on-one services provided by mentors, activities offered to kinship children and kinship families, raising public awareness regarding kinship caregiving, and educational trainings for staff and caregivers. Community partners provided additional assistance such as basic needs materials, medical information, transportation, child care, respite, and financial guidance.

Target Population

Informal kinship caregiver families statewide.

Target Outcomes

Child Permanency; Child Well-being; Adult Well-being

Study Description

An experimental design was used to evaluate the impacts of the process and implementation on participants, and an outcomes evaluation examined participants' progress. A comparison between two groups was carried out, with the intervention group receiving intervention services, while the control group reached out to the agency but did not receive intervention services. Telephone interviews were conducted with both groups, with the baseline being the participant's initial request for information or services, and a secondary interview taking place 9 months later.

Data Measures

Qualitative data was collected through the following means: Interviews held with service provider staff during the implementation period of the project; Data collection instruments created by Wilder to be completed by MKCA and partner staff; Focus groups held with kin caregivers discussing their unmet needs; Baseline telephone interviews held with kin caregivers one month within making contact with the agency and again at 9 months; Web-based surveys distributed to kin caregivers; Two Caregiver Support Specialist Program Assessments - with one completed by the specialist, and the second completed by the kin caregiver.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes, findings included a significant drop in kinship children needing emotional and/or mental health services in the intervention group

Researcher/Contact

Wilder Research

Evidence-Based Rating (if applicable)

None

Minnesota

Program Name & Name of Provider

Kinship Family Support Services; Lutheran Social Service of Minnesota

Source of Information

Lutheran Social Service of Minnesota

Program Description

Kinship supports include linkages to resources in the community (legal, health care, etc.), education and support groups, and a warmline for caregivers. Family Circle Conferences are held for families transitioning into kinship arrangements, facilitators are provided, and free online webinars are offered for kin caregivers on topics pertinent to their position as a kinship caregiver.

Target Population

Kinship caregiver families.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Montana

Program Name & Name of Provider

Montana Kinship Navigator Program; Montana State University

Source of Information

Montana State University

Program Description

The Montana Kinship Navigator Program (previously known as the Grandparents Raising Grandchildren Project) offers caregivers support, education, and access to resources. Limited information about the program itself is available on the website; however, the site provides kinship caregivers with downloadable resources such as newsletters, resource guides, support group guides, along with links to state and national resources. Resources are categorized as those specifically for relative caregivers, legal resources, disabilities and mental health resources, and resources for the kinship children. Contact information is provided for ongoing support groups that are available in 30 counties across the state, and lastly, the KN puts on workshop series for grandparents through the evidence-based education program - GrandCares.

Target Population

Relative kinship caregiver families.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Nevada

Program Name & Name of Provider

Kinship Navigator Program; Kinship Resource Center

Source of Information

Foster Kinship

Program Description

The Nevada Kinship Navigator Program offers case management, kinship support groups, a kinship helpline, a web-based kinship resource locator tool, a brick and mortar kinship resource center, Child-Only TANF application sessions, notary and copy services, emergency resources, kinship family events, and nurturing parenting classes.

Target Population

Formal and informal kinship caregivers statewide.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

New Hampshire**Program Name & Name of Provider**

2-1-1 NH; United Ways

Source of Information

2-1-1 New Hampshire

Program Description

The program is two-fold: a helpline is available across the state, and an online form is available on the program's website. Both routes provide opportunities for caregivers to receive information on and referrals across the following categories: basic needs, consumer services, criminal justice & legal services, education, income security, and individual and family life. Resources are provided according to the zip code each caregiver provides.

Target Population

Kinship caregiver families statewide.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

New Jersey**Program Name & Name of Provider**

Kinship Navigator; Center for Family Services

Source of Information

Center for Family Services

Program Description

This Kinship Navigator program is made available in eight counties, connecting kinship families with resources in the community including support groups, child care, medical coverage, housing assistance, and legal guardianship assistance.

Target Population

Relative and non-relative kinship caregiver families in Atlantic, Burlington, Camden, Cape, May, Cumberland, Gloucester, and Salem Counties.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

New Jersey**Program Name & Name of Provider**

Kinship Navigator; Care Plus New Jersey

Source of Information

Care Plus NJ

Program Description

Available in seven counties, this program provides kinship families with case management services, information-sharing and referrals, up to \$500 a year in financial assistance (as part of wraparound services) and can assist caregivers in gaining guardianship through family courts (kinship legal guardianship services).

Target Population

Kinship caregivers in Bergen, Hudson, Morris, Passaic, Sussex and Warren Counties. Wraparound services and Kinship Legal Guardianship services are available to kinship caregivers that are not involved with New Jersey's Child Protection & Permanency.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

New Jersey**Program Name & Name of Provider**

Kinship Family Group Decision Making; The Children's Home Society of New Jersey

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Children's Home Society used the voluntary Family Group Decision Making Model (FGDM) that included three phases: 1) Recruitment Phase, where caregivers and their children participate in the center's programming and activities and establish rapport with staff, 2) Participation Phase, where families that express interest receive case management services and receive help with a wide variety of issues, and 3) FGDM Phase, where Phase II families have the opportunity to hold an FGDM conference.

Target Population

Kinship families not currently open in the State's child welfare system but caring for children at risk of entering or reentering the child welfare system in Mercer County, New Jersey.

Target Outcomes

Child Safety; Child Permanency; Child Well-being

Study Description

The evaluation examined the impact of providing FGDM to kinship caregivers and their kin children. Outcomes for families were compared between those families who participated in FGDM (Phase III) and families that received case management services only (Phase II). Caregiver and child-level information was collected via in-person and telephone interviews at baseline and at 2-3 months after the completion of services.

Data Measures

Caregiver and family measures were taken from the Parenting Stress Index, the Social Support Questionnaire, and the Family Needs Scale. Child measures were taken from reports of subsequent maltreatment, an in-house Child Well Being Measure, and data collected via the follow-up telephone survey. Lastly, client satisfaction and family status measures were collected through the Client Satisfaction Questionnaire and the follow-up telephone survey.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes, a significant finding in the Health Care subscale for families in Phase 3 of the intervention (when compared to families in Phase 2)

Researcher/Contact

Internal Consultant at the Children's Home Society of New Jersey (CHSofNJ)

Evidence-Based Rating (if applicable)

None

New Mexico

Program Name & Name of Provider

Kinship Guardianship services; Pegasus Legal Services for Children

Source of Information

Pegasus Legal Services for Children

Program Description

Pegasus provides legal services to grandparents and other kinship caregivers taking care of children whose parents are unable or unwilling to provide them with proper care. The Guardianship Legal Helpline, a project of Pegasus and Law Access New Mexico, provides information, advice, and assistance to self-represented litigants in kinship guardianship cases statewide. Pegasus also provides full service direct legal representation in contested guardianship cases in many parts of the state.

Target Population

Relative and non-relative kinship caregivers. Guardianship Legal Helpline is available statewide, while full legal representation is available in many parts of the state (unspecified on website).

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

New York

Program Name & Name of Provider

New York State (NYS) Kinship Navigator County Collaboration; Catholic Charities of Rochester, DBA Catholic Family Center

Source of Information

Final Report (Family Connections Grant, 2012 cohort)

Program Description

The New York State Kinship Navigator County Collaboration Demonstration Project supplemented the newly established statewide Kinship Navigator Program, which provides information, referral, advocacy, and education services through nine localized kinship service providers (LKS's) (case management and support groups). The Collaboration Project created a unified system of care described as a seamless referral from Local Departments of Social Services (LDSS) to KN, which provides services, and when necessary refers to the LKS, which then provides their services, augmented by project funded enhanced kinship services. The goals of the coalition were to: 1) develop a sustainable coalition between Child Welfare and TANF, 2) conduct enhanced outreach and build community capacity, 3) improve identification and engagement of kinship families, and 4) improve service utilization.

Target Population

The target population for the County Collaboration Demonstration Project includes kinship caregiver families with TANF-eligible children in Orange, Dutchess, Ulster, Broome and Tioga Counties. The KN program targets kinship families statewide.

Target Outcomes

Child Safety; Child Permanency; Child Well-being; Adult Well-being

Study Description

A quasi-experimental design was utilized, with caregivers from Broom, Tioga and Orange Counties (200) placed in the demonstration group, while caregivers from Dutchess and Ulster Counties (200) made up the control group.

Data Measures

Focus groups were conducted with staff members from LDSS Child Welfare and TANF agencies. The process evaluation utilized data from focus groups with LDSS staff and caregivers. Data for the outcome data evaluation came from a baseline survey, 6-month follow-up survey and 1-year follow-up survey. Measures included the Family Needs Scale, the Parent Stress Inventory, and the Pediatric Quality of Life survey. Additionally, administrative child welfare data was used.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

State University of New York (SUNY) Center for Human Services Research (CHSR) (for the grant period)

Evidence-Based Rating (if applicable)

None

Ohio

Program Name & Name of Provider

Ohio's Enhanced Kinship Navigator Project; Public Children Services Association of Ohio

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

Seven Ohio counties developed kinship navigator programs located either in the local child welfare agency or a community provider organization. The kinship navigators completed thorough needs assessments with caregivers to identify family strengths and needs, and provided information and referrals, case management, and support groups, as well as outreach in the community to connect with kin caregivers and educate formal and informal entities about the needs of kinship

caregivers. Navigators also provided group activities including trainings and skill-building workshops, social events, and legal services/trainings for caregivers.

Target Population

Formal or informal relative and non-relative kinship caregiver families in Ashtabula, Clark, Crawford, Hardin, Lorain, Portage, and Richland Counties.

Target Outcomes

Safety, Permanency and Child/Family Well-being

Study Description

The evaluation included a process/implementation study and an outcome study. The outcomes study used a quasi-experimental design, with children served by the intervention in demonstration counties as the experimental group and children in seven similar Ohio comparison counties as the comparison group. Due to limitations with the data, the outcomes study focused on children in intervention and comparison counties who were in agency custody and who were placed with kin at some point during the project period. The study examined whether, and to what extent, children in the intervention counties experienced greater well-being, more kinship placements, decreased time in placement, and increased safety and permanency. Additional outcomes were examined using children in non-relative foster care within the intervention counties as a separate comparison group.

Data Measures

Qualitative data was collected from stakeholders (KN staff and participants), children services professionals and community partners, and kinship caregivers from a mix of semi-structured interviews, focus groups, and surveys. The outcomes study used data from the Family Resource Scale and Ohio's State Child Welfare Information System (SACWIS).

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes

Researcher/Contact

Human Services Research Institute

Evidence-Based Rating (if applicable)

None

Ohio

Program Name & Name of Provider

Grandparents and Relatives Raising Children Program; Area Office on Aging of Northwestern Ohio, Inc.

Source of Information

Area Office on Aging of NOW

Program Description

The organization's website allows individuals to sign up for a newsletter designed to support relative and grandparent caregivers. Beyond that, the program provides referrals and connects caregivers with community resources that may be able to guide them in obtaining legal assistance, financial assistance, support groups, and more.

Target Population

Kinship caregiver families in Lucas County.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Ohio**Program Name & Name of Provider**

Kinship Supports Intervention; Ohio Protective Children Services Agencies (PCSAs)

Source of Information

California Evidence-Based Clearinghouse

Program Description

The Intervention helps kinship caregivers, including relatives and fictive kin, navigate the child welfare system and connect them to federal, state, and local resources. Through the intervention, kinship coordinators or other designated child welfare kinship staff complete several tools for each kinship family, including a home assessment that evaluates the caregiver's ability and willingness to ensure the safety, permanency, and well-being of children placed in their care, and a needs assessment that identifies services and supports that the caregivers need. A caregiver support plan is developed in accordance with the needs assessment, and the needs assessment is updated on a quarterly basis to ensure that services and supports continue to address changes in the family's needs over time.

Target Population

Kinship caregivers that are not licensed foster parents, including both custody and voluntary (but child welfare-involved), cases in Ashtabula, Belmont, Clark, Crawford, Fairfield, Franklin, Greene, Hamilton, Hardin, Lorain, Medina, Muskingum, Portage, Richland, and Stark Counties, Ohio.

Target Outcomes

Safety, Permanency and Child/Family Well-being

Study Description

The evaluation included a process study and an outcome study. The outcome study used a matched case comparison design, comparing outcomes for children placed with kinship caregivers receiving intervention services with two separate comparison groups: 1) matched children placed in non-kinship foster care in comparison counties and 2) matched children placed with kinship caregivers in comparison counties not implementing the intervention. The study examined placement stability, time in placement, substantiated/indicated re-reports of abuse/neglect, and reentry into out-of-home care.

Data Measures

Ohio's Statewide Automated Child Welfare Information System (SACWIS) data, including placement moves, days in out-of-home care, rates of substantiated/indicated re-reports of abuse/neglect; and reentry into out-of-home care. The Family Resource Scale was also used for the intervention population.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes, children within the intervention group experienced greater placement stability and less time in out-of-home care when compared to children in the comparison group.

Researcher/Contact

Human Services Research Institute

Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse (CEBC): Level 3 - Promising Research Evidence.
Title IV-E Prevention Clearinghouse: Under review.

Ohio

Program Name & Name of Provider

Kinship Permanency Incentive Program; Ohio Department of Job & Family Services

Source of Information

Ohio Department of Job & Family Services

Program Description

The program was designed to incentivize kinship caregivers in gaining legal guardianship of the child by allotting a fixed sum to assist kinship families financially. Such payments are distributed to families in 6-month increments and are not to exceed a total of 8 payments. The following are requirements for families to participate in this program: the caregiver must have been awarded legal guardianship of the child(ren) by the court; the caregiver must have undergone the Relative or Non-Relative Placement Substitute Placement Approval Process by the local PCSA; the gross income of the caregiver cannot exceed 300% above the federal poverty guidelines.

Target Population

Kinship caregiver families that have been awarded guardianship of the child.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Oklahoma

Program Name & Name of Provider

Family KINnections; NorthCare

Source of Information

NorthCare & Final Report (Family Connections Grant, 2012 cohort)

Program Description

Family KINnections provides home-based care coordination through staff positions called community resource specialists (CRS) for child welfare–involved kinship foster families. The CRS uses assessment tools and in-person and over-the-phone meetings to help kinship families identify their needs and determine what services they need to maintain stable placements. The CRS facilitates care coordination at whatever capacity is necessary to aid the kinship parent. This can include basic information and referral to meeting with the CRS in person and having the CRS assist the caregiver in meeting the need and problem-solving, similar to case management. There is a specific allocation of “flex funds” that can be accessed for the purchase of concrete services or goods necessary to help the family attain stability and permanency of the child in their care.

Target Population

Child welfare–involved kinship foster families in Oklahoma County.

Target Outcomes

Well-being and permanency measures.

Study Description

The evaluation included a process study and an outcome study. The outcome study used a randomized control trial design. Child welfare kinship workers referred eligible and willing kinship families to NorthCare once a placement was fairly secure. These families were then randomly assigned to Family KINnections or services as usual through DHS following an adaptive randomization process which weighted the randomization by caseload size and basic demographics in order to maximize a priori covariate balance. The study compared well-being and permanency (i.e., placement stability) measures over time between the two groups.

Data Measures

Data measures included: The Family Needs Scale, Parenting Stress-Index Short Form, Pediatric Symptom Checklist, Social Support Survey, a Demographic Questionnaire, a Services Utilization Questionnaire, and a Client Satisfaction Survey, and administrative child welfare data. Data collection was conducted at baseline and every two months for 12 months post-baseline.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes, findings included a small significant difference between groups in length of time for approval as a foster home, with the intervention group averaging a shorter length of time; a sizeable significant finding indicated that kinship children in the intervention group were significantly less likely to move out of their kinship placement (i.e., were significantly more stable).

Researcher/Contact

The Center on Child Abuse and Neglect (CCAN) at the University of Oklahoma Health Sciences Center (OUHSC)

Evidence-Based Rating (if applicable)

None

Oklahoma**Program Name & Name of Provider**

Oklahoma Kinship Bridge; Oklahoma Department of Human Services

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Oklahoma Kinship Bridge project created a multi-faceted search and support program for children entering or at risk of entering state custody and provided kinship navigation services which assisted kinship caregivers in learning about, locating, and using programs and services to meet the needs of the children in their care. It was administered by Oklahoma Child Welfare Services (CWS). KBUS staff members contacted each new kinship family shortly after placement and provided information and assistance through a home visit or phone call. Kinship Navigators worked with kinship

families initially and their involvement phased out at the conclusion of the first 40 days of a kinship placement. A kinship care orientation booklet, Bridge Kinship Care Program, was developed and published with grant funds.

Target Population

Children in, or at-risk of entering, OKDHS custody in Oklahoma and Tulsa Counties.

Target Outcomes

Maintain permanency and safety rates for children entering or at-risk of entering Oklahoma's Child Welfare system while simultaneously reducing the number of placements. Additional goals included increasing awareness of and access to needed resources, services, and programs among kinship families.

Study Description

The evaluation used a pre–post design examining maltreatment, placement type, placement timeframe, connections, and unique placements. The time frame for comparative analysis was the first six months after a child was removed. Comparison data included child welfare records entered July 1, 2008 through July 31, 2010, while intervention data included records entered Aug. 1, 2010 through Sept. 29, 2013. Data was broken down into the following placement types: kinship foster care, regular foster care, and other. The evaluation focused on the comparison of outcomes between kinship and traditional foster care.

Data Measures

The outcome study used Oklahoma's Statewide Automated Child Welfare Information System (SACWIS) data, known as KIDS.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

Yes, findings resulted in significantly more kinship placements made within 24 hours, and a significant decrease in utilizing Emergency Foster Care during this period in both counties.

Researcher/Contact

The University of Oklahoma, Center for Public Management

Evidence-Based Rating (if applicable)

None

Pennsylvania

Program Name & Name of Provider

Intergenerational Program - Supports for Kinship Care Families; Pennsylvania State University

Source of Information

Pennsylvania State University

Program Description

The Intergenerational program is an online database which directs kinship families to various resources—including a Family Caregiver Support Grandparenting Program, education services, legal assistance and support groups—that may be of use to them. Resources are provided by counties, so they vary between locations.

Target Population

Kinship families (not further specified).

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Rhode Island

Program Name & Name of Provider

Rhode Island Partnership for Family Connections; Rhode Island Foster Parent Association

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Rhode Island Foster Parents Association, now known as Foster Forward, implemented a combined Intensive Family Finding, Family Team Decision-Making, and Kinship Navigator project geared toward children and youth aged birth to 21 in the custody of the Department of Children, Youth, and Families (DCYF) throughout the state. The Kinship Navigator program consisted of Kinship Navigators known as “grand divas” who are themselves kinship providers and who support kinship families. They work with a social worker who manages difficult and challenging problems that kinship families are experiencing. Kinship families contact the grand divas by phone or through the website; a diva responds, collects basic information and prepares a file describing the need. The social worker and diva consult to determine whether the project is able to meet the families’ needs and the divas then offer concrete support for families in consultation with the social worker. The divas also plan and offer social gatherings with, and for, kinship families and participate in DCYF training for staff and for prospective kinship families.

Target Population

Children and youth aged birth to 21 in the custody of the Rhode Island Department of Children, Youth, and Families (DCYF) statewide.

Target Outcomes

Child Safety; Child Permanency; Child Well-being

Study Description

The evaluation included a process study and outcome study. The outcome study used a randomized control trial. Using the State’s Automated Child Welfare Information System (SACIWS) data (RICHIST), children and youth were randomly assigned to either the intervention or comparison group and were followed for up to three years and five months. The study examined placement stability and permanency (legal exits) between the two groups.

Data Measures

Process components consisted of primarily qualitative measures which included observational data, and data obtained from interviews and a project-specific needs assessment survey. Outcome components were made up of quantitative measures, taken from the DCYF information system and a dataset prepared by a program facilitator; the latter was updated on either a quarterly or semi-annual basis throughout the project.

Comparison Group Used?

Yes

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

Not specified

Evidence-Based Rating (if applicable)

None

South Carolina**Program Name & Name of Provider**

SC Connecting for Kids Kinship Navigator; The Palmetto Association for Children and Families - subcontracted with Windwood Family Services, Growing Home SE, SC Youth Advocates Program, and HALOS; South Carolina Department of Social Services

Source of Information

Final Report (Family Connection Grant 2009)

Program Description

The SC Connecting for Kids Kinship Navigator program was modeled after the Casey Kinship Navigator Pilot Program developed by the state of Washington, where navigators are community-based specialists who share information with caregivers by helping them through complex service delivery systems and by referring them to resources that can help with financial and basic needs. Once a family is referred to the SE program, the KN contacts the child welfare caseworker to get background information including safety concerns and the family treatment plan as it relates to the caregiver's role and services being provided for the child. The navigator contacts the caregiver to explain services and determine whether the caregiver would accept services. The navigator then uses the Family Needs Scale to assess family needs and to identify needed service referrals. After information is shared and referrals are made, the navigator follows up with the caregiver every 30 days, reassessing the family using the Family Needs Scale for a 3-month period. Learning opportunities, similar to training offered to foster parents, were also available to kinship caregivers; marketed as "Educational Talks" and "Mutual Support Sessions," these learning opportunities were designed to help caregivers learn new parenting skills and better understand the children in their care. Learning opportunities were developed with caregiver input and covered five basic topics: dealing with feelings in kinship care, loving discipline, redefining roles and relationships, "tune in and listen up," and visitation.

Target Population

Voluntary kinship caregivers of children whose parents were receiving child welfare intervention services in Aiken, Berkeley, Calhoun, Charleston, Dorchester, and Greenville Counties.

Target Outcomes

Child Safety; Child Permanency; Access to Services, Well-Being

Study Description

The evaluation included a process study and outcome study. The final report described the outcome study as a quasi-experimental design with an intervention and a comparison group, comparing outcomes relating to rates of reentry into foster care, reasons for leaving foster care, number of closed treatment cases where children were placed with an alternative caregiver, number of closed treatment cases with new founded intakes, and number of youth who are in foster care using SACWIS data. However, there were significant limitations with the SACWIS data and much of it was not available for the comparison group. The report therefore focused on outcome findings for the intervention group and concentrated on rates of entry into foster care and well-being outcomes using Family Needs Scale and pre-post training survey results.

Data Measures

Measures were collected from KN participants in a one-year follow-up survey; questions included feedback on the program's maximum length of services, the types of referrals participants received, and the rate at which they contacted the agencies they were referred to. Measures were also taken from the Family Needs Scale, and data downloaded from SACWIS including foster care entry rates.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

Yes, significant findings resulted for the intervention group's knowledge on safety and well-being training topics.

