

Site Visit Report: Louisiana Kinship Integrated Service System (LA KISS)

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Award #: 90-CW-1139

Cluster: Collaboration Between TANF and Child Welfare to Improve Child Welfare Outcomes

Grantee: Louisiana Department of Children and Family Services

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SUMMARY

In the fall of 2005, when the Greater New Orleans region was beginning its recovery from Hurricane Katrina, the Louisiana Department of Children and Family Services (DCFS) realized it needed to improve services to kinship families involved with the child welfare system. After the hurricane, DCFS found disruption of kinship placements was higher in New Orleans than the rest of the State, and coordination between Temporary Assistance for Needy Families (TANF) and child welfare services for kinship families was ineffective at coordinating services that would meet the varied needs of caregivers who are taking care of relative children.

To address these problems, DCFS applied for and was awarded a competitive discretionary grant from the Children's Bureau to develop the Louisiana Kinship Integrated Service System (LA KISS). LA KISS is a multilevel partnership between the State's child welfare and economic stability programs to improve outcomes for kinship families in New Orleans. DCFS recognized the need to reorganize how these two programs interact to better serve residents returning to the region following the hurricane's destruction.

To achieve its goal, LA KISS funded the cross-training of two child welfare and two economic support care managers providing direct services to kinship families; the training equipped them with strategies to improve families' access to and understanding of both systems. In addition, the project has focused heavily on establishing an integrated system of care across New Orleans DCFS offices, with the hope of replicating the system statewide when the project ends. Collaborative partners have been engaged throughout this system building effort, including community-based organizations, private service providers, The Council on Aging, and other TANF and child welfare stakeholders.

Staff members have identified the following successful LA KISS strategies:

- Using a client-focused perspective that identifies and responds to families' needs
- Emphasizing relationship-building between care managers and families to engage them in services and help them view DCFS in a more positive light
- Sharing a new case management system and calendar for care managers to input data and monitor case progress
- Partnering with community-based organizations to establish accessible family service centers

To strengthen evidence of the project's effectiveness, DCFS randomly assigns families to receive services as part of the LA KISS project. The Louisiana State University School of Social Work Office of Social Service Research & Development is performing process and outcome evaluations of the project. Although the results are preliminary, surveys of care managers, kinship caregivers, and other stakeholders so far indicate the following:

- Services are more family-focused.
- Policies and procedures are explained more clearly.
- Community resource referrals are provided more frequently.
- Caregivers feel they are respected and their input is being received.

To ensure continuity of services when funding for the project ends, DCFS is helping community-based organizations establish ongoing services and supports for kinship families. The State is also planning a regionwide training titled "LA KISS and Beyond" to teach kinship caregivers how to access services from community providers or State agencies when LA KISS care managers are no longer available.

For more information on LA KISS, contact Shewayn Watson, Program Manager, Shewayn.Watson@LA.GOV.

Reprinted from *Children's Bureau Express*, "Site Visit: Louisiana Kinship Integrated Service System" (<http://cbexpress.acf.hhs.gov>).

PROJECT DESCRIPTION

Abstract

The Louisiana Department of Children and Family Services (DCFS) conceived of the Louisiana Kinship Integrated Service System (LA KISS) project in the wake of Hurricane Katrina, with the goal of improving outcomes for children in kinship care. LA KISS is a multilevel partnership between Child Welfare and Economic Stability and Self Sufficiency (ES) in the Greater New Orleans region of South Louisiana. DCFS recognized the need to reorganize how these two programs interact to better serve consumers returning to the region following the hurricane's destruction.

Goals for the LA KISS project:

- Enhance collaboration between the State's child welfare (CW) and TANF (ES) programs to better meet the needs of kinship care families.
- Develop a replicable System of Care that improves safety, permanency, and well-being (including economic stability) outcomes for kinship care families who are involved or at risk of becoming involved in the child welfare system.

The approach for this project was grounded in the department's belief that stronger family caregiving will result in better connections to services and improved outcomes for children and families. CW partnered with the Louisiana State University School of Social Work Office of Social Service Research and Development to conduct an extensive process and outcome evaluation, with a focus on replicability. LA KISS was developed to demonstrate that outcomes for children in kinship care and their families are greatly improved when CW and ES collaborate to provide comprehensive care within a network of providers. To accomplish this goal, the State engaged in State-level, regional, and parish-level planning, training, communication, coordination, and linkage activities.