Researcher/Contact

University of South Carolina, College of Social Work, Center for Child and Family Studies

Evidence-Based Rating (if applicable)

None

South Dakota

Program Name & Name of Provider

Kinship Services; Lutheran Social Services (LSS) of South Dakota, as contracted with the South Dakota Department of Social Services - Child Protection Services (DSS-CPS)

Source of Information

Lutheran Social Services of South Dakota

Program Description

Lutheran Social Services of South Dakota has two kinship programs in place: a Kinship Home Study Services program and a Kinship Locator Services program. The Kinship Home Study Services program consists of Kinship Home Study Specialists located throughout the state who complete home studies with relative and non-relative kinship caregivers who are interested in being a placement option for a child or children in the custody of the state. Referrals for home studies are made through the SD DSS-CPS. LSS utilizes the Caregiver Protective Capacity Assessment Model for home studies. LSS Kinship Locators serve two areas of the state. When children are removed from their home and cannot return immediately, they may be referred for kinship locator services. LSS conducts a relative search to locate, identify and engage relatives or fictive kin who may be potential placements and/or connections for children who are in DSS custody.

Target Population

Potential relative and non-relative kin caregivers interesting in becoming licensed foster parents for children in state custody.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Tennessee

Program Name & Name of Provider

Davidson County Relative Caregiver Program (DCRCP); Family & Children's Service

Source of Information

Family & Children's Service

Program Description

The Davidson County Relative Caregiver Program (DCRCP) is funded by a grant through the Department of Children's Services and provides short-term in-home case management to help navigate social services, utilize the benefits a family is eligible for, and meet the needs and goals of families (e.g., permanency for the children, material and financial assistance, counseling, respite). The program also offers learning opportunities and chances for caregivers to connect to one another. DCRCP provides trainings and monthly newsletters, book clubs, and evidence-based curriculum to help deal with the stress of raising a relative's child (Strengthening Families, Nurturing Parenting, Building Better Brains, 24/7 Dad).

Target Population

Relative kinship families in Davidson County.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Tennessee

Program Name & Name of Provider

The Relative Caregiver Program; The Center for Family Development

Source of Information

The Center for Family Development

Program Description

South Central Relative Caregiver Program provides information and referrals about existing resources available, case management, support services, emergency financial assistance, respite, educational and enrichment activities to relatives who are providing care for a child that is not their biological son or daughter.

Target Population

Participating caregivers must be related to the child by blood, marriage, or adoption; have a legal relationship with the child through custody or guardianship; or be raising the child informally. There are three offices, two are located in Shelbyville, and one is in Clarksville.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Utah

Program Name & Name of Provider

Grandfamilies Programs; Children's Service Society

Source of Information

Children's Service Society of Utah

Program Description

The Children's Service Society provides four programs geared toward grandparent kinship caregivers: 1) Grandfamilies Adult Support Group, a 10-week series of classes offered year round on topics including managing family dynamics, understanding legal issues, etc.; 2) Friend 2 Friend, an activity and support group with educational components available to grandparents who completed the 10-week class series; 3) Children's Groups, psychosocial classes led by trained professionals and held simultaneously with the adult groups, available for children ages 4-11; and 4) Advocacy and Crisis Intervention Services, provided by trained and licensed professionals, offering guidance in areas such as obtaining financial assistance, Medicaid, school enrollment, etc. and also offering brief solution-based therapy and limited mediation services for families in crisis by mental health professionals.

Target Population

Grandparent kinship caregivers in Salt Lake, Davis, Weber, Cache, and Utah Counties.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None.

Vermont

Program Name & Name of Provider

Vermont Kin as Parents

Source of Information

Vermont Kin as Parents

Program Description

This program provides information and makes referrals to meet the needs of kinship caregiver families; they help families navigate the different systems they may come into contact with; they facilitate the creation of support groups, meet with families to help identify supports, publish a quarterly newsletter for kin families, offer educational workshops, advocate for the needs of kinship families before the legislature, offer small respite grants for families when funding allows, facilitate an annual conference for kin caregivers and those who work with them, and coordinate an annual picnic for kinship caregivers and their families. In addition to the work they perform directly with families, VKAP testifies and sits on many committees actively pushing to support the needs of kinship families.

Target Population

Kinship caregiver families statewide (no mention of formal and informal arrangements as part of the eligibility requirements).

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None.

Vermont**Program Name & Name of Provider**

K.I.N. - K.A.N. Vermont; Vermont Parent Representation Center, Inc.

Source of Information

Vermont Parent Representation Center, Inc.

Program Description

This program connects kinship families with services in the community with oversight by trained peer kinship navigators. Service areas include financial assistance, Medicaid/Dr. Dynasaur, childcare subsidy, WIC, free/reduced-price/summer meals, child support (through the Reach Up-Child Only grant), Medicaid mileage reimbursement, college/post-secondary assistance, and respite. Each county has a K.I.N. (Kinship Information & Navigation) network that can access peer KNs for professional guidance and trainings, along with an array of one-on-one kinship peer supports for caregivers. Lastly, a K.A.N. (Kinship Advocacy Network) is in place and can receive referrals regarding concerns in the following domains: kinship navigators, families, and service providers.

Target Population

Relative and non-relative, formal and informal kinship caregivers statewide.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None

Virginia**Program Name & Name of Provider**

Kinship Navigator; a public-private collaborative between Virginia Beach Department of Human Services, Portsmouth Social Services Department, Suffolk Department of Social Services, Norfolk Department of Human Services, NewFound Families of Virginia, and Kin and Kids Consulting.

Source of Information

NewFound Families of Virginia

Program Description

This program provides several online tip sheets and handbooks regarding the transition into a kinship caregiver position, key points to be aware of, the differences between guardianship types, information on TANF, guidance on school enrollment, and more. Contact information is provided for kinship caregivers to utilize if there are any further questions. An online Kinship Navigator tool is also available on the website for families to be directed to applicable resources in their community that they may be eligible for and/or in need of.

Target Population

Kinship caregiver families statewide (not further specified).

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Information not found.

Evidence-Based Rating (if applicable)

None.

Washington

Program Name & Name of Provider

Casey Family Program Kinship Navigator Pilot; Casey Family Programs in Seattle (DSHS Regions 2 & 4) & Department of Social and Health Services Aging and Disability Services/ Senior Services of Seattle King County and Catholic Family and Child Services of Yakima

Source of Information

Casey Family Programs Final Pilot Evaluation Report, 2005

Program Description

Four Kinship Navigator positions were created to provide referrals, information and supportive listening, education, linkages to community agencies, and advocacy to kinship caregivers.

Target Population

Kinship caregivers in Seattle and Yakima.

Target Outcomes

Access to services.

Study Description

The evaluation consisted of a formative evaluation between July 2004 and March 2005 and an extended evaluation between September 2005 and December 2005 with a goal of guiding implementation and replication of the pilot and determining the extent to which it resulted in increased awareness of, and access to, needed kinship caregiver supports. The evaluation employed a pre–post design involving self-reported needs assessment data with no comparison group. Data on needs was collected during the first six months and the last three months of the study period.

Data Measures

For caregivers who consented to be involved in the evaluation, baseline and 3-month follow-up needs were assessed using a modified version of the Family Needs Scale.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

Caregivers needs significantly improved at 3-month follow-up in relation to support groups, help dealing with social services, and help understanding government agencies, among other specific categories relating to accessing services. Significant improvement was seen in 11 of 21 possible need areas.

Researcher/Contact

TriWest Group

Evidence-Based Rating (if applicable)

None

Washington

Program Name & Name of Provider

Kinship Navigator & Tribal Navigator; Catholic Family and Child Service (partnered with the Children’s Administration/ Department of Children and Family Services, Casey Family Programs, the Area Agency on Aging and the Yakama Nation).

Source of Information

Final Report (Family Connections Grant, 2009 cohort)

Program Description

The Washington Family Connections Project wove together three standalone models: Family Team Decision Making (FTDM), Intensive Family Finding (IFF)/Family Search & Engagement (FSE), and Kinship/Tribal Navigator (KN). KN services were provided by specially trained KN staff, employed by Catholic Family & Child Service. Kinship caregivers participated in an intake interview with KN staff and completed the Family Needs Scale (FNS) assessment which enabled the KN to assess client needs and assist caregivers in navigating community-based resources. Caregivers were encouraged, but not required, to return six months following intake to complete the FNS follow-up assessment.

Target Population

Kinship families and children in Washington's Congressional District 4 and 5. Further eligibility criteria include: 1) first time client is the primary caregiver of a child under age 19 and the child is living in the client's residence without the biological parent present; 2) the child is related to the caregiver by blood or marriage or has an established fictive kin relationship; 3) fictive kin must pass a criminal background check; 4) the caregiver's annual household income must fall at, or below, 200% of the Federal Poverty Level Income Guidelines.

Target Outcomes

Child Permanency; Child Safety; Child Well-being

Study Description

The study design is a within-group, longitudinal analysis examining case activity, services, and placement permanency factors. Delays obtaining IRB approval required the evaluation team to significantly alter the original design (a quasi-experimental design). Researchers used descriptive statistics to examine rates of adoption by relatives, level of family involvement, the percentage of relative placements, and familial connections for youth.

Data Measures

The Family Needs Scale (FNS) assessment, collected at baseline and 3-months post-baseline, primary data entered into the FCDP database on service participation, family contacts/connections, and placement information.

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No significant findings

Researcher/Contact

TriWest

Evidence-Based Rating (if applicable)

None

Washington**Program Name & Name of Provider**

Kinship Navigator Program

Source of Information

Washington State Department of Social and Health Services

Program Description

The Kinship Navigator program helps kinship families navigate through different systems and resources pertaining to their position as a kinship caregiver. Several different providers operate as a region's Kinship Navigator, with varying forms of assistance. The types of resources that they may be guided on are legal assistance, TANF and other benefits, community resources, assistance in applying for federal and state assistance; advocacy; the provision of support groups, training, and education; helping families identify and maintain child care; guidance through the education system; and advocating for and making referrals for dental care, medical care, and mental health services; some KNs may be able to provide financial assistance for school supplies, food, and other one-time basic needs.

Target Population

Kinship caregiver families in 30 counties, and 8 tribes. No mention of formal and informal arrangements as part of the eligibility requirements.

Target Outcomes

Information not found.

Study Description

Information not found.

Data Measures

Information not found.

Comparison Group Used?

Information not found.

Evidence/ At Least 1 Positive Outcome?

Information not found.

Researcher/Contact

Hilarie Hauptman

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be Rated

Review of Programs Listed on the California Evidence-Based Clearinghouse for Child Welfare (CEBC)

Below, we provide findings on additional programs listed on the California Evidence-Based Clearinghouse. Because these programs may have been implemented across a variety of locations and/or include multiple studies, program descriptions are listed by intervention, rather than by location.

Family Ties**Program Location**

California

Source of Information

CEBC

Program Description

Designed for kinship caregivers with informal arrangements and no involvement with Child Welfare Services. The program provides case management services, resource sharing, referrals, and other forms of caregiver assistance to meet the needs of a given kinship family.

Target Population

Relative kinship caregivers of children ages 0 to 19.

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies

Data Measures

No published, peer-reviewed research studies

Comparison Group Used?

No published, peer-reviewed research studies

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies

Researcher/Contact

Carol Bishop

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Generations of Hope**Program Location**

Illinois

Source of Information

CEBC

Program Description

A program aiming to support intergenerational households through mentoring, tutoring and socialization services along with other activities designed to supplement supports currently offered by child welfare and behavioral services. As 70% of program recipients are seniors, affordable housing is provided to them in exchange for their support in heading a foster household.

Target Population

At-risk populations including foster/adopted children, aging out foster youth, women that were formerly foster youth and have their own children, families of wounded warriors, and older youth challenged by autism or behavioral and developmental disabilities.

Target Outcomes

Not specified.

Study Description

Case study (2)

Data Measures

Self-reports

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

Tom Berkshire

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Grandparents as Parents

Program Location

Unknown

Source of Information

CEBC

Program Description

Services spanning support groups, advocacy assistance, and crisis intervention for relative caregivers.

Target Population

Relative kinship caregivers parenting a child.

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies

Data Measures

No published, peer-reviewed research studies

Comparison Group Used?

No published, peer-reviewed research studies

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies

Researcher/Contact

Melinda Thompson

Title: Chief Executive Officer

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Grandfamilies House

Program Location

Unknown

Source of Information

CEBC

Program Description

A program supporting intergenerational households through housing and other supports. Twenty-five apartment units are available to grandparent kinship caregivers, along with the inclusion of one apartment for a resident manager.

Target Population

Grandparent kinship caregivers raising their grandchildren.

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies.

Data Measures

No published, peer-reviewed research studies.

Comparison Group Used?

No published, peer-reviewed research studies.

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies.

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

GrandParent Family Apartments**Program Location**

Unknown

Source of Information

CEBC

Program Description

A project focused on the provision of affordable housing for older relative caregivers raising children. The housing project includes an activity center, a garden, apartment units with features specifically designed for elderly individuals (e.g., grab bars), and 24-hour support. Additionally, services ranging from respite counseling to education workshops are offered to caregivers.

Target Population

Older kinship caregivers (typically grandparents) raising children under 18 years old.

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies.

Data Measures

No published, peer-reviewed research studies.

Comparison Group Used?

No published, peer-reviewed research studies.

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies.

Researcher/Contact

Julissa Sosa

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated.

GrandParent Family Connections (GFC)**Program Location**

Unknown**Source of Information**

CEBC

Program Description

Aiming to prevent child maltreatment, this community-based program provides households with in-home services. The types of services are selected specifically for each household to increase protective factors, lower risk factors, and target child safety, well-being, and permanency outcomes.

Target Population

Grandparent head-of-households at risk for child maltreatment

Target Outcomes

Child Safety, Child Well-being, Child Permanency

Study Description

No published, peer-reviewed research studies

Data Measures

No published, peer-reviewed research studies

Comparison Group Used?

No published, peer-reviewed research studies

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

KEEP (Keeping Foster and Kin Parents Supported and Trained)**Program Location**

Oregon; California; Maryland; England

Source of Information

CEBC

Program Description

KEEP provides kin and foster caregivers with an informed skillset to parent in a manner that will address child trauma, externalized problems, and behavioral and emotional challenges exhibited by the child. Foster and kinship parents are taught strategies to create a safe environment, to encourage child cooperation, how to use behavioral contingencies, strategies for self-regulation, effective limit setting, and balancing encouragement and limits.

Target Population

Kinship and foster caregivers of children ages 4 to 12.

Target Outcomes

Not specified.

Study Description

Randomized controlled trial (6); Pretest-posttest with comparison group; One group pretest-posttest study; Pretest-posttest without control group.

Data Measures

Parent Daily Report; Parent Daily Report Checklist (PDR); Child Behavior Checklist (CBCL); Discipline and Supervision Measure; Parenting Stress Index Short Form (PSI-SF); Strengths and Difficulties Questionnaire (SDQ); Parenting Scale (PS).

Comparison Group Used?

Yes (7); No (2)

Evidence/At Least 1 Positive Outcome?

No (5); Yes (4)

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: 3 - Promising Research Evidence

Kinship Care Connection (KCC)**Program Location**

Florida

Source of Information

CEBC

Program Description

Developed as a means to improve children's self-esteem and to alleviate some of the weight from their kinship caregiver. The school-based intervention is carried out through support groups, case management services, tutoring, mentoring, counseling, advocacy, and resource sharing.

Target Population

Children and their kinship caregivers

Target Outcomes

Not Specified.

Study Description

One-group pretest-posttest study

Data Measures

Hare Self-esteem Scale (HSS); Caregiver Self-Efficacy Scale (CSE)

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

Kerry Littlewood

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Kinship Education Preparation and Support (KEPS)**Program Location**

California

Source of Information

CEBC

Program Description

A program with four goals intended to assist formal kinship caregivers in the following ways: guidance and education regarding the child welfare system; peer support; skill-building regarding management of kinship child's behaviors; skill-building in supporting case plan goals.

Target Population

Formal kinship caregivers in a large urban city

Target Outcomes

Not specified

Study Description

Focus group

Data Measures

None

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

Yolanda R. Green, PhD

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Kinship Navigator Program - Arizona**Program Location**

Arizona

Source of Information

CEBC

Program Description

This KN operates by employing staff members as Kinship Navigators that work with caregivers directly. The Kinship Navigators support kinship caregivers in navigating the network of services available to meet their family's needs, information-sharing, referrals, and accessing available benefits and community supports. They also work to identify and remove barriers for kinship families while empowering them.

Target Population

Relative and fictive kinship caregivers

Target Outcomes

Child Safety, Child Permanency, and Child Well-being

Study Description

One-group pretest-posttest study

Data Measures

Family Needs Scale (FNS); New General Self-efficacy (NGSE) Scale

Comparison Group Used?

No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

Julie Treinen, MA, LPC, LISAC

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Program Director of Arizona Kinship Support Services

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Kinship Navigator Program - Family Connections Grantee Model

Program Location

New Jersey; Florida

Source of Information

CEBC

Program Description

This model appoints staff positions as Kinship Navigators to guide kinship caregivers in navigating service systems, to facilitate information sharing, and administering referrals to meet the needs of the kinship child's out of home placement. They work to identify and remove barriers for families and to empower them.

Target Population

Relative and fictive kinship caregivers raising children ages 0 to 18 because a child's biological parents are unable to

Target Outcomes

Child Safety, Child Permanency, and Child Well-being

Study Description

Randomized controlled trial; One-group pretest-posttest study

Data Measures

Family Needs Scale (FNS); Parenting Stress Index-Short Form (PSI); Stress Index for Parents of Adolescents (SIPA); Client Satisfaction Question; Rand Medical Outcomes Study Social Support Survey; Family Support Scale (FSS); Family Resource Scale (FRS)

Comparison Group Used?

Yes; No

Evidence/ At Least 1 Positive Outcome?

No

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Parenting a Second Time Around (PASTA)**Program Location**

Unknown

Source of Information

CEBC

Program Description

A parenting program for relative kinship caregivers with the aim of helping caregivers hone their parenting skills. The program lasts eight sessions, with content covering relevant information, skills, and resources related to self-care, rebuilding the family, living with teenagers, legal matters, and advocacy.

Target Population

Relative kinship caregivers of children that are not biologically theirs

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies.

Data Measures

No published, peer-reviewed research studies.

Comparison Group Used?

No published, peer-reviewed research studies.

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies.

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Peer-to-Peer Kinship Liaisons**Program Location**

Nevada

Source of Information

CEBC

Program Description

The goals of the peer program are two-fold: to improve kinship foster parents' abilities to effectively act as a caregiver, and to facilitate trust and aid between all sides engaged with the kinship caregiving component of a child welfare program.

Target Population

Kinship foster parents

Target Outcomes

Not specified.

Study Description

One-group pretest-posttest study.

Data Measures

Relative Caregiver Self-Assessment Scale; Peer-to-Peer Measure; Service Logs.

Comparison Group Used?

No.

Evidence/ At Least 1 Positive Outcome?

Yes.

Researcher/Contact

Ramona Denby

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated.

Project Healthy Grandparents**Program Location**

Southeastern United States; Not specified

Source of Information

CEBC

Program Description

PHG provides case management by master's prepared social workers, as well as health services by registered nurses. PHG's comprehensive services include assessments/health screenings, monthly home visitations by registered nurses and social workers, parenting education classes and support groups, legal service referrals, as well as early intervention services for young children. In many cases, referrals are made to other healthcare or community service providers, and transportation services are available, if needed. Once enrolled, participants have access to all PHG services free of charge for one year. Participation in support groups is available after completion of the full year of comprehensive services.

Target Population

Grandparent-headed families of grandchildren (ages birth to 16 years) in which the birth parents are absent.

Target Outcomes

Not specified.

Study Description

Seven studies using one-group, pretest-posttest designs, one study using a two-group pretest-posttest study without control group.

Data Measures

Measures utilized include the Grandparent Interview Form, the Brief Symptom Inventory (BSI), the Family Resource Scale (FRS), the Family Support Scale (FSS), the Short Form 36 (SF-36) General Health Survey, and the Family Crisis Oriented Personal Evaluation Scales (F-COPES), Healthier People Health Risk Appraisal (HRA).

Comparison Group Used?

No.

Evidence/ At Least 1 Positive Outcome?

Yes.

Researcher/Contact**Evidence-Based Rating (if applicable)**

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Relatives as Parents Program (RAPP)**Program Location**

Unknown

Source of Information

CEBC

Program Description

Created to help expand the network of services available to relative kinship caregivers. The Brookdale Foundation is involved with the program, holding the National Orientation and Training Conference, promoting opportunities to expand that network of services for caregivers.

Target Population

Relative kinship caregivers of children ages 0 to 17 that are outside of the foster care system

Target Outcomes

Not specified.

Study Description

No published, peer-reviewed research studies

Data Measures

No published, peer-reviewed research studies

Comparison Group Used?

No published, peer-reviewed research studies

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies

Researcher/Contact

Melinda Perez-Porter

Title: Director

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Support Groups for Grandparent Caregivers of Children with Developmental Disabilities and Delays

Program Location

New York

Source of Information

CEBC

Program Description

This program offers supports and education on financial issues, guardianship, respite care, emotional support and assistance with system navigation (including health care, educational support and housing systems).

Target Population

Grandparent kinship caregivers of children with developmental disabilities and delays.

Target Outcomes

Not specified.

Study Description

Randomized controlled trial; One-group pretest-posttest study (2).

Data Measures

Center for Epidemiological Studies-Depression Scale (CESD); Family Empowering Scale; Caregiving Mastery Scale; Medical Outcomes Study Short Form Health Study (SF20).

Comparison Group Used?

Yes; No (2)

Evidence/ At Least 1 Positive Outcome?

Yes; No (2)

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: 3 - Promising Research Evidence

The Ties that Bind - Training for Caregivers

Program Location

Unknown

Source of Information

CEBC

Program Description

A training program developed by The Children of Alcoholics Foundation examining parental substance use and its impact on kinship families. The curriculum is covered in lectures, small group discussions, and activities facilitated by a professional moderator with kinship caregivers. These can take place in a support group or individual setting. Goals of the program are to improve relationships with the biological parents, skill and strategy-building, and the facilitation of relevant discussions. Topics include the caregivers' feelings, accessing support and more.

Target Population

Grandparent caregivers raising grandchildren whose parents are unable to do so due to substance abuse

Target Outcomes

Study Description

No published, peer-reviewed research studies.

Data Measures

No published, peer-reviewed research studies.

Comparison Group Used?

No published, peer-reviewed research studies.

Evidence/ At Least 1 Positive Outcome?

No published, peer-reviewed research studies.

Researcher/Contact

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Evidence-Based Rating (if applicable)

California Evidence-Based Clearinghouse: NR - Not able to be rated

Appendix C: Kinship Caregiver Focus Groups

Appendix C-1: Kinship Caregiver Focus Group Protocol

Date:	Time:	Facilitator(s):
# of Caregivers:	Location:	

Raise Your Hand Questions

1. Please raise your hand if you have a kin child or children living with you now (# who raised hand _____).
2. Please raise your hand if you have more than one kin child living with you now (# _____).
3. Please raise your hand if now – or in the past – you have cared for a child or children who are your kin for...
 - a. less than about 6 months (# _____)
 - b. between about 6 months and a year (# _____)
 - c. longer than a year (# _____).
4. Now, we would like to know how you are related to the child or children in your care.
 - a. Raise your hand if you are a grandparent (# _____)
 - b. Raise your hand if you are an aunt or uncle (# _____)
 - c. Raise your hand if you are a brother or sister (# _____)
 - d. Raise your hand if you are a cousin (# _____)
 - e. Raise your hand if you are a caregiver for a child who is not related to you by blood, but who is a family friend (# _____).
 - f. Did we miss any anybody or caregiver types?

Open-Ended Questions

1. What do you like about being a kinship caregiver?
2. What do you like most about the child or children who you are caring for?
3. What has been challenging or most stressful about caring for children who are your kin?
4. What types of help have you needed to provide care for children who are your kin?
5. What types of help have you looked for when caring for children who are your kin?
 - a. What types of help have you been able to find?
 - b. What types of help have you *not* been able to find?
6. In the community where you live, what types of help should there be for kin caregivers like yourself?
 - a. Where should this help be located?
 - b. What would make it easiest for you to use this type of help?
7. Who would you most like to work with to get the help you may need? For example, would you most like to work with a professional kinship care caseworker, another kin caregiver, someone from your church, mosque, or place of worship, someone that you already know or are already working with, or another type of person?
8. What advice do you have for the state of Mississippi for helping kin caregivers like yourself?
9. Is there anything else you would like to say about caring for children who are your kin or the types of help that should be offered to kin caregivers?

Appendix C-2: Kinship Caregiver Focus Group Participant Characteristics

Kinship Caregiver Characteristic	Jackson 12 caregivers		Gulfport 6 caregivers		Mound Bayou 12 caregivers		Total 30 caregivers	
	n	%	n	%	n	%	n	%
Kin child or children is currently living with caregiver	12	100%	5	83%	10	83%	27	90%
More than one kin child is currently living with caregiver	5	42%	5	83%	5	42%	15	50%
Kinship caregiver has cared for kin child or children								
for less than about 6 months	1	8%	2	33%	4	33%	7	23%
between about 6 months and a year	0	0%	4	67%	2	17%	6	20%
for longer than a year	11	92%	0	0%	6	50%	17	57%
Kinship caregiver is related to the kin child or children as a								
grandparent	10	84%	5	83%	6	50%	21	70%
aunt or uncle	1	8%	0	0%	6	50%	8	23%
brother or sister	0	0%	0	0%	0	0%	0	0%
cousin	0	0%	0	0%	0	0%	0	0%
family friend (not related by blood)	1	8%	1	17%	0	0%	2	7%

Appendix C-3: Kinship Caregiver Focus Group Themes

Theme	Theme Present		
	Jackson 12 caregivers	Gulfport 6 caregivers	Mound Bayou 12 caregivers
Theme Category 1: Kinship Caregiving Enjoyment			
Providing the best care for their kin children	✓	✓	✓
Keeping them out of the foster care system	✓	✓	✓
Providing them with love and care	✓		✓
Seeing them happy and healthy	✓	✓	
Knowing they are safe	✓	✓	✓
Knowing they are with people who they are familiar with and love them		✓	✓
Receiving love and appreciation from their kin children			✓
Having kin child help	✓		✓
With technology (e.g., smartphones, internet)	✓		
With caregiver physical health	✓		
Fit with Christian values	✓		
Doing the work that God wants them to do	✓		✓
Passing on the love of God to their kin children	✓		
Theme Category 2: Kinship Caregiving Challenges			
Having adequate financial resources	✓	✓	✓
For essential goods and services (e.g., child food, clothing, beds, haircuts)	✓		✓
For transportation (e.g., gas)			✓
To pay increases in household utilities	✓		✓
School supplies (e.g., uniforms, paper, pencils, internet for homework)	✓		✓
To pay for childcare	✓		✓
To live in or move to a safe community	✓		
For kin child medical bills		✓	✓
For child extracurricular activities (e.g., sports, dance, cheerleading, clubs)	✓		✓
Having enough time	✓		✓
For transporting kin children to where they need to be	✓		✓
To monitor older kin children (e.g., going to mall or movies, phone use)	✓		
Lack of support and assistance	✓	✓	✓
From CPS	✓	✓	✓
From family and friends	✓		
From Medicaid		✓	✓
Long waiting lists at community service agencies			✓
Employment challenges	✓		✓
Taking time off work to address kin child issues/benefits	✓		
Balancing the need to work with being home after school	✓		
Training for/Finding a job to pay for extra expenses of having kin child(ren)			✓
Addressing child issues	✓		✓
School and learning issues	✓		
Trauma and mental health	✓		✓

Theme	Theme Present		
	Jackson 12 caregivers	Gulfport 6 caregivers	Mound Bayou 12 caregivers
Behavior in the home	✓		
Sadness because missing parents	✓		
Doing homework before having fun			✓
Relationship with birth parents	✓		✓
Undermining caregiver authority	✓		
Anger/resentment toward caregiver	✓		
Poor role modeling during parent visits	✓		
Parent using kin child benefits for themselves (e.g., SNAP)			✓
Increased family/home stress	✓		
Marital stress	✓		
Qualifying for and complying with public assistance regulations	✓		
Food stamps	✓		
Medicaid (one caregiver had Medicaid cut after adopting)	✓		
Child Support	✓		
Kinship caregiver health problems	✓	✓	
Mobility issues	✓		
Having a serious medical condition (e.g., cancer)		✓	
Theme Category 3: Kinship Caregiving Help Needed			
Financial	✓		✓
Daily stipend, like formal kinship caregivers	✓		✓
Locating and accessing essential goods and services for kin children	✓		✓
Food, clothing, bedding, toiletries, haircuts etc.	✓		✓
Healthcare assistance for kin children	✓	✓	✓
Medicaid	✓	✓	✓
For physical disabilities	✓	✓	
Accessing counseling services for kin children	✓	✓	✓
For trauma and other mental health issues	✓	✓	✓
For development disabilities	✓	✓	
Education and Information	✓	✓	✓
Locating and accessing programs and services	✓	✓	
Custody and adoption	✓		
From other caregivers (e.g., support group)	✓		✓
Provided by someone who is not a CPS worker		✓	
Parenting strategies			✓
Moral Support	✓	✓	✓
Everyday stress	✓		
From other caregivers (e.g., support group)	✓	✓	✓
Child and respite care	✓		✓
After-school and weekend programs	✓		✓
Regular and emergency respite care			✓
School and education issues	✓		✓
Bullying	✓		✓
Tutoring	✓		
Assessing and addressing learning disabilities	✓		
Schools should include services for kinship caregivers			✓

Theme	Theme Present		
	Jackson 12 caregivers	Gulfport 6 caregivers	Mound Bayou 12 caregivers
Affordable internet for homework	✓		
Affordable extracurricular activities outside of school for kin children	✓		
Mentoring	✓		
Summer camps	✓		
After-school activities like sports and dance	✓		
Community center	✓		
Theme Category 4: Kinship Caregiving Help Received			
Personal relationships	✓	✓	
Family	✓	✓	
Friends	✓	✓	
Church	✓		
Essential hard goods (e.g., food and clothing)	✓		
Moral support	✓		
God		✓	✓
Praying/trusting God		✓	✓
God giving strength to be a caregiving			✓
Local service agencies	✓		✓
Behavioral health counseling	✓		
Referrals to essential goods	✓		
Obtaining guardianship	✓		
Paying utilities			✓
Extracurricular activities	✓		
Mentoring from sports coaches	✓		
Government programs	✓		✓
Medicaid for kin child	✓		✓
SNAP benefits			✓
Legal assistance	✓		
Paid a lawyer to assist with obtaining guardianship	✓		
Theme Category 5: Experience and Perception of CPS			
Kinship caregiver distrust of CPS	✓	✓	✓
Afraid county CPS will take kin children away	✓	✓	
Not helpful unless child is in foster care	✓	✓	✓
Don't care about informal kinship caregivers	✓		
Using informal kinship caregiver so don't have to pay for foster care	✓		
Lack of straightforward, honest communication with kinship caregivers		✓	
High rate of caseworker turnover		✓	
Lack of CPS support for informal kinship caregivers	✓	✓	✓
Kin child must be involved with CPS to receive monthly stipend	✓	✓	✓
Informal caregivers are used so CPS does not have to pay for foster care	✓		
Too much CPS oversight of Kinship Caregivers		✓	
CPS doesn't trust or respect kinship caregivers		✓	
Too many regulations for a placement with kinship caregivers		✓	
Too many different CPS workers coming to kinship caregiver houses		✓	

Appendix C-4: Kinship Caregiver Focus Group Quotes for Each Theme Category

Theme Category 1: Kinship Caregiving Enjoyment

Jackson Focus Groups

- *I like that they're [kin children] out of harm's way. They had a lot of problems with their parents. We were able to step in to make sure they are safe. I like taking on that responsibility.*
- *Well I like the idea of God blessing me to be able to take my two grands when my daughter passed. And one is in college, and the other one is out there. And they are like my babies, not like grandkids. So, I love being able to take care of them.*
- *I just like to return the love that God gave me with these children. And I take care of my granddaughter every day. And to be able to see her get up in the morning, come and smile....you know, it doesn't feel like we're grandparents, but she treats us like her parents. To be able to return that love back to someone like someone gave to me just makes me feel special.*
- *She helps me so much. I got sick one night and thought I was having a heart attack, which now I do have a pacemaker. I was sick, and she picked up that phone. She called my sister. She called my daughter. She was right there with me.*
- *When she sees me confused about all this technology, she seems to be able to break it down to me and teach me how to do it. The kids can just pick it [technology] up like that. So, she's teaching me about how not to be left behind in the technology world.*
- *The love we receive from the kids is what makes us smile and gives us the strength to keep going and do the things that we do for the kids. We use the love we have for these kids and the love they give us to keep ourselves going.*
- *I am able to see my grandchild. My grandchild has what she needs...the love and care that she needs.*
- *She's [kin child] my hope.*

Gulfport Focus Group

- *I know my babies [kin children] are taken care of.*
- *We know what they've [kin children] been through and what to expect with them. I'd rather mine be at my home than be with complete strangers.*

Mound Bayou Focus Groups

- *It's just the responsibility of helping them [kin children] and raising them the right way.*
- *I'd rather take care of them [kin children] than for them to be in the system. I take care of them like I would take care of my own children. Well, they really are my own children even though they're my grandbabies.*
- *I can give that [kin] child the best care he can receive by me being a relative. I don't think nobody would go beyond what I would do.*

- *We [kinship caregivers] love that we love them [kin children] and they love us back. That's what I like. I get some loving back.*
- *They [kin children] make you feel so good when they say that they appreciate it. Appreciate you.*
- *I'm going to tell you the secret. Grandmamma going to give them [kin children] what they want. We gonna cook. We gonna cook and make sure they have a balanced meal. Their mama only give them a lit bit, like a little snack or something. Maybe McDonald's or something. We gonna cook that real food. We going to do some greens. We gonna do that soul food.*
- *I just refuse for someone else to keep my grandbabies. I mean nowadays you can't just let anybody take care of them. I'll keep my own before I let anybody else keep them. I'm home 24 hours a day. I don't go nowhere.*

Theme Category 2: Challenges Faced by Kinship Caregivers

Jackson Focus Groups

- *Getting them to do stuff that you tell them like eleven dozen times a day is hard. What I did one time is that I wrote down everything that they should do in the morning by the hour. That didn't work. That's very frustrating. Every day I have tell them to pick up their room.*
- *I have deleted [on Facebook] all my friends and relatives because the only time they call me is when they want something. Nobody has ever offered to come pick my child up and take him to school or pick him up from school. I take him everywhere he needs to go. I wear myself out, but I get him involved in positive things. I have to go way down to South Jackson to take him to basketball practice and games. I've had him involved in that since he was about three and a half years old. It's hard. It's really hard.*
- *The thing I've found the hardest and most stressful is when their momma calls the kids. Their momma says to them, "Well, you know, you ain't got to do nothing I your grandma tells you." She [their mother] is trying to run my house, but I got the children.*
- *No food, no clothing, no housing, no assistance, nothing. We're basically washing in cold water. I mean, financially it's really overwhelming.*
- *The parents of the kids can receive benefits for these kids. And we, as the loving, kind caregivers don't want to send that child back over into the issues that the parents are dealing with. We don't get nothing, and they leave the baby child with us. We sacrifice to make sure the child is well taken care of, then to see the child go home with his parents and be mistreated.*
- *I have no kind of assistance to take care of them. I have to use all of my SSI to take care of all of those kids. I think the state needs to step in and help the people that really need to get funds because I feel like if the state had to take ten children or seventeen children, they would have had to pay somebody else to step in and take care of those kids. Where we're doing is out of the goodness of our hearts, and we're not getting anything in return.*
- *I have to buy school clothes and shoes and everything, and nobody's there to help me, so I'm just struggling. I have to go to pantries to get food because they don't have food stamps for me to feed these children. I have to go to the Goodwill or Salvation Army to buy clothes to make sure these children have clothes. Or, I have to go to certain organizations to get uniforms and school supplies to make sure these children are functionable in school. The state needs to step in to help some of these grandparents like me that's out here in the city trying to provide for these children.*
- *I didn't want her [kin child] to have a phone, but her mom got her one anyway.*

- *We [kinship caregivers] can't fill the void of her [kinship child] not having her parents.*
- *When I first got her [kinship child], she used to scream. She was terrified of the police. We would go to football games and stuff like that and when the police came, I would have to literally take her to the bathroom. I didn't know what the situation was like when she was with her parents - if the police were coming in, but it was terrifying for her, I know that.*
- *As far as [caregiving] being stressful, her mom used to call me and curse me out.*
- *She [parent] was trying to teach her [kin child] that working is bad, when we were trying to teach that it's good.*
- *She [kin child] has a phone and I monitor it, but I just can't watch everything at the school or around the house.*
- *I had the Medicaid, but I ran into a situation with that by me adopting her [kin child] because I got the paperwork five years ago. They cut the Medicaid. They said I wasn't complying with the rules about the daddy. I'm like, but I don't know no daddy but if you do know him, give me something. You have to be compliant with the absent parent.*
- *Well, with the Medicaid, it just got too frustrating a lot of times so I just couldn't deal with it and lost it.*
- *If you're getting any type of government assistance, you have to be compliant with Child Support. So, I had my grandbaby and I had the 14-year-old in there. They sent me a paper for the 14-year-old and said they needed to know something about the daddy. So, I went in and did all that. I thought it was under control, so I got another one for my grandson. Well, his daddy, sometimes he come and get him during the week. So, I said, well, I'm not going to put him on Child Support and if you [the State] don't want to help me then you just can't help me because I can't do him like that when he is buying his clothes. He wrote a letter saying he'd give me \$100 a month. So, I still had to take off at work to go to court, but I think somebody dropped the ball somewhere and the information didn't get to where it needed to go.*
- *We went through the boyfriend stage with her [kin child]. The school had the automated machine that called the house if the child's not in class. I got that three times one week, so I went to the school. I saw the boy's aunt. The school couldn't even find them. The auntie stayed there for two hours.*
- *When I fill out papers [for benefits], if I tell the truth, I will not qualify so I don't even bother to fill them out. I did do the Medicaid. I qualified because I was not filing income tax anymore but other than that, if I filled them [papers] out, I would not qualify for anything. But still, I'm the single parent and I have to pay all the bills and take care of the food and stuff. I haven't even tried to get CHIP or nothing like that. I just don't even bother to fill it out because I know that I won't qualify.*

Gulfport Focus Group

- *Being through the system, the children are on Medicaid, which may or may not cover this and that.*
- *I had two bouts of cancer, so I can't do it [kinship caregiving] for a long time. I can't adopt them. I can't have them for a long period of time, but I really want to get them back and grounded. The perfect foster parents they got for them who are looking to adopt had them just over fifty hours and they called and said, 'Take them back.'*
- *We don't get no help. We do it ourselves.*

Mound Bayou Focus Groups

- *Financially. When you don't have what they [kin children] need, that's very stressful. School is going on now and so is basketball, football, and baseball. They need uniforms for all that.*
- *Yeah so, the extra head [kin child] is very hard and trying to provide more. They need clothes, and let's be real, food too.*
- *Even with him [kin child] on Medicaid, I gotta pay for him to go to the doctor.*
- *I tell them [kin children], 'Get to your homework.' They want to get on those phones. Okay, but homework comes first. I tell them, 'When you come home from school, get your homework done so you have that behind you. If you don't get your homework done, that privilege [phone] is gonna be taken away.'*
- *I need money for gas and extra food for these [kin] children, and clothes too. They have to have uniforms, especially when school starts you gotta buy uniforms and school supplies. School supplies can get expensive. School supplies got to be prepared for the first day of school and it's expensive.*
- *As they [kin children] get bigger, they get more expensive. My baby love to eat. Crackers and juice and stuff.*
- *It's everyday things they [kin children] need. It's expensive. You got to have some sort of transportation and a car seat.*
- *My baby [kin child] is sick all the time and she don't have Medicaid. We got no insurance card. It gets out of hand. We got to pay from my work. I got to pay for his medicine. It's hard.*
- *These [kin children] are my great grandkids and my granddaughter just won't do right. She gets SNAP, the food stamp, and she gets child support. I don't ever see it. She gets in a rage and I just let it alone. I do what I can do myself. I do what I can do myself because everything is hers. I gotta keep myself from getting upset to keep my blood pressure from rising.*
- *We have community action centers, but they have long waiting lists to get what you need. They have so many people that need and they can only do a few at a time. It's like they wait on people. They wait on the city to donate money and that's why we have to wait so long.*

Theme Category 3: Help That Kinship Caregivers Have NeededJackson Focus Groups

- *I need financial support. I need moral support. I need physical support. I need it all.*
- *We take the kids to mental health, they aren't allowing the kids to talk it out. And we don't know what they're talking about because we can't talk to them [mental health counselors] about what's going on. Well, I don't see no difference. My [kin] children are still disturbed because they don't know why their momma doesn't want them and why they don't know who they daddy is.*
- *I think when a child gets out of school they shouldn't have to go home to an empty home – you know, a home by themselves. I feel like we need a community center where they can go.*

- *The school has a library, but when the children come home in the afternoon, that don't have a computer or technology support or maybe have phones and stuff. They can't get their homework done because guess what? In the country, I don't have internet. Hughes Net costs \$200. This is what I got to deal with it.*
- *The counselors in the school do so much but they don't help because my [kin] daughter was bullied all year and the help she got in school was not enough. They just talked to her for a minute and told the other girls to leave her alone, but those girls are still picking on her.*
- *One thing that I think that we caregivers need to be is more educated. We need to have more community meetings about kinship and what options there are and where we can get help.*
- *We need some kind of support group that goes out at least once a month to talk to families that's in need that's taking care of these [kin] children to see what we really need and to be able to put it on the table and they can say what they can do for us.*
- *My husband and I are trying to make for our children. Even though they [kin children] become the part of our family, our income is minimum wage and they're not considered part of our family. So, we're not eligible for food stamps We wouldn't have anything without Social Security.*
- *We need a support group for ourselves [kinship caregivers] so we can be on alert for certain things to be looking for would be very helpful. She [another caregiver] might experience something I didn't. It may be a situation where my baby don't do nothing. Well, somebody else [another caregiver] might be in a situation where they got their baby doing everything.*
- *A support group where we [kinship caregivers] meet once a month would be very helpful*
- *My [kin] children are at home being idle. One of them, I can't get him off of his game no matter what I do. So, we need more facilities out there for kin parents where we can put them to give us a break. That facility should also have different kinds of information for the [kin] parent. If a [kin] parent is going through something....like she's going through something with her daughter or grandbabies, she'll call that group and say, 'Look, I'm going through this,' and they should be able to have resources and information to give her.*
- *We need a place to call to say, 'this is what I'm going through.' I need help. Then they could say, 'We got you. Call here or go here. This is what we have.' There should be like a directory in this facility to help kin caregivers get the help for that child. We shouldn't have to struggle with it by ourselves.*
- *When we were in school and I was a cheerleader, it was free. Basketball was free. You had sponsors when they came in and they sponsor the child and the parent. We didn't have to pay to be a cheerleader or majorette. Now, you're looking at \$2,000 and your child got to try out every time to even perform. We need more free activities like there used to be for our kids.*

Gulfport Focus Group

- *I asked for therapy help from a social worker. I have people that don't even know how to spell therapy. We're on our fifth therapist right now who comes over and talks video games. Maybe that's the bonding part of it, but I see no behavioral changes and people don't take me seriously. I get spoken down to.*
- *These workers give me a list of like forty different places to call, but they are more for adolescent kids. It's just a copy of a copy of a copy and they think just because they gave the list their job is done. I mean, I can Google like anybody else.*
- *My grandson's got a form of ADHD, but it's not the type that's hyper. It's just the non-focusing type and we've been seeing a doctor and that doctor wants him to have these tests done to see if maybe it's actually Asperger*

autism. But, there's not a place he gave me yet that will accept his insurance and I've had a couple of these places say, 'Well if he's in custody of CPS, we don't do that.'