Need for This Service

The lack of mutual planning and collaboration between Louisiana's CW and ES programs contributed to disparate treatment of children and caregivers in kinship care settings. In particular, the Greater New Orleans region had a higher incidence of kinship placement disruption than the rest of the State. This problem became more pronounced with the impact of Hurricane Katrina.

SITE VISIT HIGHLIGHTS

The site visit occurred on Wednesday, January 19, 2011, at the DCFS ES Office in Harvey, Louisiana. The Program Director, Shewayn Watson, convened a meeting that included a variety of staff from Child Welfare and Economic Stability and Self Sufficiency, program evaluators, private agency providers and stakeholders, and a kinship caregiver/recipient of services.

Meeting attendees included the following representatives from the partnering programs that administer the Louisiana Kinship Integrated Service System (LA KISS) Program:

- Shewayn Watson, LA KISS Project Manager
- Linda Clark, DCFS/ES Program Coordinator - State Office
- Benjamin Francois III, DCFS Regional Administrator - Regional
- Karla Thomas, LA KISS Care Manager
- Tara DeJohn, LA KISS Program Evaluator - LSU
- Justin Ulrich, LA KISS Program Evaluator - LSU
- Siobhan Pietruskiewicz, LA KISS Lead Program Evaluator - LSU
- Tyra Mercadel, DCFS Community Specialist /Program Coordinator - State Office
- Charlotte Frilot, DCFS Area Manager - East Jefferson - Regional
- Charlene Williams, DCFS Area Manager - West Jefferson - Regional
- Carol Groves, DCFS Executive Manger - State Office
- Candice Le Blanc, DCFS BGC, Legal

- Sherry Watters, DCFS BGC, Legal
- Patricia Washington, LA KISS Care Manager
- Wendy Lemieux, LA KISS Care Manager
- Karen Martin, LA KISS Care Manager
- Reginald Parquet, LA-YES Project Director - Community Partner
- Nancy Wright, DCFS/ES Program Manager - State Office Staff
- Darlene Thomas, DCFS/ES Program Specialist/Program Coordinator - State Office
- Mavis McCall, DCFS CPI-Program Manager - Regional Staff

The group met for approximately 2 1/2 hours. Topics discussed included the following:

- The program's timeline
- General impressions of the program
- The impact on families
- Challenges and successes
- Evaluation design
- The agency culture necessary to sustain the current level of partnership

A kinship caregiver who received assistance through the LA KISS Project told her story. Her younger cousins by marriage had been about to be placed into foster care. Through the LA KISS intervention, she was able to take them into her home, where they are now thriving. She expressed a great deal of gratitude and respect for the program and stated that without LA KISS she would have been unable to meet the needs of her young family members.

The site visitor also reviewed case records from participants in the program's experimental and control groups, to understand issues consumers struggled with, how the project staff addressed these issues, and how collaboration between the agencies helped ensure that the family was supported and the children's needs were met.

LESSONS LEARNED

Unique and Innovative Features

The Louisiana Kinship Integrated Services System (LA KISS) project put a great deal of effort into working across programs of the Louisiana Department of Children and Family Services (DCFS) to serve those who had run up against roadblocks when seeking services. While collaboration is not a new concept in child welfare, several aspects of this project may be considered innovative or unique. These include:

- **Making kinship care families the primary focus:** Kinship caregivers who may or may not be familiar with the child welfare agency are often reluctant to become involved with the agency responsible for investigating allegations of abuse and neglect. Families may see the child welfare agency as being intrusive and punitive rather than helpful. Additionally, caregivers may be unaware of the monetary benefits that become available to them once they become responsible for a relative child. Therefore, LA KISS is committed to developing a relationship

- with the kinship caregiver to help the family navigate both the CW and ES systems to ensure that the needs of both the child(ren) and caregiver are met.
- **Conducting a stringent randomized study:** The pool of evidence-based practices in human services, though expanding, is relatively small. This project was able to randomly assign families to the LA KISS treatment group and measure the experiences and outcomes for the children and families involved. The findings from the study will give the State an idea of the support necessary to assist families who wish to care for relative children as well as inform the field how to replicate similar child welfare and TANF collaborative efforts.
 - **Designing a case management system:** By designing a new database and calendar specifically for the project to track and monitor services and the progression of a case, the LA KISS project emphasized a new level of commitment to kinship caregivers and the children they were bringing into their homes.
 - **Fostering a culture of collaboration:** Given the level of client overlap that the child welfare system has with other service providers, a team approach often results in faster and more positive results for children and families. Care Managers, two from child welfare and two from economic stability, were cross-trained in the area in which they did not work. These workers are responsible for working with families to help them navigate both the child welfare and economic stability programs in order to get children properly placed in the home of the kinship caregiver and as well as provide families with the appropriate level of financial assistance to support the family post-placement.
 - **Thinking creatively to meet the needs of caregivers:** Because a significant number of caregivers are or are approaching retirement age, the LA KISS program staff pay particular attention to identifying support services such as transportation, respite, and community connections to ensure that the needs of both child(ren) and caregivers are met.