- *A list of fifty different addresses on a piece of paper is nothing. I work. So, after working, then I'm picking them up from care. I don't have time to call all these places. And then, when I have gone to one on the list, they [CPS] tell me that I shouldn't have taken my [kin] child there first. How am I supposed to know that?*

Mound Bayou Focus Groups

- *We [kinship caregivers] need jobs and job training for ourselves and clothes for our [kin] children.*
- *After care. We [kinship caregivers] need after five care for these [kin] kids in case of an emergency.*
- *Help should be in the school because I feel like this would be the place that it should be. This is where all the students are.*
- *I worked in a DHS department for almost 10 years. DHS had what they called respite care where a foster provider could take a break. The respite care provider could be someone you know, like a relative. It could be someone that you trust and y'all could get together and sign a little contract and they would get paid for that. That would be helpful for us [informal kinship caregivers].*
- *Aftercare, because there are times when the caregiver is gonna have to go to the doctor or some other place where they can't take the [kin] child. I would say aftercare all weekend.*
- *What about if the kids could go and get counseling. So many of these [kin] kids need help. They come out of some home where the parents be cussing and fighting, and it messes with them mentally. Damage control or however you want to put it. Some of these kids are messed up.*
- *Some of these [kin] kids are getting bullied and they get all in their heads about it and it doesn't matter what we [kinship caregivers] say. Sometimes someone else has got to work with them one on one to help them through that.*
- *We need a grandparent support group. So, y'all [program developers] get together and brainstorm and figure out that out.*

Theme Category 4: Help That Kinship Caregivers Have Found

Jackson Focus Groups

- *Well, it depends on the type of family you have and the type of relationship you have with your family. Like me and my two sisters, we've been close since birth. We raised ten children together. Everything we do is together. So, we know that whatever one doesn't have the other two get.*
- *Some of the agencies give you support. You know, they have a lot of counseling support. You can call them to get help with a situation. They don't just debrief the situation. They try to help with financially and with whatever needs to be done like mentally. And not just for mentally for the kids, but also having you to be able to keep going, to keep making the footsteps that need to be taken in your life. Because the damage is done, but they help you work with the damage.*
- *I get help from the coach of his basketball team and that plays a very important part in his [kin child] life as well as mine.*

- *The church members help me out. We got a group that we're working with now sort of on the kinship.*
- *They [the children] come hungry and the church feeds them. They clothe them. Then mentally, the ministers work with them. The pastors try to work with them to deal with their mental capacity. A lot of them are not getting the help they really need. I think the school is trying to do something.*
- *Well, I've been blessed. God blessed us. She does have Medicaid. Other than that, God has provided. I just thank God for the Medicaid because I don't work that much anymore, and I don't file protection anymore.*
- *We have guardianship. That's been helpful.*
- *We adopted her, so she [kin child] got on my insurance. We had gone through a regular lawyer for the adoption. It was a lot of money, but he really helped us.*

Gulfport Focus Group

- *My help comes from God. I pray, "God, give me strength to do as you need me to do." And, our friends and family that are on our side help*
- *I have a great support group. My friends and family. I have wonderful, wonderful people in my life.*
- *My bunco group adopted me the first Christmas and I got stuff for the kids because on a Thursday night they told me, 'You can only have the kids if you clear out room in your home and get complete beds set up by tomorrow.' Where am I going to get that stuff on short notice? So, I went to Sam's and I spent \$500 on two crappy twin beds.*

Mound Bayou Focus Groups

- *Having Medicaid for him [kin child] has been helpful.*
- *I'm 71 years old. I thank God that I am able to take care of them [kin children]. A lot of grandparents won't take on the challenge that some of us take on. They'll say, 'I can't do this.' But you can do all things through Christ with his strength. Whatever God puts on your heart and mind to do, you can do. He is going to help you through. He is gonna give you the strength to do it. It's a challenge, but you can do it.*
- *Yesterday is not going to be like today. It's [kinship caregiving] just going to be different every day. It's a challenge. God gives me the strength to do it. God watches over me. He's the watchman and caretaker and we do what he says we should do.*
- *To have help with the electric bill, they [community action center] told me to bring in everything on the 4th of October. I'm crossing my fingers.*

Theme Category 5: Kinship Caregiver Experience with CPS

Jackson Focus Groups

- *I've had to go through the process of getting an attorney to put them [kin children] in our custody. You know why? Because DHS wasn't doing anything. When I asked DHS, the social worker said, "Well, we just going to*

take them and put them in somebody else's care if we have to do anything." That's what the social worker told me.

- *You [the State] tell me that I can't have my grandkids or my husband's grandkids and you're not going to help me, but then you take my kids to strangers to get molested, to get abused, misused in all type of ways and then you pay them. That baby could have been with a relative and we could have been able to adopt instead of making her live under stress because you economically won't help them. Does not make sense.*
- *The state of Mississippi does not actually really care about our kids. That's one problem that we're facing this day and time.*
- *I think it was close to \$4,000 to get everything transferred over to us so that DHS wouldn't come. They want to come and look at your house. They want to look and see where they are sleeping and how they're doing. They want to look at that and monitor you, but they don't want to help.*

Gulfport Focus Group

- *I've got two of my grandchildren. One's five and one's fixing to be eleven. I've had these babies since they've been born. One of them, my daughter gave birth to in a correctional facility. I've had them all these years. I have cared for them and loved them as my own, raising them, but then February 12th of this year, they go into CPS custody. Because of this custody thing they're [CPS] going to pay me \$800 a month to do the exact darn thing that I've been doing for all their lives.*
- *I don't trust that they [CPS] are really trying to reunify families. I heard on the news that 65 kids got to go home with their families, but then I heard that 600 and something had been adopted.*
- *I'm a smoker, but I do not smoke in my home. I do not smoke around these children. I am a responsible smoker. Do you know that the [family court] judge suggested that I take these smoking classes and write an essay before I go back to court?*
- *Broken promises and mis-statements [from CPS]. I hear them all the time.*
- *We're on a different [CPS] caseworker now. We're on our sixth one since February.*
- *I'm happy with my caseworker. The resource people, though, they've overturned three different times. I've had three different workers and then a supervisor from way off somewhere else that doesn't even know what's going on and she comes to my house. Listen, I don't like that.*
- *There's so much lack of communication in these systems [DHS/CPS]. There really is.*
- *You can't get an understandable answer from anyone. What you do get, you gotta talk to ten different people to get then you get ten different answers. Then you get in court and they're [CPS] mis-stating things and when I stand up it's like they're not hearing nothing I say.*
- *The foster parents, the caseworker, the resource workers, and all the supervisors need to communicate because they don't know what the other people are doing. They have no idea.*
- *They told me that our home was too small for the twins who just turned a year old, but then in the last family team meeting we had I learned that the babies could be in our bedroom in their baby beds until they're 18 to 24 old. Now you tell me why I got to have another bedroom when they are nine to twelve months old.*

- *You don't have no say-so over nothing, and they can come snatch them [kin children] just like that. I live in fear every day. They [CPS] basically say I'm nothing because they tell me they're [kin children] in their custody and they can do what they want, and I can't do nothing about it. They say that.*
- *They [CPS] treat you like dirt. We want out.*
- *We have to do everything we're told. We have to get our homes done exactly the way they say. We have to do this exactly the way we're told. They know everything about us but our bra size and in return we get treated like a mushroom – kept in the dark and fed bull. And we're the good people that's doing right. We're not drinking or doing drugs. We're trying to take care of our grandkids, but it's like we're getting punished because of something somebody else did.*
- *They [CPS] came out for a home inspection, which I have no problem with. Anyone of them can come to my house anytime. I have no problem with that, but they was leaving and wasn't even out of my driveway when another pulls up. I didn't even know she was coming. I mean, come on.*
- *It's like we work for them [CPS], which we do because we get paid. They give money for the children, but we should be respected too because we're trying to do our best to get our grandchildren and they know everything about you: Fingerprint, FBI check, all that stuff.*
- *I told them [CPS] straight up and it blew their minds. I told them that I didn't want their money. I can take care of them. Get them out of the system and put them in my name. You ain't got to deal with me again. They won't though, and there's plenty of grandparents that have this to, or aunts and uncles, whatever, but no, they got to keep them in the system because it's right there.*

Mound Bayou Focus Groups

- *Kin don't get assistance as opposed to foster care. I mean they get what they need, and we get nothing. Kin is not good, and the foster children get everything. My grandchildren were in DHS at one point and the worker told me that they are not foster children to me, so I don't get nothing. You know, it's, it's hard on us.*

Appendix D: Kinship Caregiver Statewide Survey

Appendix D-1: Statewide Survey Flyer



Do you have a child who is related to you or is a family friend living with you and you are caring for because their parents are not able to?

If you are raising the child of a relative or friend because their parents are not able to do so, please take our 5-minute survey and tell us what would most **help you**. You could win one of **TEN (10) \$100 gift cards**.

Respond to the survey in any of the 4 following ways:

WEB: www.tellusnow.mobi
enter code 1198

CALL: 503-917-3288
enter code 1198

SCAN: 

TEXT: 503-917-3288
enter code 1198

This survey is being given by Human Services Research Institute and Families as Allies to help us learn about the kinds of support families like yours would like to have. *All responses are confidential.*



www.faams.org
601-355-0915

For info about the survey,
contact

Greg Forehand, PhD
gforehand@hsri.org
503-924-3783



Human Services
Research Institute

www.hsri.org
503-924-3783, x26

Appendix D-2: Statewide Survey Dissemination

Medium	Organization/Company (Contact)	Start Date	End Date	Frequency/Duration
Magazine	Parents & Kids	8/28/2019	9/30/2019	September issue
	Jackson Free Press	9/4/2019	10/2/2019	5-day email blast to subscribers and a two-week print ad
Radio	WOAD - Urban Gospel	9/5/2019	9/11/19	33 ads over 7 days 6 a.m. though 7 p.m.
	WKXI - Urban Adult Contemporary	9/5/2019	9/11/19	33 ads over 7 days 6 a.m. though 7 p.m.
Newspaper	The Clarion-Ledger (Thomas Briant)	9/4/2019	9/8/2019	Wed, Sat, and Sun and online digital ad
	The Meridian Star	9/10/2019	9/14/2019	Tues, Sat and online digital ad
Television	WDAM	9/23/19	9/30/2019	15 x 30-sec ads
	WAPT16	9/23/19	9/30/2019	42 x 30-sec ads
Social Media	Families as Allies			Email blast
Email	Families as Allies (proprietary distribution list)	9/3/2019	9/3/2019	Single email for forwarding survey flyer
	Mississippi Baptist Convention Board (Jim Futral)	8/30/2019	8/30/2019	Individualized emails with attached flyer
	Catholic Charities Jackson (Melissa McGregor)	8/30/2019	8/30/2019	
	Mississippi Conference of The United Methodist Church (Bishop James E. Swanson Sr.)	8/30/2019	8/30/2019	
Individual Catholic Churches (HSRI web search - 145 churches)	9/5/2019	9/5/2019		
Existing Survey	State Health Assessment (Katherine Richardson)	Planned		

Appendix D-3: Statewide Survey Instrument

1. Have you ever had a child or children living with you because their parents were unable to take care of them?

Yes No

1.a. If yes to question 1, what's your relationship to the child(ren)?

- Grandparent
 Aunt or Uncle
 Sister or Brother
 Cousin
 Family friend
 Other (open ended)

1b. If yes to question 1, what would've helped you the most to care for the child(ren)?

2. What is your five-digit zip code? _____

3. Do you have regular access to the internet, either through a computer or smartphone?

Yes No

4. What is your race/ethnicity?

- African American or Black
 White
 Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Native Hawaiian or other Pacific Islander

For each of the following statements, please check one box to the right that indicates how much you agree or disagree with the statement.

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
5. I've needed more clothing for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I've needed more food for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've needed car seats for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've needed a bed or more bedding for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I've needed more money to pay my rent or mortgage while the child(ren) have been in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SURVEY CONTINUES ON NEXT PAGE

	Strongly Agree	Agree	Don't Know	Disagree	Strongly Disagree
10. I've needed better transportation to get the child(ren) in my care to the places they need to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I've needed better healthcare (doctor, dentist, or medications) for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I've needed health insurance for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I've needed a job or more work to earn more money while the child(ren) have been in my care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I've needed childcare for the child(ren) in my care so that I can work or go to my job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I've needed someone to look after the child(ren) in my care so I can take time for myself or run errands.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I've had a hard time with the behavior of the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The child(ren) in my care have needed help to address bad things that happened to them in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I've needed help to get temporary or permanent legal custody of the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. The child(ren) in my care have needed more help with their schoolwork.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I've needed help to figure out how to talk to or work with the parents of the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I've wanted to connect with more people outside my family who are also caring for a child who is not their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I've needed someone to talk to when I've had a hard time caring for the child(ren) in my care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I've needed help accessing public assistance programs like Medicaid or food assistance for the child(ren) in my care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. If you would like to be entered into a drawing for one of ten \$100.00 cash prizes for completing the survey, please write your first and last name and phone number in the space below:

25. Would you be willing to participate in a one-hour in-person discussion with other caregivers in the future to discuss your caregiving needs?
 Yes No

THANK YOU FOR TAKING THE TIME TO COMPLETE THE SURVEY!

Appendix D-4: Statewide Survey Findings Figures

Figure D1. Most caregivers who responded to the survey were grandparents (60%). They were followed in number by aunts and uncles (19%).

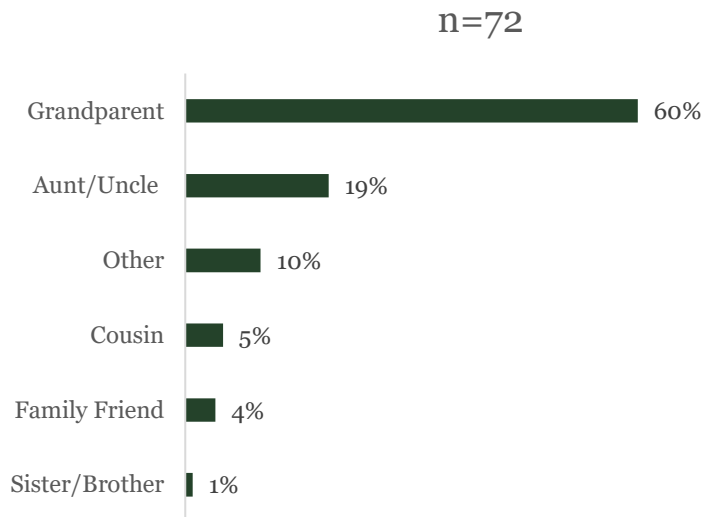


Figure D2. Fifty-eight percent of caregivers identified as African American or Black. Forty-one percent identified as White.

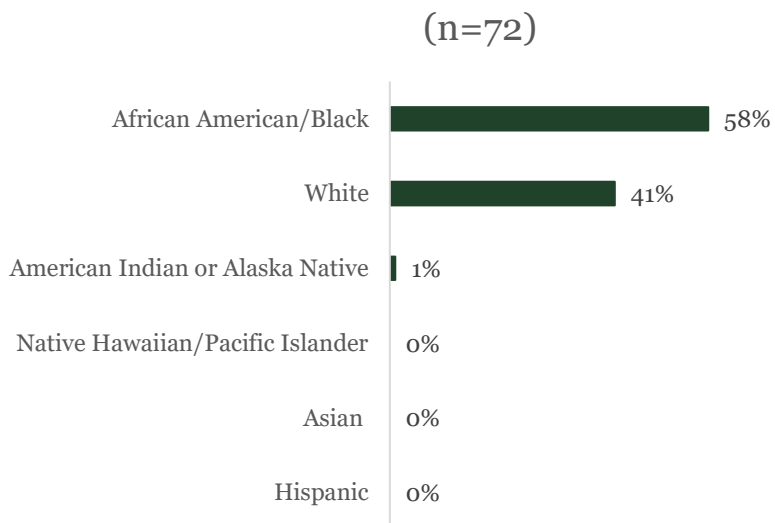


Figure D3. The majority of survey responses were submitted over the web (76%). Other responses were made by phone using the voice option (13%) or text option (12%).

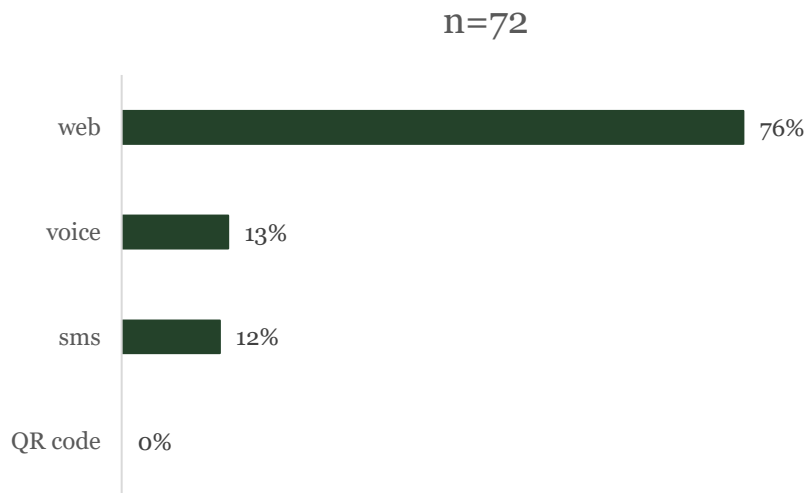


Figure D4. Only 12% of caregivers noted a lack of internet access, while 88% responded that they were able to access the internet.

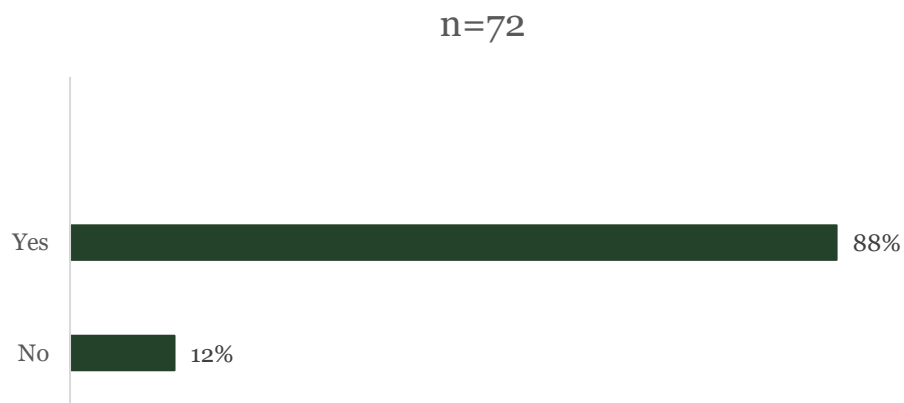
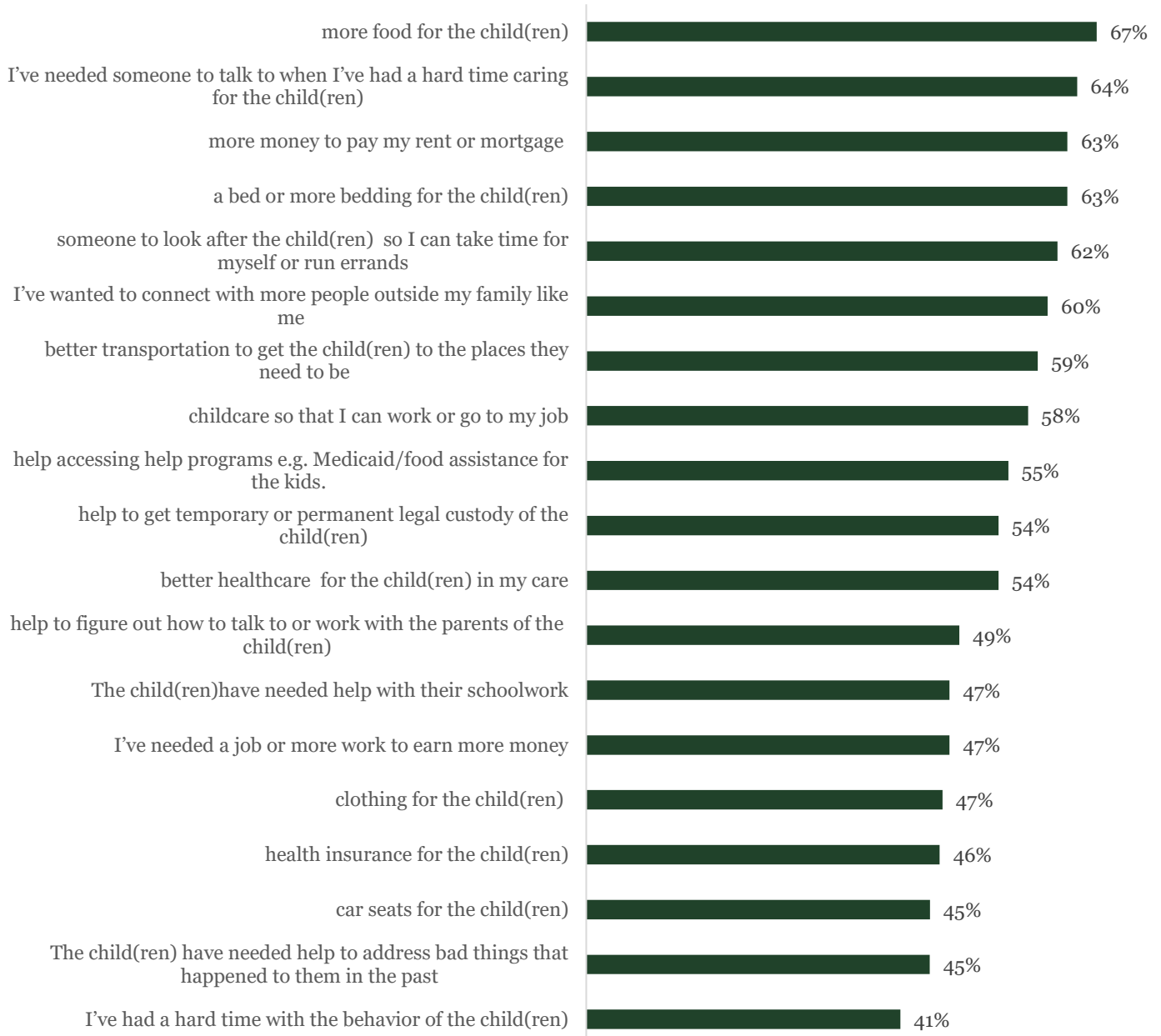


Figure D5. The most pressing need caregivers noted was for extra food (67%). But many (64%), noted the need for someone to talk to when there were difficulties caring for children.

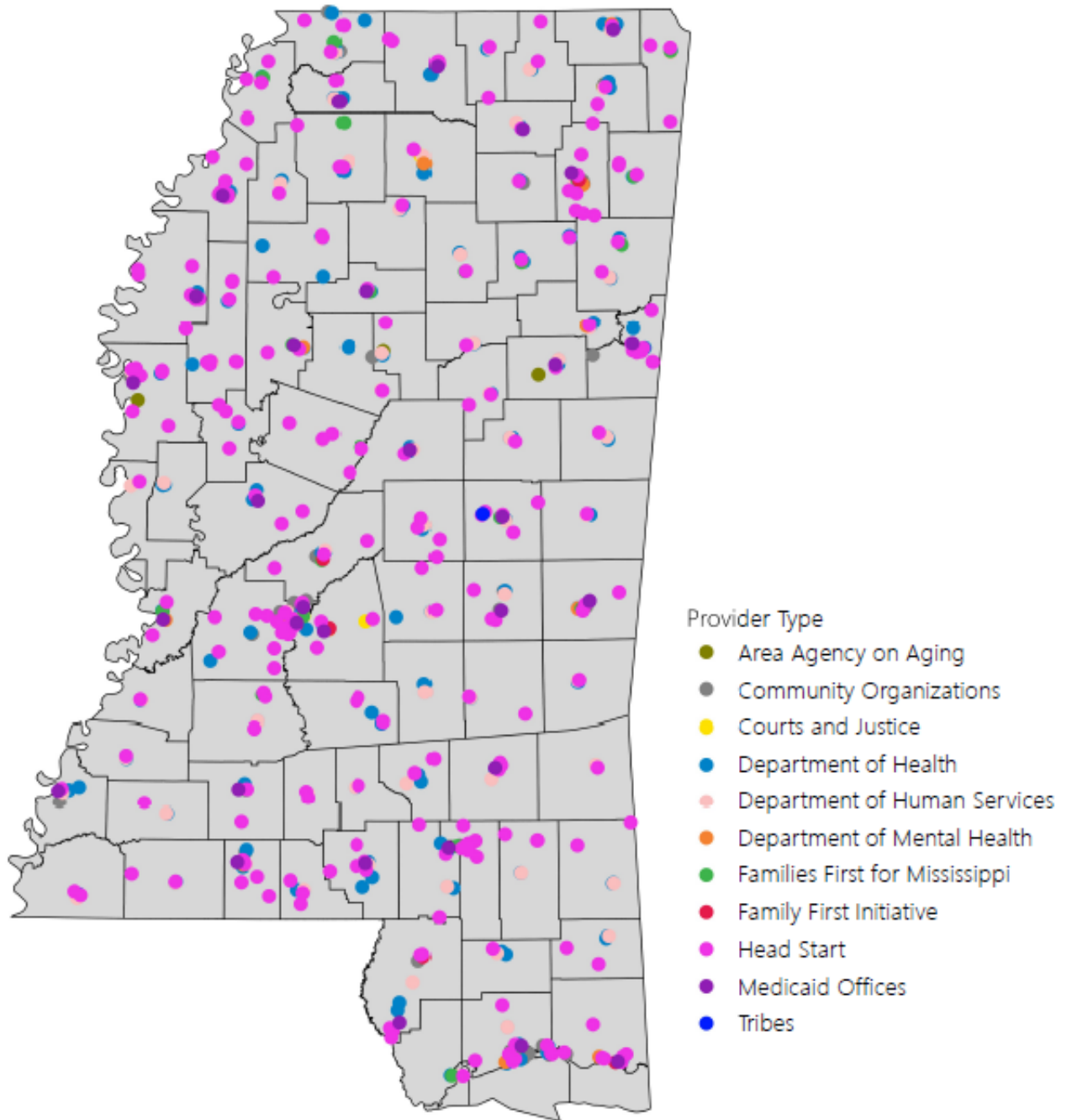
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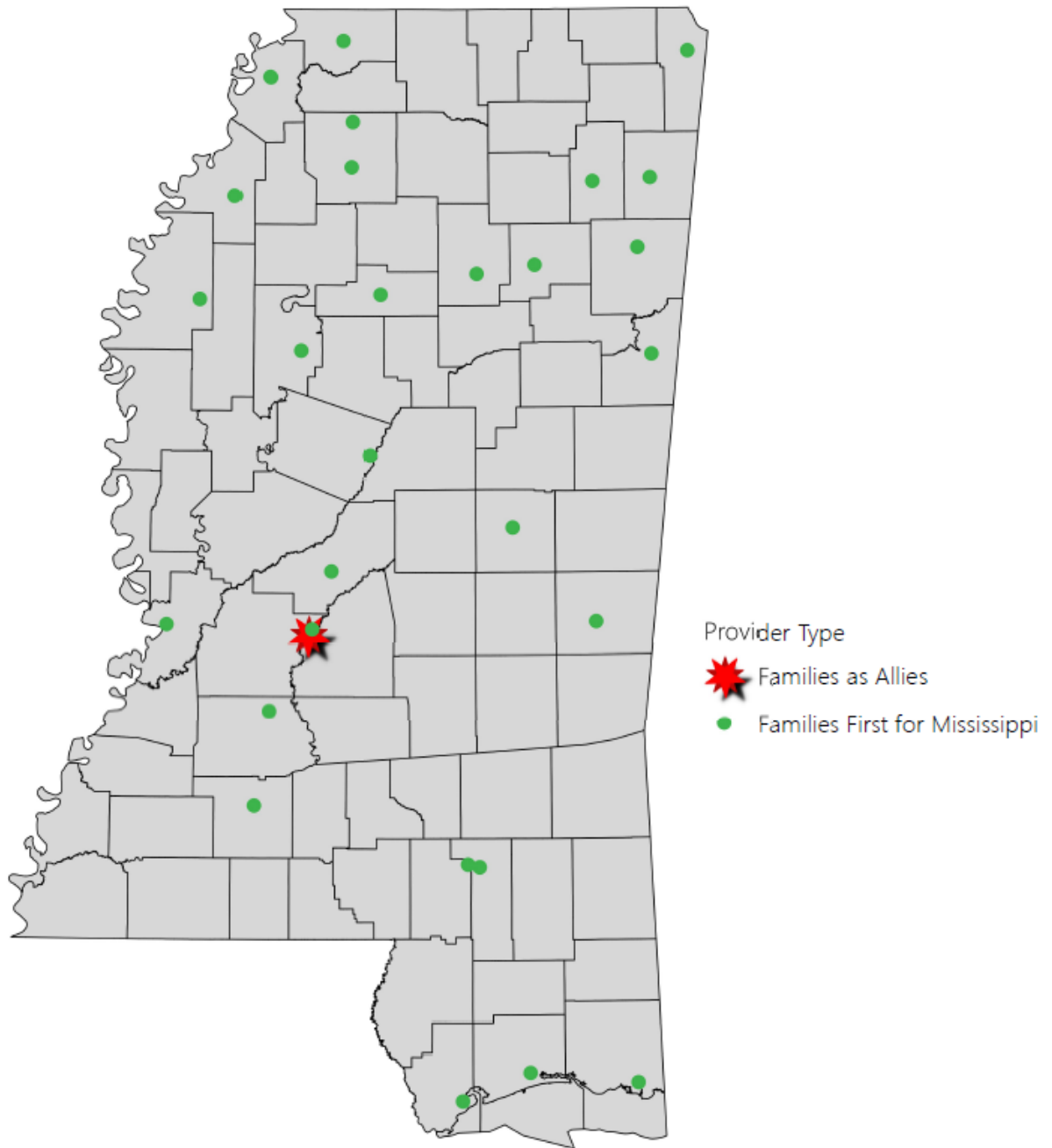
Appendix E: Mississippi Service Availability

Appendix E-1: Service Provider State Maps

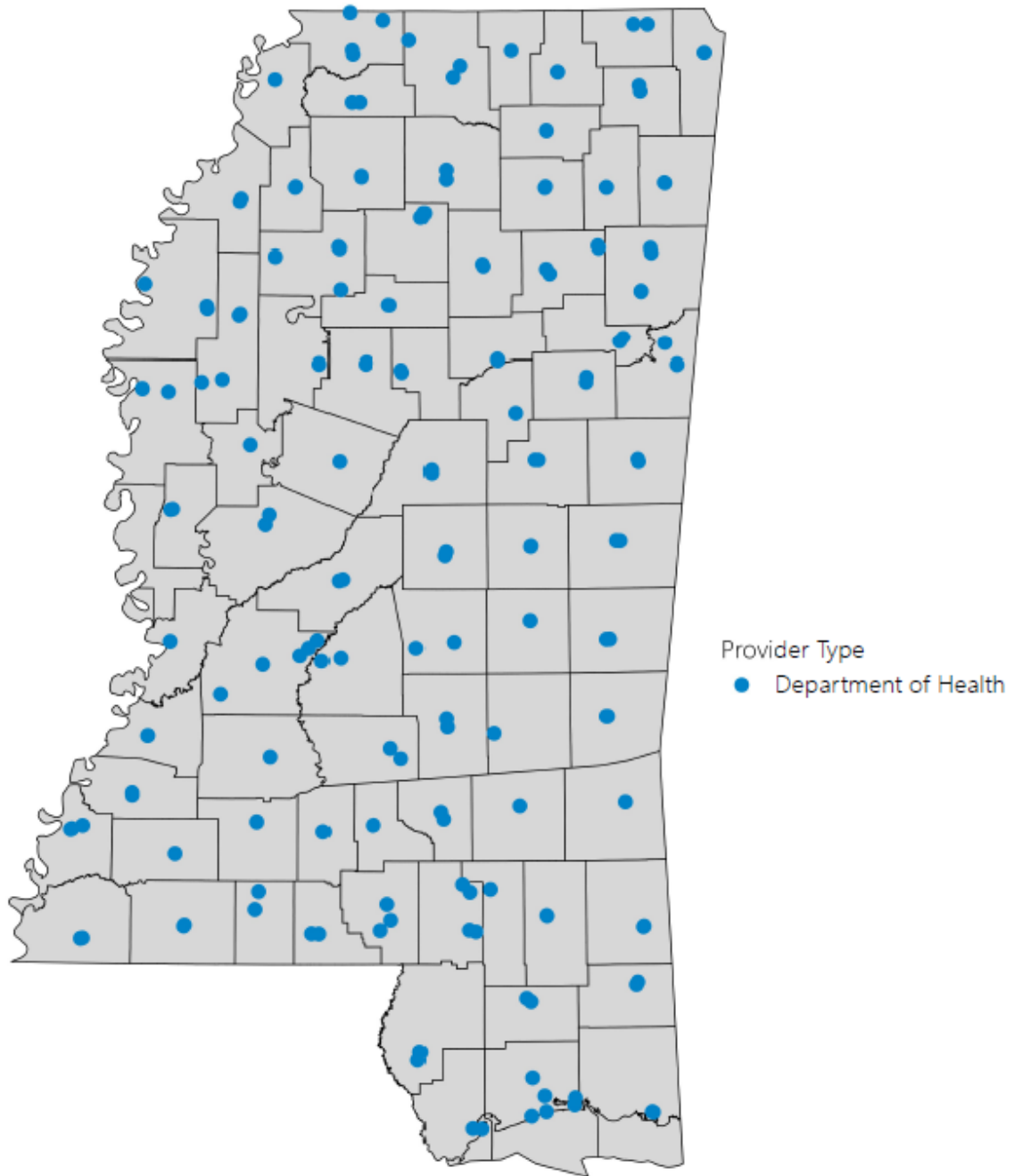
Identified Service Availability Locations



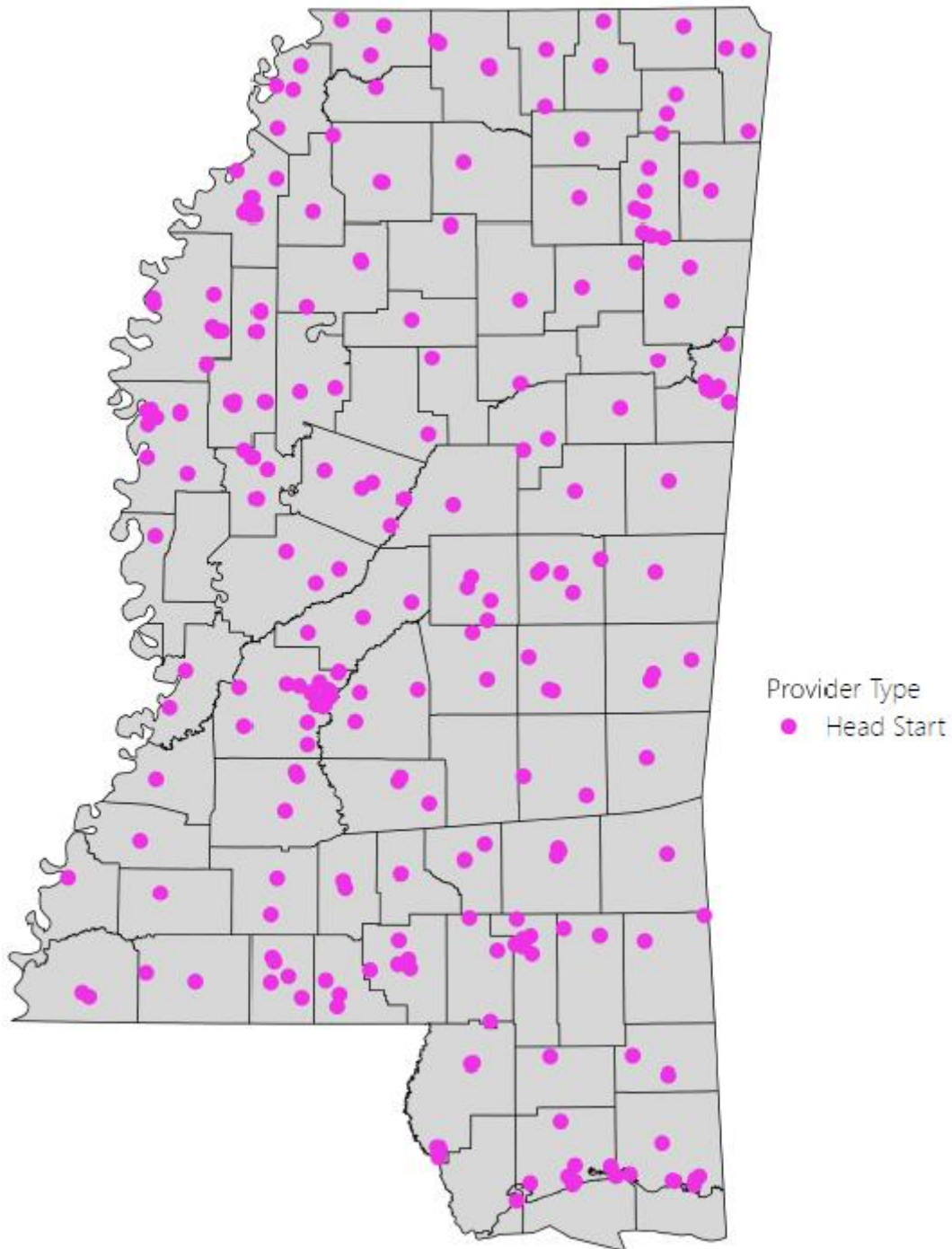
Recommended Program Implementation Locations



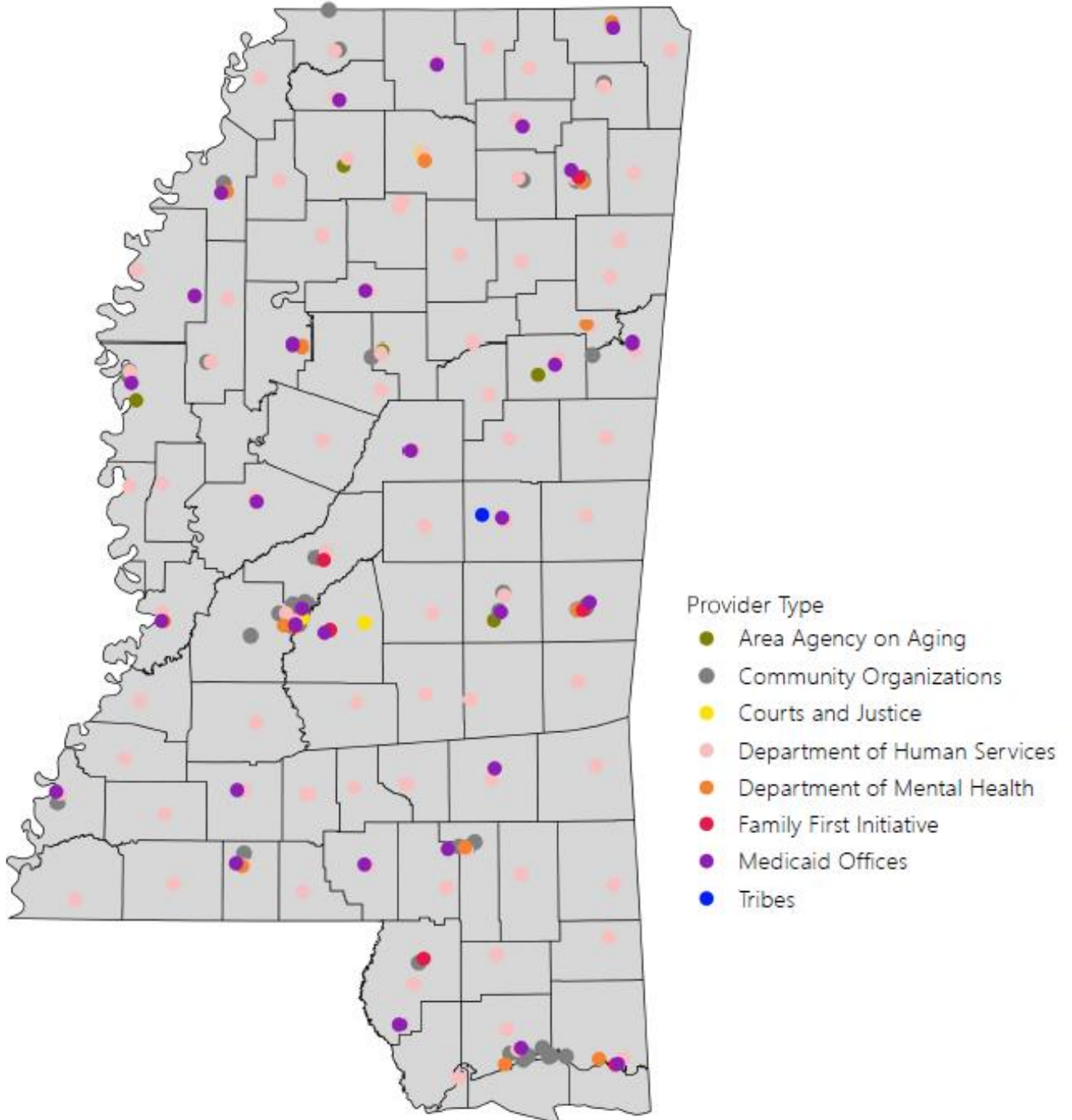
Department of Health Locations



Head Start Locations



Other State Agency and Community Agency Locations



Appendix E-2: Full List of Service Providers

Name	Address Line	City	State	Zip Code	Type
Aberdeen WIC Center	109 South Chestnut St	Aberdeen	MS	39730	Department of Health
Aberdeen Clinic	302 South Chestnut St.	Aberdeen	MS	39730	Department of Health
Department of Human Services, Monroe	104 1/2 N Mattuba St	Aberdeen	MS	39730	Department of Human Services
Aberdeen Head Start Center	813 Highway 145 N	Aberdeen	MS	39730	Head Start
Ackerman WIC Center	234 Hwy 15 N	Ackerman	MS	38863	Department of Health
Choctaw County Health Department	123 Chester Street	Ackerman	MS	39735	Department of Health
Department of Human Services, Choctaw	583 West Main St	Ackerman	MS	39735	Department of Human Services
Ackerman Early Head Start Center	8460 MS Highway 15	Ackerman	MS	39735	Head Start
Monroe County Health Department	1300 Highway 25 South	Amory	MS	38821	Department of Health
Amory WIC Center	403 S. Main St	Amory	MS	38821	Department of Health
Department of Human Services, Monroe Branch	300 South Front St	Amory	MS	38821	Department of Human Services
Family Resource Center of North Mississippi	60089 Puckett Drive	Amory	MS	38821	Families First for Mississippi
West Amory Head Start Center	1105 I Ave	Amory	MS	38821	Head Start
Ashland WIC Center	514 Shiloh Rd.	Ashland	MS	38603	Department of Health
Department of Human Services, Benton	183 Court St	Ashland	MS	38603	Department of Human Services
Ashland Head Start Center	221 School Ave	Ashland	MS	38603	Head Start
Riverside Pre-K	Hwy 1 South/Avon	Avon	MS	38725	Head Start
Baldwyn - OSL	515 Bender Cir	Baldwyn	MS	38824	Head Start
North Delta AAA	P.O. Box 1488	Batesville	MS	38606	Area Agency on Aging
Mississippi Coats for Kidz	428 Hwy 6 East # 184	Batesville	MS	38606	Community Organization
Panola County Health Department	381 Highway 51 South	Batesville	MS	38606	Department of Health
Batesville WIC Center	554 Hwy 51 South	Batesville	MS	38606	Department of Health
Department of Human Services, Panola	240 Tower Dr	Batesville	MS	38606	Department of Human Services
Family Resource Center of North Mississippi	College Street	Batesville	MS	38606	Families First for Mississippi
BATESVILLE ELEMENTARY	110 College St	Batesville	MS	38606	Head Start
Batesville Head Start Center	125 Martinez St	Batesville	MS	38606	Head Start
Bay Springs WIC Center	2761 Highway 15	Bay Springs	MS	39422	Department of Health