A preliminary survey completed during the initial stages of the LA KISS project helped staff to move from conceptualizing the project to making it work. Survey findings show that:

- Staff and families agree there is a need for an improved understanding of policies and services within and across the child welfare and economic stability programs.
- Kinship caregivers desire increased resources to meet their families' needs.
- Kinship caregivers prefer personalized treatment from a worker.
- Kinship caregivers need to feel valued and respected by the system.
- Transition services are needed for older youth who are aging out of the child welfare system.
- Policies to address kinship families with incarcerated biological parent(s) need attention.
- Custody barriers and options for low-income kinship families need attention.

Challenges

While building the project and working toward institutionalizing collaboration, the team did experience some challenges. These included:

- **Damage and devastation caused by Hurricanes Gustav and Katrina** made service delivery of any kind to families difficult.
- **Engaging caregivers and getting them to participate** was difficult initially. To address this challenge, care managers put significant effort into educating the families about the purpose of the project and emphasized the positive aspects of working with the program to meet the needs of their young family members. Care managers also explained how their involvement could help prevent the child(ren) from remaining in foster care for long periods of time.
- **New organizations had to be identified to provide needed services.** As the region struggled to recover from Hurricane Katrina, community services and workers' resource guides no longer existed.
- **Participation in the program lagged** in initial stages. To get more families to participate, project staff changed the way they communicated when they approached families. Using phone calls and in-person meetings rather than letters, project staff identified project funds that could be used to provide appropriate incentives for families that also increased participation.
- **The ability of the agency to hire new staff** to replace those who have left has been negatively affected by the poor economy.
- **The nature of the research study and randomization requirements** makes client referrals more complicated. It has been difficult to get staff to understand this.
- **The agency is currently undergoing restructuring.** Staff are unsure what services to kinship care families will be available.

Successful Strategies and Keys to Success

Through the LA KISS Project, the child welfare and economic support arms of DCFS have developed a systematic way to work together to support the needs of kinship caregivers and their children. Even more noteworthy, they have fostered this collaborative approach in the wake of two devastating hurricanes. Some of the successful strategies the project has identified include:

- **Engaging private service provider agencies** in the collaboration along with government agencies
- **Looking at cases from the perspective of the client's needs** rather than only considering the available services
- **Using care providers to build personal relationships** with kinship families to foster trust
- **Changing families' views of DCFS** from one of intrusion to that of a positive change agent meant to support the family
- **Establishing service centers** that engage community partners to help in supporting families rather than making families come to CW and ES
- **Allowing caregivers to provide feedback** about their experiences with the program
- **Cross-training staff:** child welfare staff in economic stability, and economic stability workers in child welfare
- **Partnering with the Council on Aging and Systems of Care** to identify new service sources after Hurricane Katrina. This is a particularly important partnership because many of the caregivers in the LA KISS program are grandparents and/or are elderly.

OUTCOMES

Dissemination Activities

The Louisiana Kinship Integrated Services System (LA KISS) staff has been involved in activities to disseminate information and engage the community:

- A poster presentation for the Council on Social Work Education's Annual Program Meeting (October 2010). Emerging themes from qualitative data collection from kinship caregivers in the Greater New Orleans area.
- Worker participation, Council on Aging—Grandparents Raising Grandchildren training (November 2010). LA KISS staff collaborated with DCFS - Monroe Region to provide funding.

Evaluation

Louisiana State University School of Social Work is conducting a rigorous, randomized evaluation that will provide both qualitative and quantitative data.

As indicated above, at the start of the program, child welfare and economic stability workers were given an environmental survey. Additionally, kinship caregivers were given satisfaction surveys. These surveys were intended to describe pre-project conditions and identify gaps or issues that would need to be addressed for the project to be successful.