Name	Address Line	City	State	Zip Code	Type
Jasper County Health Department	2761 Highway 15	Bay Springs	MS	39422	Department of Health
Department of Human Services, Jasper	37 West 8th Ave	Bay Springs	MS	39422	Department of Human Services
L. N. Payton Head Start Center	298 Highway 18	Bay Springs	MS	39422	Head Start
Bay Waveland Center	301 Necaise Avenue	Bay St Louis	MS	39520	Head Start
Hancock County Health Department	856 Highway 90	Bay St. Louis	MS	39520	Department of Health
Bay St. Louis WIC Center	10220 Highway 603	Bay St. Louis	MS	39520	Department of Health
Department of Human Services, Hancock	856 Hwy 90	Bay St. Louis	MS	39520	Department of Human Services
Belmont Center	1664 Washington St	Belmont	MS	38827	Head Start
Belzoni WIC Center	309 North Hayden St.	Belzoni	MS	39038	Department of Health
Banks-Straughter and White Early Head Start Center	803 Martin Luther King Dr	Belzoni	MS	39038	Head Start
First Impressions Day Care and Learning Center	804 Jodie Thurman St	Belzoni	MS	39038	Head Start
Bentonia-Gibbs Head Start Center-OSL	10300 Highway 433 W	Bentonia	MS	39040	Head Start
Moore Community House	684 Walker St	Biloxi	MS	39530	Community Organization
Mississippi Center for Justice	963 Division Street	Biloxi	MS	39530	Community Organization
Southern Public Health Region	1141 Bayview Avenue	Biloxi	MS	39530	Department of Health
MCH EHS - Nichols Dr.	345 Nichols Dr	Biloxi	MS	39530	Head Start
East Biloxi HS	771 Elder St	Biloxi	MS	39530	Head Start
MCH EHS - Davis St.	661 Walker Street	Biloxi	MS	39530	Head Start
Biloxi YV	1635 Popp's Ferry Road	Biloxi	MS	39532	Community Organization
New Zion Center	2506 Highway 51 SE	Bogue Chitto	MS	39629	Head Start
St. Thomas Head Start	3850 S Norrell Rd	Bolton	MS	39041	Head Start
Northeast MS AAA	P.O. Box 600	Bonneville	MS	38829	Area Agency on Aging
Northeast Community College	101 Cunningham Blvd.	Booneville	MS	38829	Community Organization
Booneville WIC Center	2405 E. Chambers	Booneville	MS	38829	Department of Health
Prentiss County Health Department	615 East Parker Drive	Booneville	MS	38829	Department of Health
Department of Human Services, Prentiss	200 Bridge Street	Booneville	MS	38829	Department of Human Services
Booneville Center	200 East Bryrant Street	Booneville	MS	38829	Head Start
Wheeler Head Start Center	588 County Road 5031	Booneville	MS	38829	Head Start
Department of Human Services, Rankin	603 Marquette Rd	Brandon	MS	39042	Department of Human Services

Name	Address Line	City	State	Zip Code	Type
Rankin County		Brandon	MS	39042	Family First Initiative
Region 8 Mental Health Services	613 Marquette Road	Brandon	MS	39043	Department of Mental Health
Brookhaven WIC Center	758 Industrial Park Rd.	Brookhaven	MS	39601	Department of Health
Department of Human Services, Lincoln	300 East Chickasaw St	Brookhaven	MS	39601	Department of Human Services
Mississippi Community Education Center	446 East Chickasaw Street	Brookhaven	MS	39601	Families First for Mississippi
Lindsey Center	624 E Monticello St	Brookhaven	MS	39601	Head Start
Brookhaven Office	1372 Johnny Johnson Drive	Brookhaven	MS	39601	Medicaid Offices
Lincoln County Health Department	1212 Northpark Lane NE	Brookhaven	MS	39602	Department of Health
Franklin County Health Department	140 Mill Road	Bude	MS	39630	Department of Health
Bude WIC Center	19 Holly Street	Bude	MS	39630	Department of Health
Department of Human Services, Franklin	90 Mill Rd	Bude	MS	39630	Department of Human Services
Burnsville Center	24 Washington St	Burnsville	MS	38833	Head Start
Byhalia WIC Center	8478 Hwy 178 West	Byhalia	MS	38611	Department of Health
Kids World	19 Chase St	Byhalia	MS	38611	Head Start
Erma Rogers Head Start Center	241 Fuller St	Byhalia	MS	38611	Head Start
Gertrude Ellis Head Start	7293 Gary Rd	Byram	MS	39272	Head Start
Caledonia Elementary	99 Confederate Dr	Caledonia	MS	39740	Head Start
Family Resource Center of North Mississippi	405 North Madison Street	Calhoun	MS	38916	Families First for Mississippi
South Calhoun Center	125 Carter Dr	Calhoun City	MS	38916	Head Start
Canton Office	152 Watford Pkwy Dr.	Canton	MS	39046	Community Organization
Canton WIC Center	1111 West Peace St	Canton	MS	39046	Department of Health
Madison County Health Department	309 Park Dr	Canton	MS	39046	Department of Health
Department of Human Services, Madison	867 Martin Luther King	Canton	MS	39046	Department of Human Services
Mississippi Community Education Center	483 Nissan Parkway	Canton	MS	39046	Families First for Mississippi
Madison County	2928 South Liberty Street	Canton	MS	39046	Family First Initiative
Luther Branson Elementary School	3903 Highway 16 E	Canton	MS	39046	Head Start
A.B. DEVINE, C.O. CHINN, W.E. GARRETT Head Start/Early Head Start Center	454 Trolie St	Canton	MS	39046	Head Start
Carriere WIC Center	7063 Hwy 11	Carriere	MS	39426	Department of Health

Name	Address Line	City	State	Zip Code	Type
Pearl River County Health Department	7547 Highway 11 North	Carriere	MS	39426	Department of Health
Carrollton WIC Center	108 Main St. N.	Carrollton	MS	38947	Department of Health
Carroll County Health Department	7225 Hwy 17	Carrollton	MS	38947	Department of Health
Carthage WIC Center	1120 Hwy 35 S.	Carthage	MS	39051	Department of Health
Leake County Health Department	300 C.O. Brooks Street	Carthage	MS	39051	Department of Health
Department of Human Services, Leake	202 Co Brooks St	Carthage	MS	39051	Department of Human Services
Winson Dovie Hudson Head Start Center	1305 Highway 16 W	Carthage	MS	39051	Head Start
Red Water Head Start and Early Head Start	1931 N Pearl St	Carthage	MS	39051	Head Start
CENTREVILLE	580 Hwy 24 West	Centreville	MS	39631	Head Start
Tallahatchie County Health Department	209 Jailhouse Street	Charleston	MS	38921	Department of Health
Charleston WIC Center	305 N. Waverly	Charleston	MS	38921	Department of Health
Department of Human Services, Tallahatchie	200 South Market St	Charleston	MS	38921	Department of Human Services
Eva Covington Head Start	145 Teasdale Rd	Charleston	MS	38921	Head Start
Charleston Elementary School	412 E Chestnut St	Charleston	MS	38921	Head Start
Pearl River Head Start	201 James Billie Rd	Choctaw	MS	39350	Head Start
Mississippi Band of Choctaw Indians	101 Industrial Road	Choctaw	MS	39350	Tribes
Coahoma Community College	3240 Friars Point Road	Clarksdale	MS	38614	Community Organization
Coahoma County Health Department	1850 Cheryl Street	Clarksdale	MS	38614	Department of Health
Clarksdale WIC Center	521 Medical Drive	Clarksdale	MS	38614	Department of Health
Department of Human Services, Coahoma	1885 Espy Drive	Clarksdale	MS	38614	Department of Human Services
Region One Mental Health Center	1742 Cheryl Street	Clarksdale	MS	38614	Department of Mental Health
Family Resource Center of North Mississippi	956 Ohio Avenue	Clarksdale	MS	38614	Families First for Mississippi
Kirkpatrick Elementary School	1101 Smith St	Clarksdale	MS	38614	Head Start
Booker T. Washington	1806 Sunflower Ave	Clarksdale	MS	38614	Head Start
COI Head Start/CCC Baby Tiger	3240 Friars Point Rd	Clarksdale	MS	38614	Head Start
Bertha Blackburn Head Start Center	709 Highway 322	Clarksdale	MS	38614	Head Start
Heidelberg Elementary School	801 Maple Ave	Clarksdale	MS	38614	Head Start
Aaron E. Henry	810 Sasse St	Clarksdale	MS	38614	Head Start
George H. Oliver Elementary School	871 Ritchie Ave	Clarksdale	MS	38614	Head Start

Name	Address Line	City	State	Zip Code	Type
Clarksdale Office	530 South Choctaw Street	Clarksdale	MS	38614	Medicaid Offices
Bolivar County Health Department	711 Third Street	Cleveland	MS	38732	Department of Health
Cleveland WIC Center	927 Charlie Capps	Cleveland	MS	38732	Department of Health
Department of Human Services, East Bolivar	212 North Pearman Ave	Cleveland	MS	38732	Department of Human Services
Family Resource Center of North Mississippi	North Pearman Avenue	Cleveland	MS	38732	Families First for Mississippi
Bolivar County	113 South Chrisman Avenue	Cleveland	MS	38732	Family First Initiative
Cleveland Center #2	1105 Bell Ave	Cleveland	MS	38732	Head Start
Cleveland Center #3	1410 Highway 8	Cleveland	MS	38732	Head Start
Cleveland Center #1	924 Pearl Ave	Cleveland	MS	38732	Head Start
Cleveland Head Start Center 2	1100 Bell Avenue	Cleveland	MS	38732	Head Start
Cleveland Office	211 North Chrisman Avenue	Cleveland	MS	38732	Medicaid Offices
Clen Moore Head Start Center	110 W Central Ave	Coldwater	MS	38618	Head Start
Covington County Health Department	600 South Arrington	Collins	MS	39428	Department of Health
Collins WIC Center	92 Dickens Road	Collins	MS	39428	Department of Health
Department of Human Services, Covington	107 Arrington Ave	Collins	MS	39428	Department of Human Services
Collins	105 Sylvia Street	Collins	MS	39428	Head Start
Sanderson Farm	1301 N Fir Ave	Collins	MS	39428	Head Start
Hopewell II	735 Hopewell Road	Collins	MS	39428	Head Start
Columbia WIC Center	1711 Hwy 13 North	Columbia	MS	39429	Department of Health
Marion County Health Department	908 Sumrall Road	Columbia	MS	39429	Department of Health
Department of Human Services, Marion	1111 Hwy 98 Bypass	Columbia	MS	39429	Department of Human Services
Hub Head Start Center	431 Old Highway 13 S	Columbia	MS	39429	Head Start
Columbia Head Start Center	501 Dale St	Columbia	MS	39429	Head Start
East Marion Head Start Center	527 E Marion School Rd	Columbia	MS	39429	Head Start
Columbia Office	501 Eagle Day Avenue	Columbia	MS	39429	Medicaid Offices
Department of Human Services, Lowndes	1604 College St	Columbus	MS	39701	Department of Human Services
Family Resource Center of North Mississippi	1815 14th Avenue North	Columbus	MS	39701	Families First for Mississippi
Stokes Beard Elementary School	311 Martin Luther King Jr Dr	Columbus	MS	39701	Head Start
Franklin Academy	501 3rd Ave N	Columbus	MS	39701	Head Start
Coleman Head Start Center	723 22nd St S	Columbus	MS	39701	Head Start

Name	Address Line	City	State	Zip Code	Type
New Hope Elementary	1199 Enlow Drive	Columbus	MS	39702	Head Start
Fairview Elementary School	225 Airline Rd	Columbus	MS	39702	Head Start
West Lowndes Elementary School	256 E Louisville Street	Columbus	MS	39702	Head Start
Tender Loving Care	27 Reeves Rd	Columbus	MS	39702	Head Start
Sale Elementary School	520 Warpath Rd	Columbus	MS	39702	Head Start
Joe Cook Elementary	2360 McArthur Drive	Columbus	MS	39703	Head Start
Columbus WIC Center	7220 Hwy 45 N	Columbus	MS	39705	Department of Health
Columbus Office	603 Leigh Drive	Columbus	MS	39705	Medicaid Offices
Lowndes County Health Department	801 North Lehmborg Road	Columbus	MS	39702	Department of Health
Family Resource Center of North Mississippi	Cherry Street	Como	MS	38619	Families First for Mississippi
Conehatta Head Start	127 Choctaw Circle Ext	Conehatta	MS	39057	Head Start
Alcorn County Health Department	3706 Jo Ann Drive Route 10	Corinth	MS	38834	Department of Health
Corinth WIC Center	501 Pinecrest	Corinth	MS	38834	Department of Health
Department of Human Services, Alcorn	2690 S Harper Road	Corinth	MS	38834	Department of Human Services
Timber Hills Mental Health Services	303 N. Madison	Corinth	MS	38834	Department of Mental Health
Corinth - Kendrick Center	700B Crater St	Corinth	MS	38834	Head Start
Corinth Office	2619 South Harper Road	Corinth	MS	38834	Medicaid Offices
Crenshaw Head Start Center	333 East South Avenue	Crenshaw	MS	38621	Head Start
Mississippi Community Education Center	117 East Georgetown Street	Crystal Springs	MS	39059	Families First for Mississippi
Early Intervention Early Head Start Center	400 Harmony Rd	Crystal Springs	MS	39059	Head Start
Brushy Creek Head Start Center	617 N Jackson St	Crystal Springs	MS	39059	Head Start
DeKalb Head Start/Early Head Start Center	21 Willow Avenue	De Kalb	MS	39328	Head Start
East Central Community College	513 10th Street	Decatur	MS	39327	Community Organization
Newton County Health Department	15776 Highway 15 North	Decatur	MS	39327	Department of Health
Decatur WIC Center	75 Wic Road	Decatur	MS	39327	Department of Health
Department of Human Services, Newton	14712 Hwy 15 South	Decatur	MS	39327	Department of Human Services
DeKalb WIC Center	14431 Hwy 16 West	DeKalb	MS	39328	Department of Health
Kemper County Health Department	14431 Hwy 16 West	DeKalb	MS	39328	Department of Health

Name	Address Line	City	State	Zip Code	Type
Department of Human Services, Kemper	110 Ponderosa Ave	DeKalb	MS	39328	Department of Human Services
Dr. Gilbert R. Mason, Sr. Head Start Center	4221 Popp's Ferry Rd	D'Iberville	MS	39540	Head Start
D'Iberville WIC Center	4046 Suzanne Dr.	D'Iberville	MS	39540	Department of Health
Drew Head Start and Early Head Start Center	120 S Church St	Drew	MS	38737	Head Start
Imaginarium Childcare Center	160 E Broadway Ave	Drew	MS	38737	Head Start
LaDonna's Little Angels Childcare Centers	181 W Park Ave	Drew	MS	38737	Head Start
Duck Hill	620 Carrollton St	Duck Hill	MS	38925	Head Start
Duck Hill Head Start Center	620 Carrollton St	Duck Hill	MS	38925	Head Start
Dundee Elementary School	12910 Old Highway 61 S	Dundee	MS	38626	Head Start
Mississippi Community Education Center	515 Northwest Avenue	Durant	MS	39063	Families First for Mississippi
Durant	1865 E Magnolia St	Durant	MS	39063	Head Start
Durant Head Start Center	1865 E Magnolia St	Durant	MS	39063	Head Start
Edwards Head Start Center	105 Williamson Avenue	Edwards	MS	39066	Head Start
Department of Human Services, Jones	5110 Hwy 11 North	Ellisville	MS	39437	Department of Human Services
Jones County Health Department	5168 Old Highway 11	Ellisville	MS	39440	Department of Health
Webster County Health Department	57 Government Ave	Eupora	MS	39744	Department of Health
Eupora WIC Center	64 Mississippi St	Eupora	MS	39744	Department of Health
Department of Human Services, Webster	53 Government Ave	Eupora	MS	39744	Department of Human Services
Eupora Head Start Center	333 Highway 182 West	Eupora	MS	39744	Head Start
Eupora	333 MS-182 West	Eupora	MS	39744	Head Start
Fayette WIC Center	268 E. Harrison St.	Fayette	MS	39069	Department of Health
Jefferson County Health Department	700 Main Street	Fayette	MS	39069	Department of Health
Department of Human Services, Jefferson	235 Medgar Evers Blvd	Fayette	MS	39069	Department of Human Services
FAYETTE HEAD START	696 Main St	Fayette	MS	39069	Head Start
Dr. Marvin Hogan Head Start/Early Head Start Center	4667 Highway 22	Flora	MS	39071	Head Start
Scott County Health Department	519 Airport Road	Forest	MS	39074	Department of Health
Department of Human Services, Scott	521 Airport Rd	Forest	MS	39074	Department of Human Services
Midway Center	5909 Midway Odom Rd	Forest	MS	39074	Head Start

Name	Address Line	City	State	Zip Code	Type
Forest Community Center	970 E First St	Forest	MS	39074	Head Start
Forest WIC Center	2101 Highway 35 South	Foxworth	MS	39483	Department of Health
West Marion Head Start Center	2 W Marion St	Foxworth	MS	39483	Head Start
Friars Point	340 James A Shelby Drive	Friars Point	MS	38631	Head Start
Itawamba County Health Department	110 Crane Street	Fulton	MS	38843	Department of Health
Fulton WIC Center	503 Lindsey St.	Fulton	MS	38843	Department of Health
Department of Human Services, Itawamba	305 West Cedar St	Fulton	MS	38843	Department of Human Services
Family Resource Center of North Mississippi	507 South Cummings Street	Fulton	MS	38843	Families First for Mississippi
Fulton Center	608 E Elliott St	Fulton	MS	38843	Head Start
Singing River Services	3407 Shamrock Court	Gautier	MS	39553	Department of Mental Health
Gautier Head Start	1017 Highway 90	Gautier	MS	39553	Head Start
Gautier Elementary	505 Magnolia Tree Dr	Gautier	MS	39553	Head Start
West Tallahatchie Head Start Center	964 Sturdivant Road	Glendora	MS	38928	Head Start
GLOSTER	183 West Tate Street	Gloster	MS	39638	Head Start
Goodman	2066 Church St	Goodman	MS	39079	Head Start
Goodman Head Start Center	2066 Church St	Goodman	MS	39079	Head Start
Mississippi Behavioral Health	365 West Reed Rd, Suite A1	Greenville	MS	38701	Community Organization
Washington County Health Department	1633 Hospital Street	Greenville	MS	38701	Department of Health
Garrett Hall Center	415 N Theobald St	Greenville	MS	38701	Head Start
McLemore Ward Center	546 Gamari Rd	Greenville	MS	38701	Head Start
McLemore-Ward	546 Gamari Rd	Greenville	MS	38701	Head Start
Greenville Office	585 Tennessee Gas Road	Greenville	MS	38701	Medicaid Offices
South Delta AAA	P.O. Box 1776	Greenville	MS	38702	Area Agency on Aging
Department of Human Services, Washington	925 Main St	Greenville	MS	38702	Department of Human Services
Greenville WIC Center	1701 E. Union St.	Greenville	MS	38703	Department of Health
O'Bannon Pre-K	1203 S Raceway Rd	Greenville	MS	38703	Head Start
Fulwiler	699 Dublin St	Greenville	MS	38703	Head Start
Fulwiler Center	699 Dublin St	Greenville	MS	38703	Head Start
Greenville Office	124 S. Broadway St.	Greenville	MS	38706	Community Organization
Greenwood YV	1600 Highway 82 Rear	Greenwood	MS	38930	Community Organization
Greenwood WIC Center	2600 Browning	Greenwood	MS	38930	Department of Health

Name	Address Line	City	State	Zip Code	Type
Leflore County Health Department	2600 Browning Road	Greenwood	MS	38930	Department of Health
Life Help	101 Hwy 7 South	Greenwood	MS	38930	Department of Mental Health
Mississippi Community Education Center	1591 Huron Street	Greenwood	MS	38930	Families First for Mississippi
James C. Gilliam Complex	100 E Martin Luther King Jr Dr	Greenwood	MS	38930	Head Start
Greenwood Office	805 West Park Avenue	Greenwood	MS	38930	Medicaid Offices
Department of Human Services, Leflore	216 Hwy 7 South	Greenwood	MS	38935	Department of Human Services
Grenada County Health Department	1240 Fairground Road	Grenada	MS	38901	Department of Health
Grenada WIC Center	1310 Phillip Drive	Grenada	MS	38901	Department of Health
Department of Human Services, Grenada	1240 Fairground Rd	Grenada	MS	38901	Department of Human Services
Family Resource Center of North Mississippi	30 Sunset Loop	Grenada	MS	38901	Families First for Mississippi
Grenada Head Start Center	1102 Telegraph St	Grenada	MS	38901	Head Start
Grenada Office	1109 Sunwood Drive	Grenada	MS	38901	Medicaid Offices
Harrison County Health Department	1102 45th Avenue	Gulfport	MS	39501	Department of Health
Gulf Coast Mental Health Center	1600 Broad Avenue	Gulfport	MS	39501	Department of Mental Health
Central Elementary Head Start Center	1043 Pass Rd	Gulfport	MS	39501	Head Start
Harry C. Tartt Head Start Center	1906 17th Ave	Gulfport	MS	39501	Head Start
Isiah Fredericks Head Start Center	3410 Jackson St	Gulfport	MS	39501	Head Start
Southern MS AAA	9229 Highway 49	Gulfport	MS	39503	Area Agency on Aging
Disability Rights Mississippi-Gulfport	11975 Seaway Rd.	Gulfport	MS	39503	Community Organization
Gulfport Office	9229 Hwy 49	Gulfport	MS	39503	Community Organization
Gulfport WIC Center	12463 Dedeaux Road	Gulfport	MS	39503	Department of Health
Humphreys County Health Department	16353 Highway 49	Gulfport	MS	39503	Department of Health
Department of Human Services, Humphreys	16353 Highway 49	Gulfport	MS	39503	Department of Human Services
Mississippi Community Education Center	Larkin I. Smith Drive	Gulfport	MS	39503	Families First for Mississippi
Linda C. Lyons Head Start Center	13523 Dedeaux Rd	Gulfport	MS	39503	Head Start
Gulfport Office	12231 Bernard Parkway	Gulfport	MS	39503	Medicaid Offices
Department of Human Services, Harrison	10260 Larkin Smith Dr	Gulfport	MS	39505	Department of Human Services