Preliminary findings from these surveys showed:

- Inaccuracies related to kinship family eligibility for services within and across agencies
- Both Child Welfare (CW) and Economic Stability (ES) were unclear about the services that the other offered to kinship families
- Both CW and ES staff expressed a desire to learn about the services of the other
- A worker who knew both CW and ES systems and could assist families in navigating them was viewed very favorably
- Perception among CW and ES staff that kinship caregivers lack knowledge of the ways the two programs operate

Responses were grouped thematically. Themes and preliminary findings of the surveys that were taken by staff and caregivers include the following:

- Agency strengths
 - Workers were "nice" to the caregivers.
 - The workers were honest and kept caregivers informed of the benefits that they would receive.
- Agency/system-focused issues
 - Systems are driven by meeting workers'/agency's paperwork needs.
 - Services do not match families' needs or realities of costs of living.
 - The kinship caregiver role is not valued by the system.
 - The caregiver carries the burden of making the system work.
 - The system is threatening, hostile, fear-inducing, and coercive.

- Caregiver-focused issues
 - Custody challenges
 - Misunderstanding of the roles of CS/ES programs
 - Constant strain between meeting their own needs and needs of children because of limited resources and income
 - Worry about children's education, self-esteem, extracurricular options, and futures
- Child-focused issues
 - Children's needs are not a priority.
 - Children are placed in a home and then there is no follow-up by the agency.
 - Sibling groups are not treated the same nor always kept together.
- General familial issues/experiences
 - Biological parent(s) deceased or murdered
 - Biological parent(s) incarcerated
 - Biological parent(s) with major medical illness
 - Biological parent(s) with mental illness and/or substance abuse problem
 - Caregiver receives help from family, friends, and/or church to "survive"
 - Caregiver changed employment to meet children's needs
 - Caregiver assumed role to avoid children going into the "system"
 - Post-Katrina life is worse than pre-Katrina life
- Solutions and recommendations for system improvements
 - Demonstrate support for kinship role
 - Improve services/assistance, especially in terms of education, extracurricular activities, clothing, finances, and counseling
 - Provide kinship- and family-specific support services for caregivers and children
 - Create an environment of respect, collaboration, and dignity for all persons involved in "hardship" situations
 - Provide transition services for older teens

The project also has identified the following preliminary findings for the LA KISS intervention:

- Strengths
 - Services are family-focused rather than form-focused.
 - Policies and procedures were explained.
 - Community resource information was provided.
 - Caregivers were asked about the effectiveness of the resource referrals that they were given.
 - Caregivers felt respected.
- Areas Needing Improvement
 - The purpose of the project was unclear.
 - Resources are insufficient to meet families' needs.
 - Contact with the care manager was too infrequent.
 - The project is not a permanent part of social services array.

Sustainability

Due to restructuring, the agency will be using community agencies to provide services to kinship caregivers in the future. This process is currently being developed; therefore, it is too early to tell whether the level of service will be maintained.

LA KISS staff are planning a regionwide training to occur just prior to the end of the grant. Titled "LA KISS and Beyond," the training will help caregivers learn how to access services via community resources or State agencies if the Care Managers are not available beyond the grant.

ATTACHMENTS

- [Child - Child Depression Inventory](#) (PDF - 247 KB)
- [Parent - Child Depression Inventory](#) (PDF - 425 KB)
- [Client Data Form](#) (PDF - 1.18 MB)
- [Satisfaction Survey](#) (PDF - 1.23 MB)

Child ID: _____	 Put on Parent Version--Relative (R) (R) Last Name: (R) DOB: (R) SSN:	by Maria Kovacs, Ph.D.
Child's Age: _____ Child's Gender: Male Female		
Child's Grade: _____ Today's Date: _____ <small>mm/dd/yyyy</small>		
Your Relationship to Child: _____		
Your ID: _____		

Parent Version

SAMPLE

Instructions: For each of the statements below, select one response that best describes your observations of your child in the PAST TWO WEEKS.

Indicate your response for each item by circling the number that best corresponds to your choice. You may change an item response by drawing an X through your original choice and selecting a new response.

Remember, for each statement, pick ONE answer that best describes your observations of your child in the PAST TWO WEEKS.

My child...	Not at all	Some of the time	Often	Much or most of the time
1. looks sad.	0	1	2	3
2. has fun.	0	1	2	3
3. does not like himself or herself.	0	1	2	3
4. blames himself or herself for things.	0	1	2	3
5. cries or looks tearful.	0	1	2	3
6. is cranky or irritable.	0	1	2	3
7. enjoys being with people.	0	1	2	3
8. thinks that he or she is ugly.	0	1	2	3
9. has to push himself or herself to do schoolwork.	0	1	2	3
10. has trouble sleeping at night.	0	1	2	3
11. looks tired or fatigued.	0	1	2	3
12. seems lonely.	0	1	2	3
13. enjoys school.	0	1	2	3
14. spends time with friends.	0	1	2	3
15. is showing worse school performance than before.	0	1	2	3
16. does what he or she is told.	0	1	2	3
17. has disagreements and conflicts with others.	0	1	2	3

LSU-OSSRD evaluators obtained permission from the author to use the Children's Depression Inventory (CDI), a psychometric instrument developed to measure child well being.

Client ID: _____

Age: _____ Birthdate: _____
mm/dd/yyyy

Grade: _____ Gender: Male Female

Today's date: _____
mm/dd/yyyy

Put on Child Version--Child (C)
(C) Last Name:
(C) DOB:
(C) SSN:

Marin Kovacs, Ph.D.

Short Version

Kids sometimes have different feelings and ideas.

This form lists the feelings and ideas in groups. From each group of three sentences, pick one sentence that describes you *best* for the past two weeks. After you pick a sentence from the first group, go on to the next group.

There is no right or wrong answer. Just pick the sentence that best describes the way you have been recently. Put a mark like this next to your answer. Put the mark in the box next to the sentence that you pick.

Here is an example of how this form works. Try it. Put a mark next to the sentence that describes you *best*.

Example:

I read books all the time.
 I read books once in a while.
 I never read books.

Remember, pick out the sentences that describe you best in the PAST TWO WEEKS.

Item 1

I am sad once in a while.
 I am sad many times.
 I am sad all the time.

Item 6

Things bother me all the time.
 Things bother me many times.
 Things bother me once in a while.

Item 2

Nothing will ever work out for me.
 I am not sure if things will work out for me.
 Things will work out for me O.K.

Item 7

I look O.K.
 There are some bad things about my looks.
 I look ugly.

Item 3

I do most things O.K.
 I do many things wrong.
 I do everything wrong.

Item 8

I do not feel alone.
 I feel alone many times.
 I feel alone all the time.

Item 4

I hate myself.
 I do not like myself.
 I like myself.

Item 9

I have plenty of friends.
 I have some friends but I wish I had more.
 I do not have any friends.

Item 5

I feel like crying every day.
 I feel like crying many days.
 I feel like crying once in a while.

Item 10

Nobody really loves me.
 I am not sure if anybody loves me.
 I am sure that somebody loves me.

LSU-OSSRD evaluators obtained permission from the author to use the Children's Depression Inventory (CDI), a psychometric instrument developed to measure child well being.

Louisiana Kinship Integrated Service System Client Data Form

Care managers should file an initial Client Data Form during the first month of being assigned a case and once every six months following after initially being assigned the case. A data form must be filed when the child leaves the study. Questions should be directed to Siobhan Pietruszkiewicz at 225-578-1016 or spietru1@lsu.edu or Schuyler Porche sporche@lsu.edu . Care managers should obtain information about the Louisiana Kinship Integrated Service System (LA KISS) child and family to answer the following questions:

Required questions are denoted by (*)

Section 1

1. Enter Care Worker Code *

2. Today's Date *

MM/DD/YYYY

3. First two letters of child's last name: *

4. Last four digits of child's Social Security Number: *

5. Child's Date of Birth: * (MM/DD/YYYY)

6. Enter the Zip Code of the kinship care provider's primary residence.

7. First two letters of primary kinship care provider's last name:

8. Last four digits of primary kinship care provider's Social Security Number:

9. Primary kinship care provider's Date of Birth: (MM/DD/YYYY)

10. How many months has the child been in kinship care?

11. Is this the initial client data form, the six month update, twelve month update, or eighteen month update?

12. How many months has this child been under observation as part of the LA KISS study?

13. If this child is no longer receiving kinship care, why was kinship care terminated?

Section 2

1. What is the status of the primary kinship care provider regarding foster parent certification?

2. What date did the child's current placement begin? (MM/DD/YYYY)

3. What was the desired outcome for the child when placed in the current setting?

4. To what extent are the initial goals of the current placement being achieved?

5. Since the child has been in the state's custody, how many times has the child's placement changed?

6. What is the number of valid and/or inconclusive CANs reports for this child?

7. What is the number of valid and/or inconclusive CANs for this child in the current placement?

8. Are there factors in the current placement which may adversely impact the kinship care child's physical or psychological wellbeing?

- Age of Caregiver
- Lack of Transportation
- Unsanitary living conditions
- Living space relatively small
- Health of Caregiver
- Income of Caregiver
- other

8.b. If other, please specify.