Name	Address Line	City	State	Zip Code	Type
Catholic Charities Inc	1450 North St	Gulfport	MS	39507	Community Organization
Mississippi Gulf Coast Community College	2226 Switzer Road	Gulfport	MS	39507	Community Organization
Gulfport WIC Center	330 Courthouse Road	Gulfport	MS	39507	Department of Health
Hattiesbug YV	116 North 40th Ave.	Hattiesburg	MS	39401	Community Organization
Life Support Cares	301 Humble Avenue	Hattiesburg	MS	39401	Community Organization
Hattiesburg Office	700 Hardy St.	Hattiesburg	MS	39401	Community Organization
Hattiesburg WIC Center	1515 Florida Ave.	Hattiesburg	MS	39401	Department of Health
Forrest County Health Department	5008 Old Highway 42	Hattiesburg	MS	39401	Department of Health
Department of Human Services, Forrest	1604 W Pine St	Hattiesburg	MS	39401	Department of Human Services
Pine Belt Mental Healthcare Resources	103 South 19th Avenue	Hattiesburg	MS	39401	Department of Mental Health
Family Resource Center of North Mississippi	104 J C Killingsworth Drive	Hattiesburg	MS	39401	Families First for Mississippi
Woodley Head Start	2006 Oferral St	Hattiesburg	MS	39401	Head Start
Grace Christian Head Start	2207 W 7th St	Hattiesburg	MS	39401	Head Start
Earl Travillion Head Start/Early Head Start	316 Travillion Rd	Hattiesburg	MS	39401	Head Start
Rowan Head Start	500 Martin Luther King Ave	Hattiesburg	MS	39401	Head Start
Hawkins Head Start/Early Head Start	526 Forrest St	Hattiesburg	MS	39401	Head Start
WH Jones Head Start/Early Head Start	5489 Hwy 42	Hattiesburg	MS	39401	Head Start
North Forrest Head Start	702 Eatonville Rd	Hattiesburg	MS	39401	Head Start
Lillie Burney Head Start	901 Ida Ave	Hattiesburg	MS	39401	Head Start
Mississippi Community Education Center	106 Sheffield Loop	Hattiesburg	MS	39402	Families First for Mississippi
Thames Head Start	2900 Jamestown Rd	Hattiesburg	MS	39402	Head Start
Oak Grove Head Start Center	70 Leaf Ln	Hattiesburg	MS	39402	Head Start
Hattiesburg Office	6971 Lincoln Road Extension	Hattiesburg	MS	39402	Medicaid Offices
Department of Human Services, Copiah	640 Georgetown St	Hazlehurst	MS	39083	Department of Human Services
Hazlehurst WIC Center	640 Georgetown	Hazlehurst	MS	39083	Department of Health
Copiah County Health Department	640 Georgetown St	Hazlehurst	MS	39083	Department of Health
Mt. Sinai Head Start Center (Temporarily Relocated)	13146 Highway 51	Hazlehurst	MS	39083	Head Start

Name	Address Line	City	State	Zip Code	Type
Marjorie Porter EHS-CCP Expansion	1312 Academy Drive	Heidelberg	MS	39439	Head Start
Marjorie Porter Head Start/Early Head Start Center	1312 Academy Drive	Heidelberg	MS	39439	Head Start
Hernando YV	1558 Monteith	Hernando	MS	38632	Community Organization
De Soto County Health Department	3212 Highway 51 South	Hernando	MS	38632	Department of Health
Hernando WIC Center	1878 Highway 51 South	Hernando	MS	38632	Department of Health
Department of Human Services, DeSoto	3210 HWY 51 South	Hernando	MS	38632	Department of Human Services
Family Resource Center of North Mississippi	56 Old Highway 51 South	Hernando	MS	38632	Families First for Mississippi
Hernando Head Start Center	1290 W Oak Grove Rd	Hernando	MS	38632	Head Start
Hickory Flat Head Start Center	58 Meadowbrook Drive	Hickory Flat	MS	38633	Head Start
Hollandale WIC Center	115 West Washington	Hollandale	MS	38748	Department of Health
Hollandale Pre-K T.R. Sanders	502 W Washington St	Hollandale	MS	38748	Head Start
Peace-Sanders Center	505 W Washington St	Hollandale	MS	38748	Head Start
Peace-Sanders Early Head Start Center	505 W Washington St	Hollandale	MS	38748	Head Start
Marshall County Health Department	225 South Market	Holly Springs	MS	38635	Department of Health
Holly Springs WIC Center	680 Hwy 4 East	Holly Springs	MS	38635	Department of Health
Department of Human Services, Marshall	230 East College St	Holly Springs	MS	38635	Department of Human Services
Rust College/ICS Early Head Start Center	150 Rust Ave	Holly Springs	MS	38635	Head Start
Marjean Taylor Myatt Head Start Center	170 W Valley Ave	Holly Springs	MS	38635	Head Start
Holly Springs Primary School	405 S Maury St	Holly Springs	MS	38635	Head Start
Holly Springs Office	545 J. M. Ash Drive	Holly Springs	MS	38635	Medicaid Offices
Houston WIC Center	202 Industrial Dr	Houston	MS	38851	Department of Health
Chickasaw County Health Department	332 North Jefferson Street	Houston	MS	38851	Department of Health
Department of Human Services, Chickasaw	745 W. Church St	Houston	MS	38851	Department of Human Services
Family Resource Center of North Mississippi	Church Street	Houston	MS	38851	Families First for Mississippi
McIntosh Center	450 3rd Ave	Houston	MS	38851	Head Start
Mississippi Center for Justice	120 Court Avenue	Indianola	MS	38751	Community Organization

Name	Address Line	City	State	Zip Code	Type
Sunflower County Health Department	227 Martin Luther King Drive	Indianola	MS	38751	Department of Health
Indianola WIC Center	266 Hwy 82 West	Indianola	MS	38751	Department of Health
Department of Human Services, Sunflower	225 Martin Luther King Dr	Indianola	MS	38751	Department of Human Services
Poohbear Childcare Centers	302 Mimosa Dr	Indianola	MS	38751	Head Start
Be'Be' Kids Childcare Center	413 Second St	Indianola	MS	38751	Head Start
Sunflower Head Start	701 Chapman St	Indianola	MS	38751	Head Start
Cassie Pennington Head Start Center	701 East Chapman St	Indianola	MS	38751	Head Start
Indianola Head Start and Early Head Start Center	702 Roosevelt St	Indianola	MS	38751	Head Start
Buckaroo Learning Center	805 Hoover St	Indianola	MS	38751	Head Start
Tepper Head Start Center	1508 Bellewood Rd	Isola	MS	38754	Head Start
Noah's Ark Christian Center	407 Julia Street	Isola	MS	38754	Head Start
Itta Bena Center	401 N Carver Extended	Itta Bena	MS	38941	Head Start
Iuka WIC Center	1250 Bettydale	Iuka	MS	38852	Department of Health
Tishomingo County Health Department	1508 Bettydale Drive	Iuka	MS	38852	Department of Health
Department of Human Services, Tishomingo	1008 Battleground Dr	Iuka	MS	38852	Department of Human Services
Iuka Center	1939 Ronnie King Dr	Iuka	MS	38852	Head Start
Parents for Public Schools	125 South Congress Street	Jackson	MS	39201	Community Organization
Supreme Court of Mississippi	450 High St	Jackson	MS	39201	Courts and Justice
Mississippi Attorney General Office	550 High St	Jackson	MS	39201	Courts and Justice
County Appeals and Chancery Court	Gartin Justice Building	Jackson	MS	39201	Courts and Justice
Mississippi Department of Human Services	200 South Lamar St.	Jackson	MS	39201	Department of Human Services
Department of Mental Health	1101 Robert E. Lee Building	Jackson	MS	39201	Department of Mental Health
Hinds Behavioral Health Services	124 South Street	Jackson	MS	39201	Department of Mental Health
Hinds County	219 South President Street	Jackson	MS	39201	Family First Initiative
Martin Head Start	555 S Roach St	Jackson	MS	39201	Head Start
Central Medicaid Office	550 High Street	Jackson	MS	39201	Medicaid Offices
Mental Health Department	239 N. Lamar Street	Jackson	MS	39201	
Disability Rights Mississippi-Jackson	5 Old River Place	Jackson	MS	39202	Community Organization
Mississippi Center for Justice	5 Old River Place	Jackson	MS	39202	Community Organization

Name	Address Line	City	State	Zip Code	Type
Catholic Charities Inc	850 E River Place St	Jackson	MS	39202	Community Organization
Families as Allies	840 East River Place	Jackson	MS	39202	Community Organization
Department of Human Services, Hinds/Midtown	215 McTyere St	Jackson	MS	39202	Department of Human Services
Midtown Head Start	134 E Fortification St	Jackson	MS	39202	Head Start
One Voice	1072 W Lynch Street	Jackson	MS	39203	Community Organization
Mission First	275 Roseneath Street	Jackson	MS	39203	Community Organization
Mission First	275 Roseneath Street,	Jackson	MS	39203	Community Organization
Mary C. Jones Head Start	2050 Martin Luther King Jr Dr	Jackson	MS	39203	Head Start
Isable Elementary School	1716 Isable St	Jackson	MS	39204	Head Start
Division of Early Childhood Care & Development	P.O. Box 352	Jackson	MS	39205	Community Organization
Mississippi Families for Kids	407 Briarwood Drive	Jackson	MS	39206	Community Organization
Marion Counseling Services, PLLC	460 Briarwood Drive	Jackson	MS	39206	Community Organization
Central Public Health Region	4800 McWillie Circle	Jackson	MS	39206	Department of Health
United Methodist Children's Homes	805 North Flag Chapel Road	Jackson	MS	39209	Community Organization
South Jackson WIC Center	3276 Lynch St	Jackson	MS	39209	Department of Health
Hinds Behavioral Health Services	3450 US-80	Jackson	MS	39209	Department of Mental Health
Westside Head Start	1450 Wiggins Rd	Jackson	MS	39209	Head Start
MAP EHS Demo Unit	4330 Highway 80 W	Jackson	MS	39209	Head Start
AARP Mississippi	4950 I-55	Jackson	MS	39211	Community Organization
Canton Office	5360 I-55 North	Jackson	MS	39211	Medicaid Offices
Jackson Office	5360 I-55 North	Jackson	MS	39211	Medicaid Offices
South Jackson Head Start	3020 Grey Blvd	Jackson	MS	39212	Head Start
Oak Forest Head Start	3023 Ridgeland Dr	Jackson	MS	39212	Head Start
Della J. Caugills Early Head Start Center	3383 Terry Rd	Jackson	MS	39212	Head Start
Southern Echo Inc.	1350 Livingston Lane	Jackson	MS	39213	Community Organization
Batson's North Pediatric Clinic	5965 I-55	Jackson	MS	39213	Community Organization
Jackson WIC Center	350 W. Woodrow Wilson	Jackson	MS	39213	Department of Health

Name	Address Line	City	State	Zip Code	Type
Hinds County Health Department	Jackson Medical Mall	Jackson	MS	39213	Department of Health
Department of Human Services, Hinds	4777 Medgar Evers Blvd	Jackson	MS	39213	Department of Human Services
Annie S. Smith Early Head Start	132 Vine St	Jackson	MS	39213	Head Start
Willowood Developmental Center	1635 Boling St	Jackson	MS	39213	Head Start
Richard Brandon Head Start	5920 N State St	Jackson	MS	39213	Head Start
Cancer Institute - University of Mississippi Medical Center	350 W. Woodrow Wilson	Jackson	MS	39213	
Canopy Children's Solutions	1465 Lakeland Dr	Jackson	MS	39216	Community Organization
Main Address, Children's of Mississippi	2500 North State Street	Jackson	MS	39216	Community Organization
Mississippi Community Education Center, Main Office	2525 Lakeward Dr	Jackson	MS	39216	Community Organization
Mississippi Volunteer Lawyers Project	1635 Lelia Drive	Jackson	MS	39216	Courts and Justice
Mississippi Community Education Center	1445 Lelia Drive	Jackson	MS	39216	Families First for Mississippi
Department of Human Services, Hinds	4777 Medgar Evers Blvd	Jackson	MS	39283	Department of Human Services
Central MS AAA	P.O. Box 4935	Jackson	MS	39296	Area Agency on Aging
Jonestown	270 Matagorda Road	Jonestown	MS	38639	Head Start
Kokomo Head Start Center	325 Kokomo Rd	Kokomo	MS	39643	Head Start
Kosciusko WIC Center	312 N. Wells	Kosciusko	MS	39090	Department of Health
Attala County Health Department	999 Martin Luther King Drive	Kosciusko	MS	39090	Department of Health
Department of Human Services, Attala	717 Fairground Rd	Kosciusko	MS	39090	Department of Human Services
Kosciusko Early Head Start / Head Start	14139 Highway 12 West	Kosciusko	MS	39090	Head Start
Kosciusko Office	160 Highway 12 West	Kosciusko	MS	39090	Medicaid Offices
Quitman Head Start Center	648 McDavid Street	Lambert	MS	38643	Head Start
Laurel WIC Center	1222 Hillcrest Dr.	Laurel	MS	39440	Department of Health
King Star EHS-CCP Expansion	1025 W 6th St	Laurel	MS	39440	Head Start
King Star Head Start/Early Head Start Center	1025 W 6th St	Laurel	MS	39440	Head Start
Jones County Early Head Start Center	148 Brown Cir	Laurel	MS	39440	Head Start
Queen Olive Head Start Center	518 Madison St	Laurel	MS	39440	Head Start
Laurel Office	1100 Hillcrest Drive	Laurel	MS	39440	Medicaid Offices
Greene County Health Department	1799 Davis Street	Leakesville	MS	39451	Department of Health
Leakesville WIC Center	809 Main Street	Leakesville	MS	39451	Department of Health

Name	Address Line	City	State	Zip Code	Type
Department of Human Services, Greene	1008 Jackson Ave	Leakesville	MS	39451	Department of Human Services
Leland WIC Center	210 Baker St	Leland	MS	38756	Department of Health
Page Moore	1001 N Main St	Leland	MS	38756	Head Start
Page Moore Center	1001 North Main Street	Leland	MS	38756	Head Start
Leland Pre-K	403 E 3rd St	Leland	MS	38756	Head Start
Lexington WIC Center	22269 Depot	Lexington	MS	39095	Department of Health
Holmes County Health Department	22545 Depot St	Lexington	MS	39095	Department of Health
Department of Human Services, Holmes	22419 Depot St	Lexington	MS	39095	Department of Human Services
Lexington Early Head Start	228 Bowling Green Rd	Lexington	MS	39095	Head Start
Lexington EHS	228 Bowling Green Rd	Lexington	MS	39095	Head Start
Ambrose	418 N Cedar St	Lexington	MS	39095	Head Start
Ambrose Head Start Center	418 N Cedar St	Lexington	MS	39095	Head Start
Amite County Health Department	1000 Irene Street	Liberty	MS	39645	Department of Health
Liberty WIC Center	147 West Freedom	Liberty	MS	39645	Department of Health
Department of Human Services, Amite	185 Irene St	Liberty	MS	39645	Department of Human Services
LIBERTY	400 West Freedom Drive	Liberty	MS	39645	Head Start
Louisville WIC Center	305 Vance St	Louisville	MS	39339	Department of Health
Winston County Health Department	95 Vance Street	Louisville	MS	39339	Department of Health
Department of Human Services, Winston	165 Vance St	Louisville	MS	39339	Department of Human Services
Winston County Complex	200 Eiland Ave	Louisville	MS	39339	Head Start
George County Health Department	166 West Ratliff Street	Lucedale	MS	39452	Department of Health
Lucedale WIC Center	38 Suzanne St	Lucedale	MS	39452	Department of Health
Department of Human Services, George	38 London St	Lucedale	MS	39452	Department of Human Services
Basin Center	1170 Pleasant Hill Church Rd	Lucedale	MS	39452	Head Start
Benndale	5249 Highway 26 W	Lucedale	MS	39452	Head Start
Family Resource Center of North Mississippi	135 Kaki Street	Luka	MS	38852	Families First for Mississippi
Lumberton Head Start Center	504 5th Ave	Lumberton	MS	39455	Head Start
Macon WIC Center	205 W. Green St	Macon	MS	39341	Department of Health
Noxubee County Health Department	5931 West Pearl	Macon	MS	39341	Department of Health
Department of Human Services, Noxubee	601 West Pearl St	Macon	MS	39341	Department of Human Services

Name	Address Line	City	State	Zip Code	Type
Noxubee County Head Start	429 Piney Wood Road	Macon	MS	39341	Head Start
Magee	820 Johnson Lockhart Dr NE	Magee	MS	39111	Head Start
Magnolia Head Start Center	1139 Reo Lane Rd	Magnolia	MS	39652	Head Start
Yale Head Start Center	9030 MS-48 E	Magnolia	MS	39652	Head Start
Mantachie Center	4091 CR 371	Mantachie	MS	38855	Head Start
Mantachie Early Head Start Center	75 Sunset Dr	Mantachie	MS	38855	Head Start
Marks WIC Center	201 Cherry St	Marks	MS	38646	Department of Health
Quitman County Health Department	235 Chestnut Street	Marks	MS	38646	Department of Health
Department of Human Services, Quitman	1054 Martin Luther King Dr	Marks	MS	38646	Department of Human Services
Department of Human Services, Issaquena	129 Court St	Mayersville	MS	39113	Department of Human Services
Ripley Blackwell Head Start Center	28952 Hwy 14 W	Mayersville	MS	39113	Head Start
East Mississippi Community College	8731 S Frontage Rd	Mayhew	MS	39753	Community Organization
McComb WIC Center	1029 Phillips Rd	McComb	MS	39648	Department of Health
Pike County Health Department	114 East Presley Blvd	McComb	MS	39648	Department of Health
Department of Human Services, Pike	1002 Warren Krout Rd	McComb	MS	39648	Department of Human Services
Southwest MS Mental Health Complex	701 White Street	McComb	MS	39648	Department of Mental Health
Utopian Head Start Center	1112 Warren St	McComb	MS	39648	Head Start
Pleasant Grove Head Start Center	2051 Pleasant Grove Rd	McComb	MS	39648	Head Start
Kennedy Head Start Center	207 S Myrtle St	McComb	MS	39648	Head Start
Westbrook Head Start Center	411 Saint Augustine Ave	McComb	MS	39648	Head Start
McComb Office	301 Apache Drive	McComb	MS	39648	Medicaid Offices
Mendenhall WIC Center	2789 Hwy 49	Mendenhall	MS	39114	Department of Health
Simpson County Health Department	2789 Simpson Hwy 49	Mendenhall	MS	39114	Department of Health
Department of Human Services, Simpson	109 West Pine	Mendenhall	MS	39114	Department of Human Services
Mendenhall	104 S Grand St	Mendenhall	MS	39114	Head Start
Mendenhall II	814 East St	Mendenhall	MS	39114	Head Start
Wesley House Community Center	1520 8th Avenue	Meridian	MS	39301	Community Organization
Meridian YV	2401 Highway 39 N	Meridian	MS	39301	Community Organization
Mississippi Community Education Center	3122 8th Street	Meridian	MS	39301	Families First for Mississippi

Name	Address Line	City	State	Zip Code	Type
Lauderdale County	2335 7th Street	Meridian	MS	39301	Family First Initiative
Charles L. Young Child Development Learning Center	2211 11th Ave	Meridian	MS	39301	Head Start
Meridian Center	917 27th Ave	Meridian	MS	39301	Head Start
Meridian Early Head Start Center	920 Fulton Ave	Meridian	MS	39301	Head Start
Meridian Office	3848 Old Highway 45 North	Meridian	MS	39301	Medicaid Offices
Lauderdale County Health Department	5224 Valley Street	Meridian	MS	39304	Department of Health
Weems Community Mental Health Center	1415 College Road	Meridian	MS	39304	Department of Mental Health
Meridian Community College	910 Hwy 19 North	Meridian	MS	39307	Community Organization
Meridian WIC Center	3701 Eighth St	Meridian	MS	39307	Department of Health
Department of Human Services, Lauderdale	5224 Valley St	Meridian	MS	39307	Department of Human Services
Mississippi Community Education Center	313 Alda Drive	Monroe	NC	28110	Families First for Mississippi
Lawrence County Health Department	1230 Nola Road	Monticello	MS	39654	Department of Health
Monticello WIC Center	1230 Nola Road	Monticello	MS	39654	Department of Health
Department of Human Services, Lawrence	1200 Nola Rd	Monticello	MS	39654	Department of Human Services
Topeka	853 Highway 27	Monticello	MS	39654	Head Start
Monticello II A	957 McPherson Drive	Monticello	MS	39654	Head Start
Little Angles Childcare Center	1012 Roy St	Moorhead	MS	38761	Head Start
Moorhead Head Start and Early Head Start Center	1307 E Delta Avenue	Moorhead	MS	38761	Head Start
Morton Clinic	235 Highway 13 South	Morton	MS	39117	Department of Health
Department of Human Services, Jackson	5343 Jefferson Ave	Moss Point	MS	39563	Department of Human Services
Mississippi Community Education Center	Roundtree Drive	Moss Point	MS	39563	Families First for Mississippi
First Step Head Start	5343 Jefferson Ave	Moss Point	MS	39563	Head Start
Jefferson Street Head Start	5343 Jefferson Ave	Moss Point	MS	39563	Head Start
Kreole Elementary	6312 Martin Luther King Blvd	Moss Point	MS	39563	Head Start
Billy J. McCain Head Start Center	5230 Highway 61	Mound Bayou	MS	38762	Head Start
Southwest MS AAA	100 South Wall Street	Natchez	MS	39120	Area Agency on Aging
Copiah-Lincoln Community College	30 Campus Drive	Natchez	MS	39120	Community Organization
Natchez WIC Center	110 1/2 Northgate Road	Natchez	MS	39120	Department of Health

Name	Address Line	City	State	Zip Code	Type
Adams County Health Department	415 Hwy 61 North	Natchez	MS	39120	Department of Health
Department of Human Services, Adams	150 East Franklin Street	Natchez	MS	39120	Department of Human Services
THOMPSON HEADSTART	1038B N Union St	Natchez	MS	39120	Head Start
Natchez Office	103 State Street	Natchez	MS	39120	Medicaid Offices
Nettleton OSL	4386 Highway 6 North	Nettleton	MS	38858	Head Start
New Albany WIC Center	207 Carter Avenue	New Albany	MS	38652	Department of Health
Union County Health Department	252 Carter Avenue	New Albany	MS	38652	Department of Health
Department of Human Services, Union	923 Fairground Spur Rd	New Albany	MS	38652	Department of Human Services
Union County Complex	507 Oak St	New Albany	MS	38652	Head Start
New Albany Office	850 Denmill Road	New Albany	MS	38652	Medicaid Offices
Perry County Health Department	102 Main Street	New Augusta	MS	39462	Department of Health
New Augusta WIC Center	503 Third Ave	New Augusta	MS	39462	Department of Health
Department of Human Services, Perry	201 1st West	New Augusta	MS	39462	Department of Human Services
East Central AAA	P.O. Box 499	Newton	MS	39345	Area Agency on Aging
Newton Office	280 Commercial Dr.	Newton	MS	39345	Community Organization
Crossroads Head Start Center	401 E Railroad St	Newton	MS	39345	Head Start
Newton Early Head Start Center	403 Third Ave	Newton	MS	39345	Head Start
Newton Office	9423 Eastside Drive Extension	Newton	MS	39345	Medicaid Offices
El Roi Ministries	274 Holcomb Blvd	Ocean Springs	MS	39564	Community Organization
Taconi	711 Magnolia Ave	Ocean Springs	MS	39564	Head Start
Okolona Clinic	325 West Main Street	Okolona	MS	38860	Department of Health
Okolona WIC Center	400 North Church	Okolona	MS	38860	Department of Health
Okolona Blended Services - OSL	111 South Church Street	Okolona	MS	38860	Head Start
Olive Branch Clinic	6569 Cockrum Rd, suite 2	Olive Branch	MS	38654	Department of Health
Lafayette County Health Department	101 Veterans Drive	Oxford	MS	38655	Department of Health
Oxford WIC Center	161 County Road 401	Oxford	MS	38655	Department of Health
Department of Human Services, Lafayette	819 Jackson Ave	Oxford	MS	38655	Department of Human Services
Communicare	152 Highway 7 South	Oxford	MS	38655	Department of Mental Health
Mary Cathey Head Start Center	278 Highway 314	Oxford	MS	38655	Head Start