9. Gender of the primary kinship care provider

10. On a scale of 1 to 5 where 1 represents extremely poor health and 5 represents excellent health, rate the physical health of the primary kinship care provider. Take into consideration factors such as mobility, pain, and energy level, which affect the primary care givers ability to perform the physical tasks of care giving for a kinship care child?

Section 3

1. Is child in the appropriate education environment?

2. What is the child's grade placement?

3. What type of educational environment is the child currently placed in?

4. Does the child have experience in the juvenile justice system including FINS?

5. If the child has a criminal record, what was the nature of the offense?

Section 4

1. What is the highest level of education completed by the primary income earner in the household?

2. Is the primary income earner currently employed?

3. How many hours a week does the primary income earner work?

Round to the nearest whole number. Example Answer: 25

4. What is the weekly gross income, excluding government assistance, of the primary income earner?

Round to the nearest whole number. Example Answer: \$401

\$

5. What is the weekly gross income, excluding government assistance, of the kinship care household?

\$

6. In the past six months, what is primary type of support the kinship care child has received from the biological parents?

7. In dollar terms, how much child support does the family receive?

\$

8a. Do the primary care provider or primary income earner receive services from Louisiana Rehabilitative Services (LRS)?

8b. What type of assistance does the person receive from Louisiana Rehabilitative Services (LRS)?

Section 5

1. What is the highest level of education completed by the primary kinship caregiver?

If the primary caregiver is the primary income earner, skip to section 6 question 1.

2. Is the primary caregiver currently employed?

3. How many hours a week does the primary caregiver work outside the home?

Section 6

1. How much money is the family receiving each month as a foster care board payment?

\$

2. In dollar terms, how much public assistance (including Social Security SSA or SSI, Food Stamps, unemployment benefits or any other government program) did the kinship care family receive each month prior to the kinship care child's placement?

\$

3. In dollar terms, how much public assistance (Including OFS Kinship care grant, Social Security, Food Stamps, unemployment, or any government program) does the kinship care family receive each month since the child was placed in this particular placement?

\$

4.a. Public assistance for the kinship care family began on what date? (MM/YYYY)

4.b. Public assistance for the kinship care family ended on what date? (MM/YYYY)

Write "Present" if family still receives some form of public assistance.

5. How much financial assistance, in dollar terms, does the kinship care family receive each month in the following forms of assistance:

Food Stamps

\$

Kinship Care

\$

Child Care Assistance

\$

FITAP (Cash Program)

\$

Social Security (SSA, SSI) and Pension Benefits

\$

Utility Assistance

\$

Rental Assistance

\$

6. For each of the following programs, check the box if the kinship care family received a particular form of government assistance in the past, but no longer receives those benefits.

- Food Stamps
- Kinship Care
- Child Care Assistance
- FITAP
- Medicaid
- Utility Assistance
- Rental Assistance

7. For the Following Programs record the month and year the kinship care family began and/or ended participation in the following programs. Write as, "Began MM/YYYY Ended MM/YYYY". If currently enrolled write as, "Began MM/YYYY Ended Present".

STEP

Began MM/YYYY

Ended MM/YYYY

EITC

Began MM/YYYY

Ended MM/YYYY

IDA

Began MM/YYYY

Ended MM/YYYY

Transportation

Began MM/YYYY

Ended MM/YYYY

Uniforms

Began MM/YYYY

Ended MM/YYYY

Child Care

Began MM/YYYY

Ended MM/YYYY

Mental Health Counseling

Began MM/YYYY

Ended MM/YYYY

Anger Management

Began MM/YYYY

Ended MM/YYYY

Parenting Classes

Began MM/YYYY

Ended MM/YYYY

Substance Abuse Counseling

Began MM/YYYY

Ended MM/YYYY

Medicaid

Began MM/YYYY

Ended MM/YYYY

8. For each program, check the box if the program was successfully completed.

- Mental Health Counseling
- Anger Management
- Parenting Classes
- Substance Abuse Counseling

Kinship Care Family Satisfaction Survey

When parents face difficult situations, family members, other than a child's parents, often play an important role in helping to raise a child. For the purposes of this survey today, we are going to talk about kinship care. What we mean is that kinship care is the full time care, nurturing and protection of a child by adult relatives or any adult who has a long-term bond with a child.

The Office of Social Service Research and Development at the Louisiana State University School of Social Work is helping OCS and OFS improve the quality of services delivered to you. The following survey is designed to learn about your experiences.

Your answers will be anonymous and confidential.

Section 1

Please complete each item in the survey.

1. Date and Time:

2. (Do not ask, but note) What medium is used to conduct the survey?