Name	Address Line	City	State	Zip Code	Type
Jackson County	603 Watts Avenue	Pascagoula	MS	39567	Family First Initiative
Pascagoula Office	1803 Live Oak Avenue	Pascagoula	MS	39567	Medicaid Offices
Pascagoula WIC Center	4400 Chicot Road	Pascagoula	MS	39581	Department of Health
Jackson County Health Department	4600 Lt. Eugene J. Majure Drive	Pascagoula	MS	39581	Department of Health
Pascagoula Head Start Center	3214 Spruce Street	Pascagoula	MS	39581	Head Start
Doyle Moffett Head Start Center	6505 Kiln Delisle Rd	Pass Christian	MS	39571	Head Start
Pearl WIC Center	110 Crosspark Dr	Pearl	MS	39208	Department of Health
Rankin County Health Department	401 Parkway Dr	Pearl	MS	39208	Department of Health
St. James Head Start Center	120 Head Start Ln	Pearl	MS	39208	Head Start
New Hope Head Start Center	917 Highway 469 N	Pearl	MS	39208	Head Start
Brandon Office	3035 Greenfield Road	Pearl	MS	39208	Medicaid Offices
Rankin Youth Court	100 Court Cove	Pelahatchie	MS	39145	Courts and Justice
McCall Head Start/Early Head Start Center	300 Kirby Avenue	Pelahatchie	MS	39145	Head Start
Pearl River Community College	201 West Central Ave.	Petal	MS	39465	Community Organization
Charles Johnson Head Start/Early Head Start	201 W Central Ave	Petal	MS	39465	Head Start
Neshoba County Health Department	1014 Holland Avenue	Philadelphia	MS	39350	Department of Health
Philadelphia WIC Center	107 St. Francis Drive	Philadelphia	MS	39350	Department of Health
Department of Human Services, Neshoba	1016 Holland Ave	Philadelphia	MS	39350	Department of Human Services
Family Resource Center of North Mississippi	1019 West Beacon Street	Philadelphia	MS	39350	Families First for Mississippi
Bogue Chitto Head Start and Early Head Start	114 Big Creek Cir	Philadelphia	MS	39350	Head Start
Pearl River Early Head Start	125 Campus Road	Philadelphia	MS	39350	Head Start
Exhibit Hall Center	234 Carver Ave	Philadelphia	MS	39350	Head Start
Tucker Head Start and Early Head Start	245 W Tucker Cir	Philadelphia	MS	39350	Head Start
Philadelphia Office	340 West Main Street	Philadelphia	MS	39350	Medicaid Offices
Picayune Center	1220 Highway 11 S	Picayune	MS	39466	Head Start
Picayune School District Early Head Start	1620 Rosa St	Picayune	MS	39466	Head Start
Nicholson Early Head Start	1865 Highway 11 S	Picayune	MS	39466	Head Start
McCarty ChildCare Center	401 Rosa St	Picayune	MS	39466	Head Start
McCarty Learning Center (ROS) - OSL	401 Rosa St	Picayune	MS	39466	Head Start
Annie's Kindergarten & Day Care	716 Davis St	Picayune	MS	39466	Head Start

Name	Address Line	City	State	Zip Code	Type
Annies' Kindergarten	716 Davis St	Picayune	MS	39466	Head Start
Picayune Office	1845 Cooper Road	Picayune	MS	39466	Medicaid Offices
Pittsboro WIC Center	107 East Main St	Pittsboro	MS	38951	Department of Health
Calhoun County Health Department	235 South Murphree Street	Pittsboro	MS	38951	Department of Health
Department of Human Services, Calhoun	237 South Murphree St	Pittsboro	MS	38951	Department of Human Services
Three Rivers AAA	P.O. Box 690	Pontotoc	MS	38663	Area Agency on Aging
Pontotoc Office	75 S. Main St.	Pontotoc	MS	38863	Community Organization
Pontotoc WIC Center	340 Legion Lane	Pontotoc	MS	38863	Department of Health
Pontotoc County Health Department	341 Ridge Road	Pontotoc	MS	38863	Department of Health
Department of Human Services, Pontotoc	C.J. Hardin Junior Drive	Pontotoc	MS	38863	Department of Human Services
Pontotoc Head Start Center	341 Ridge Dr	Pontotoc	MS	38863	Head Start
Pearl River Community College	101 US Hwy 11	Poplarville	MS	39470	Community Organization
Department of Human Services, Pearl River	153 Savannah Millard Rd	Poplarville	MS	39470	Department of Human Services
Pearl River County	Highway 26 East	Poplarville	MS	39470	Family First Initiative
Pearl River Community College Child Care	101 Highway 11 N	Poplarville	MS	39470	Head Start
Poplarville Center	205 E Locke St	Poplarville	MS	39470	Head Start
Port Gibson WIC Center	226 Carroll St	Port Gibson	MS	39150	Department of Health
Claiborne County Health Department	902 S. Market St	Port Gibson	MS	39150	Department of Health
Department of Human Services, Claiborne	417 Industrial Dr	Port Gibson	MS	39150	Department of Human Services
Richardson Center	411 Osage St	Port Gibson	MS	39150	Head Start
Department of Human Services, Jefferson Davis	1185 B Frontage Rd	Prentiss	MS	39437	Department of Human Services
Department of Human Services, Jefferson Davis	1185 Frontage Rd	Prentiss	MS	39437	Department of Human Services
Jefferson Davis County Health Department	1185-A Frontage Road	Prentiss	MS	39474	Department of Health
Prentiss WIC Center	675 Columbia Ave	Prentiss	MS	39474	Department of Health
J. E. Johnson	150 J E Johnson Rd	Prentiss	MS	39474	Head Start
Lamar County Health Department	207 Main Street	Purvis	MS	39475	Department of Health
Purvis WIC Center	47 Deep South Lane	Purvis	MS	39475	Department of Health
Department of Human Services, Lamar	207 Main St	Purvis	MS	39475	Department of Human Services
Quitman WIC Center	133 N. Archusa	Quitman	MS	39355	Department of Health

Name	Address Line	City	State	Zip Code	Type
Clarke County Health Department	426 West Donald	Quitman	MS	39355	Department of Health
Department of Human Services, Clarke	29 Harris Ave	Quitman	MS	39355	Department of Human Services
Manuel-Goff Head Start/Early Start Center	204 East Chestnut Street	Quitman	MS	39355	Head Start
Raleigh WIC Center	147 Main St	Raleigh	MS	39153	Department of Health
Smith County Health Department	353-A Hwy 37	Raleigh	MS	39153	Department of Health
Department of Human Services, Smith	353 Hwy 37	Raleigh	MS	39153	Department of Human Services
Hinds Community College	601 Hinds Blvd.	Raymond	MS	39154	Community Organization
Raymond WIC Center	304 Clinton Rd	Raymond	MS	39154	Department of Health
Richton Early Head Start Center	1107 Ash Avenue	Richton	MS	39476	Head Start
Richton Center	1301 Ash Avenue	Richton	MS	39476	Head Start
Union EHS-CCP Expansion	37765 Highway 63 N	Richton	MS	39476	Head Start
Union-Greene Head Start Center	37765 Highway 63 N	Richton	MS	39476	Head Start
Jackson YV	805 S Wheatley Street	Ridgeland	MS	39157	Community Organization
Youth Villages	805 South Wheatley Street	Ridgeland	MS	39157	The Atrium Building
Ripley WIC Center	105 Hospital Drive	Ripley	MS	38663	Department of Health
Tippah County Health Department	129 Hospital Street	Ripley	MS	38663	Department of Health
Department of Human Services, Tippah	159 Bails Rd	Ripley	MS	38663	Department of Human Services
Prather Center	40 County Road 562	Ripley	MS	38663	Head Start
Robinsonville Elementary School	7743 Old Highway 61 N	Robinsonville	MS	38664	Head Start
Sharkey-Issaquena County Health Department	297 Race St	Rolling Fork	MS	39159	Department of Health
Rolling Fork WIC Center	600 Walnut St	Rolling Fork	MS	39159	Department of Health
Department of Human Services, Sharkey	613 Martin Luther King Jr St	Rolling Fork	MS	39159	Department of Human Services
Rosedale WIC Center	503 Bruce St	Rosedale	MS	38769	Department of Health
Department of Human Services, Bolivar	706 Bradford St	Rosedale	MS	38769	Department of Human Services
Rosedale Head Start Center	141 Main Street	Rosedale	MS	38769	Head Start
Rosedale Center	5040 MS-1	Rosedale	MS	38769	Head Start
Franklin County Complex	65 Morgan Fork Church Ln NW	Roxie	MS	39661	Head Start
Ruleville Clinic	110 East Floyce Street	Ruleville	MS	38771	Department of Health
Ruleville WIC Center	620 Hwy 8 East	Ruleville	MS	38771	Department of Health

Name	Address Line	City	State	Zip Code	Type
Department of Human Services, Sunflower North Branch	630 Elisha & Everett Langdon St	Ruleville	MS	38771	Department of Human Services
Ruleville Head Start Center	Byron Street	Ruleville	MS	38771	Head Start
Saltillo Head Start Center	174 Pinewood Street	Saltillo	MS	38866	Head Start
Blanche-Saucier Head Start Center	23160 Highway 49	Saucier	MS	39574	Head Start
Northwest Community College	4975 Hwy 51 North	Senatobia	MS	38668	Community Organization
Tate County Health Department	100 Preston McKay Drive	Senatobia	MS	38668	Department of Health
Senatobia WIC Center	470 Scott Street	Senatobia	MS	38668	Department of Health
Department of Human Services, Tate	1428 Browns Ferry Rd	Senatobia	MS	38668	Department of Human Services
Senatobia Office	2776 Highway 51 South	Senatobia	MS	38668	Medicaid Offices
Shannon I - OSL	6408 Noah Curtis St	Shannon	MS	38868	Head Start
Shannon II - OSL	695 Romie Hill Ave	Shannon	MS	38868	Head Start
Shaw Head Center	516 Faison St	Shaw	MS	38773	Head Start
Shaw Center	516 Faison Street	Shaw	MS	38773	Head Start
Mississippi Community Education Center	Road 556	Shoreline Park	MS	39520	Families First for Mississippi
Riven Oak Head Start	2254 Allendale Rd	Silver City	MS	39166	Head Start
Hunger2Hope	9105 Hwy 51 North	Southaven	MS	38671	Community Organization
Southaven Clinic	8705 Northwest Drive	Southaven	MS	38671	Department of Health
Southaven WIC Center	8791 Northwest Dr	Southaven	MS	38671	Department of Health
Eloise McClinton Head Start Center	2320 Church Rd E	Southaven	MS	38671	Head Start
Starkville WIC Center	1203 Louisville St	Starkville	MS	39759	Department of Health
Oktibbeha County Health Department	203 Yeates Street	Starkville	MS	39759	Department of Health
Oktibbeha County Head Start	1617 Louisville St	Starkville	MS	39759	Head Start
Starkville Office	313 Industrial Park Road	Starkville	MS	39759	Medicaid Offices
Golden Triangle AAA	P.O. Box 828	Starkville	MS	39760	Area Agency on Aging
Department of Human Services, Oktibbeha	213 Yeates St	Starkville	MS	39760	Department of Human Services
Charlie M. Moore	82 Church St	State Line	MS	39362	Head Start
Southwest Mississippi Community College	1156 College Drive	Summit	MS	39666	Community Organization
Sumner WIC Center	109-C South Court Sq	Sumner	MS	38957	Department of Health
Sumner Clinic	208 Wilson Street	Sumner	MS	38957	Department of Health
Clifton Preston Sr, Head Start Center	101 Center Ave	Sumrall	MS	39482	Head Start

Name	Address Line	City	State	Zip Code	Type
Tchula	229 Mercer St	Tchula	MS	39169	Head Start
Tchula Head Start	229 Mercer St	Tchula	MS	39169	Head Start
Eulander Kendrick Head Start	642 Morgan Dr	Terry	MS	39170	Head Start
Toomsaba Head Start Center	6836 Lauderdale-Toomsaba Road	Toomsaba	MS	39364	Head Start
Tunica WIC Center	1925 Old Hwy 61 North	Tunica	MS	38676	Department of Health
Tunica County Health Department	2073 Old Hwy 61 North	Tunica	MS	38676	Department of Health
Department of Human Services, Tunica	1490 Edwards Ave	Tunica	MS	38676	Department of Human Services
Family Resource Center of North Mississippi	1104 Rosa Fort Drive	Tunica	MS	38676	Families First for Mississippi
Family Resource Center of North Mississippi	2375 Highway 61 North	Tunica	MS	38676	Families First for Mississippi
Tunica Head Start Center	1034 South Rd	Tunica	MS	38676	Head Start
Tunica Elementary School	690 School St	Tunica	MS	38676	Head Start
Regional Rehabilitation Center Tupelo, MS	615 Pegram Dr.	Tupelo	MS	38801	Community Organization
Regional Rehab Center	615 Pegram Drive	Tupelo	MS	38801	Community Organization
Department of Human Services, Lee	220 South Industrial Rd	Tupelo	MS	38801	Department of Human Services
LIFECORE Health Group	2434 South Eason Boulevard	Tupelo	MS	38801	Department of Mental Health
Haven Acres Head Start Center	3288 Willie Moore Rd	Tupelo	MS	38801	Head Start
Tupelo WIC Center	532 Carnation	Tupelo	MS	38802	Department of Health
Itawamba Community College	2176 S. Eason Blvd.	Tupelo	MS	38804	Community Organization
Tupelo YV	252 S. Veterans Boulevard	Tupelo	MS	38804	Community Organization
Lee County Health Department	602 South Church Street	Tupelo	MS	38804	Department of Health
Northern Public Health Region	602 South Church Street	Tupelo	MS	38804	Department of Health
Family Resource Center of North Mississippi	425 Magazine Street	Tupelo	MS	38804	Families First for Mississippi
Lee County	179 East Troy Street	Tupelo	MS	38804	Family First Initiative
Northside Head Start Center	517 Linden Hill St	Tupelo	MS	38804	Head Start
Tupelo Office	1742 McCullough Boulevard	Tupelo	MS	38804	Medicaid Offices
Tylertown WIC Center	1732 Beulah Ave.	Tylertown	MS	39667	Department of Health
Walthall County Health Department	903 Union Road	Tylertown	MS	39667	Department of Health

Name	Address Line	City	State	Zip Code	Type
Department of Human Services, Walthall	901 Union Rd	Tylertown	MS	39667	Department of Human Services
Lexie Head Start Center	130 E Lexie Rd	Tylertown	MS	39667	Head Start
St. Paul Head Start Center	225 Saint Paul Rd	Tylertown	MS	39667	Head Start
Dexter Head Start Center	927 Highway 48 E	Tylertown	MS	39667	Head Start
Mississippi Judicial College	The University of Mississippi	University	MS	38677	Courts and Justice
Utica WIC Center	Hwy 27 North	Utica	MS	39175	Department of Health
Welcome Head Start	2873 Old Adams Station Rd	Utica	MS	39175	Head Start
Department of Human Services, Carroll	205 Lee St	Vaiden	MS	39176	Department of Human Services
Vaiden	450 Court St	Vaiden	MS	39176	Head Start
Vaiden Head Start	450 Court St	Vaiden	MS	39176	Head Start
Vancleave Head Start	13105 Headstart Rd	Vancleave	MS	39565	Head Start
Linwood Head Start Center	3439 Vaughan Rd	Vaughan	MS	39179	Head Start
Verona - OSL	212 College Street	Verona	MS	38879	Head Start
Warren County Health Department	807 Monroe St	Vicksburg	MS	39180	Department of Health
Cedars Center	235 Cedars School Cir	Vicksburg	MS	39180	Head Start
Vicksburg Office	3401 Halls Ferry Road	Vicksburg	MS	39180	Medicaid Offices
Warren-Yazoo Mental Health Service	3444 Wisconsin Avenue	Vicksburg	MS	39182	Department of Mental Health
Vicksburg WIC Center	809 Walnut St	Vicksburg	MS	39183	Department of Health
Department of Human Services, Warren	1317 Main Street	Vicksburg	MS	39183	Department of Human Services
Mississippi Community Education Center	1100 Cherry Street	Vicksburg	MS	39183	Families First for Mississippi
Kings Center	200 R L Chase Cir	Vicksburg	MS	39183	Head Start
Walls Head Start Center	6479 Third Street	Walls	MS	38680	Head Start
Chalybeate Head Start Center	141 Luna St	Walnut	MS	38683	Head Start
Wonderful World Early Head Start	314 Phillips Cir	Walnut Grove	MS	39189	Head Start
Standing Pine Head Start	416 Arrowhead Rd	Walnut Grove	MS	39189	Head Start
Water Valley WIC Center	220 Blackmur Dr.	Water Valley	MS	38965	Department of Health
Yalobusha County Health Department	645 South Main Street	Water Valley	MS	38965	Department of Health
Department of Human Services, Yalobusha	217 Frostland Dr	Water Valley	MS	38965	Department of Human Services
Department of Human Services Office	400th Main St.	Water Valley	MS	38965	Department of Human Services
Water Valley Center	708 Railroad St	Water Valley	MS	38965	Head Start

Name	Address Line	City	State	Zip Code	Type
Wayne County Health Department	1100-A Cedar Street	Waynesboro	MS	39367	Department of Health
Waynesboro WIC Center	1105 Bradley Drive	Waynesboro	MS	39367	Department of Health
Department of Human Services, Wayne	1104 Cedar St	Waynesboro	MS	39367	Department of Human Services
Department of Human Services, Wayne	1104-A Cedar St	Waynesboro	MS	39367	Department of Human Services
Bryant Turner Head Start Center	215 Mississippi Dr	Waynesboro	MS	39367	Head Start
Weir	351 Marion Kelley Dr	Weir	MS	39772	Head Start
Weir Elementary School	351 Marion Kelley Dr	Weir	MS	39772	Head Start
West Point WIC Center	1342 N. Eshman Ave	West Point	MS	39773	Department of Health
Clay County Health Department	179 East Jordan Avenue	West Point	MS	39773	Department of Health
Department of Human Services, Clay	266 Washington St	West Point	MS	39773	Department of Human Services
Community Counseling Services	1032 Highway 50	West Point	MS	39773	Department of Mental Health
Clay County Head Start Center	257 W Half Mile St	West Point	MS	39773	Head Start
Wiggins WIC Center	1061 Central Avenue West	Wiggins	MS	39577	Department of Health
Stone County Health Department	1510 Central Avenue East	Wiggins	MS	39577	Department of Health
Department of Human Services, Stone	648 Fairgrounds St	Wiggins	MS	39577	Department of Human Services
Stone County Head Start Center	167 Thelma Andrews Rd	Wiggins	MS	39577	Head Start
North Central AAA	19 Industrial Park Boulevard	Winona	MS	38967	Area Agency on Aging
Winona WIC Center	108 N. Applegate	Winona	MS	38967	Department of Health
Montgomery County Health Department	707 Alberta Drive	Winona	MS	38967	Department of Health
Department of Human Services, Montgomery	705 Alberta Dr	Winona	MS	38967	Department of Human Services
Woodville WIC Center	178 Main Street	Woodville	MS	39669	Department of Health
Wilkinson County Health Department	957 1st South Street	Woodville	MS	39669	Department of Health
Department of Human Services, Wilkinson	1391 Hwy 61 South	Woodville	MS	39669	Department of Human Services
WOODVILLE HEAD START	1823 Hwy 24 West	Woodville	MS	39669	Head Start
Yazoo WIC Center	NW Plaza Highway 49 West	Yazoo City	MS	39194	Department of Health
Yazoo County Health Department	230 East Broadway St	Yazoo City	MS	39194	Department of Health
Department of Human Services, Yazoo	1315 Grady Ave	Yazoo City	MS	39194	Department of Human Services

Name	Address Line	City	State	Zip Code	Type
Yazoo City Head Start Center	1318 Grand Ave	Yazoo City	MS	39194	Head Start
Yazoo City Office	110 North Jerry Clower Boulevard	Yazoo City	MS	39194	Medicaid Offices

**Appendix F: Timeline for the Development, Implementation, & Study of a
Mississippi Kinship Navigator Program Under FFPSA**

Major Activity/Tasks	Federal Fiscal Year 2020												Federal Fiscal Year 2021												Federal Fiscal Year 2022						
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NEEDS ASSESSMENT & FEASIBILITY STUDY																															
Additional Kinship Caregiver Focus Groups																															
Continue Collecting Kinship Caregiver Surveys																															
Analysis/Program Development Quality Assurance																															
PROGRAM DEVELOPMENT																															
Organize Stakeholder Advisory Committee																															
Monthly Stakeholder Advisory Committee Meetings																															
Develop Program Logic model																															
Specify Program Outcomes and Measures																															
Write Program Manual																															
Specify Program Study Design																															
Select Program Pilot Site(s)																															
Specify/Hire Kinship Navigators																															
Pre-Implementation Training																															
PROGRAM IMPLEMENTATION																															
Monthly Stakeholder Advisory Committee Meetings																															
Pilot Program Training/Ramp Up																															
Pilot Program Full-Scale Implementation																															
Pilot Program Ongoing Training/Workgroups																															
Pilot Program Implementation Quality Assurance																															
Select Program Site(s) for Statewide Implementation																															
Pre-Statewide Implementation Training																															
Statewide Program Implementation																															
PROGRAM STUDY																															
Refine Pilot Study Data Collection Procedures																															
Pilot Study Formal Data Collection																															
Pilot Study Data Analysis/Program Quality Assurance																															
Pilot Study Final Analyses																															
Write Pilot Study Report																															
Pilot Study Report Posted on Public Websites																															
Ongoing Program Evaluation																															
Title IV-E Prevention Services Clearinghouse Rating																															
Submit Navigator Program to Title IV-E Clearinghouse																															
Receive Title IV-E Clearinghouse Rating																															
Apply for FFPSA Transitional Funding, if Necessary																															
Navigator Program 50% Reimbursement under FFPSA																															