- Face to face
- Phone
- Written
- Web based

3a. Several Agencies (such as Child Protection, OCS and OFS) and other organizations often help kinship care families with their needs, which agency helps you most of the time with kinship care?

- Office of Community Services (A.K.A Child Protection)
- Office of Family Support, Support Enforcement Services, or Child Support Services
- Louisiana Kinship Integrated Service System
- Catholic Family Services
- Local Church
- Council on aging
- Local Housing Authority
- Volunteers of America
- CASA
- Other

3b. If other, who:

4. Using a scale from 1 to 5 where one is very bad and five is very good, how well do workers from (use response from question 3a) work together with other agencies to solve your kinship care problems?

- 5. Very Good
- 4. Good
- 3. Neither Good Nor Bad
- 2. Bad
- 1. Very Bad
- Don't Know

5. If you have a question or problem related to your kinship care child, who would you most likely try to contact first for help?

- The child's parents
- another family member
- a friend
- My case worker from LA Kiss
- OCS
- OFS
- I solve problems myself
- I don't know
- Other

Section 2

1. Have you ever talked with a worker from the Office of Community Services (OCS) about kinship care?

(OCS is sometimes referred to as Child Protection.)

(If no skip to Section 3.)

- No
- Yes
- Don't Know

2. How often do you talk to or meet with a worker from OCS?

- Never
- Once, or a few times a long time ago
- At least once a year
- At least once a month
- Several times a month
- At least once a week
- Several times a week

3. The word consistent means something usually happens on a regular basis and is predictable. If the quality of service provided by an agency changes greatly from worker to worker or if the service provided a single employee changes a lot from day to day, then service is inconsistent. On a scale of 1 to 5 where 1 is very inconsistent/unpredictable and 5 is very consistent/predictable, how consistent is the service provided by different workers at OCS?

5. Very Consistent
4. Consistent
3. Neither consistent/ nor inconsistent
2. Inconsistent
1. Very inconsistent

4. On a scale of zero to 100, where 100 is extremely satisfied and zero is extremely dissatisfied, how happy are you with the service OCS has provided?

(If Not Applicable, type in 999.)

5. If you need to contact someone from OCS to help you, how do you contact them most of the time?

- By phone
- They visit me
- Go to the agency office
- By mail
- By email
- I would not contact them
- Don't know
- Not applicable

6. If you have a question, how long does it take a case worker from OCS to answer your question most of the time?

- Instantly
- One day
- Two days
- Three days
- Approximately One Week
- Approximately Two Weeks
- Approximately Three Weeks
- Approximately One Month
- Longer than One Month
- Never
- N/A

7. On a scale of 1 to 5 where 1 is very bad and 5 is very good, rate the quality of service OCS provides you if you have a kinship care emergency during the evening or on weekends.

5. Very Good
4. Good
3. Neither Good/ nor Bad
2. Bad
1. Very bad
- Don't know

8. On a scale of 1 to 5 where 1 is very bad and 5 is very good, how do you feel in general about the assistance OCS has provided you? (Only mark N/A if self identify)

- 5. Very Good
- 4. Good
- 3. Neither Good/ nor Bad
- 2. Bad
- 1. Very bad
- N/A

Section 3

1. Have you ever talked to a worker from the Office of Family Support (OFS), which includes Support Enforcement Services and Child Support Services? (If no skip to Section 4.)

- No
- Yes
- Don't know

2. How often do you talk to or meet with a worker from OFS?

- Never
- Once, or a few times a long time ago
- At least once a year
- At least once a month
- Several times a month
- At least once a week
- Several times a week

3. The word consistent means something usually happens on a regular basis and is predictable. If the quality of service provided by an agency changes greatly from employee to employee or if the service provided a single employee changes a lot from day to day, then service is inconsistent. On a scale of 1 to 5 where 1 is very inconsistent/unpredictable and 5 is very consistent/predictable, how consistent is the service provided by different workers at OFS?

- 5. Very consistent
- 4. Consistent
- 3. Neither consistent nor inconsistent
- 2. Inconsistent
- 1. Very inconsistent

4. On a scale of zero to 100, where 100 is extremely satisfied and zero is extremely dissatisfied, how happy are you with the service OFS has provided you? (If Not Applicable, type in 999.)

5. If you need to contact someone from OFS to help you, how do you contact them most of the time?

- By phone
- They visit me
- Go to the agency office
- By mail
- By email
- I would not contact them
- Don't know
- Not applicable

6. If you have a question, how long does it take a worker from OFS to answer your question?

- Instantly
- One day
- Two days
- Three days
- One week or less
- Two weeks or less
- Three weeks or less
- One month or less
- More than one month
- Never
- N/A

7. On a scale of 1 to 5 where 1 is very bad and 5 is very good, how do you feel in general about the assistance OFS has provided you? (Only mark N/A if self identify)

- Very good
- Good
- Neither good nor bad
- Bad
- Very bad
- N/A

Section 4

1. Have you heard of the Louisiana Kinship Integrated Service System (or LA KISS) program? (If no, skip to section 5.)

- Yes
- No
- Not sure

2. How often do you talk or meet with a worker from Louisiana Kinship Integrated Service System (LA KISS)?

- Never
- Once, or a few times a long time ago
- Less than once a year
- At least once a year
- At least once every few months
- At least once a month
- At least once every few weeks
- At least once a week
- Several Times a week

3. Which of the following choices best describes the purpose of La Kiss?

- To enforce the rules
- To provide kinship care children with financial assistance
- To help me care for any child in my home
- To help me with financial assistance and services for the kinship care child in my home
- Don't know

4. If you need to contact someone from LA KISS to help you, how do you contact them most of the time?

- by phone
- they visit me
- go to the LA KISS, OCS, or OFS office
- by mail
- by email
- I would not contact them
- don't know
- N/A

5. If you have a question regarding your kinship care child, how long does it take a worker from LA KISS to answer your question?

- Instantly
- One day
- two day
- three days
- approximately one week
- approximately two weeks
- approximately three weeks
- approximately one month
- longer than one month
- never
- N/A

6. On a scale of 1 to 5 where 1 is very bad and 5 is very good, rate the quality of service LA KISS workers provide you if you have a kinship care emergency during the evening or on weekends.

1. Very Bad
2. Bad
3. Neither Bad Nor Good
4. Good
5. Very Good
- Don't Know

7. In general, how do you feel about the assistance LA Kiss has provided you? (Only mark N/A if self identify.)

- extremely Good
- Good
- neither good nor bad
- Bad
- extremely Bad
- not applicable

8. In your own words, what is the purpose of the LA KISS program?

Section 5

1. On a scale from 1 to 5 where 1 is very Bad and 5 is very Good, how well do you feel workers from OCS and OFS work together to solve your kinship care problems?

5. Very Good
4. Good
3. Neither Good Nor Bad
2. Bad
1. Very Bad
- Don't Know

2. Do you feel OCS and OFS workers talk with each other about your case?

- Yes
- No
- don't know

3. Based upon your individual experience, which of the following categories best describes communication between workers for OCS and OFS:

- Very Bad
- Bad
- neither Bad or Good
- Good
- Very Good

4. How often do workers from OCS and OFS disagree about your case?

- I don't know
- Never
- Rarely
- Sometimes
- Frequently
- Constantly

5. How often do workers from OCS and OFS schedule you to be in two places at the same time?

- Never
- Rarely
- Sometimes
- Frequently
- Constantly
- Not Applicable

6. If question 4 has ever occurred, did you lose benefits because of this problem?

- N/A
- Yes
- No

7. If you previously provided kinship care to one or more children but no longer provide kinship care, which of the following choices best describes why kinship care ended?

- Parents began caring for child or children
- agency took child
- because of age or health, unable to care for child
- child became an adult
- child was out of control or creating problems
- other

8. If "other" in question 7, why did kinship care end?

Section 6

1. How many individuals live in your home?

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20 or more

2. How many natural, or biological, children under the age of 18 do you currently care for?

None	6
1	7
2	8
3	9
4	10
5	11 or more

3. How many children, born to someone else and under the age of 18, do you currently provide kinship care for?

1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20 or more

4. Besides the children you currently provide kinship care for now, how many children have you provided kinship care for in the past?

None	6
1	7
2	8
3	9
4	10
5	11 or more

5. Some people we are interviewing care for children that are in the state's custody. Of the children you care for, how many are currently in the legal custody of the state?

None	
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20 or more

Enter the following information on the primary kinship care provider (the survey respondent)

6. First two letters of your last name: *

7. Last four digits of your Social Security Number: *

8. Date of Birth: *
(MM/DD/YYYY)

9. Enter the last four digits of the social security number of the oldest child you currently provide kinship care for:

10. First two letters of your kinship care child's last name:

11. Child's Date of Birth:
(MM/DD/YYYY)

12. How many months have you provided kinship care for this child?

13A. Conduct the Caregiver CDI for the oldest child and record it here:

13B. Caregiver Functional CDI:

13C. Caregiver Emotional CDI:

14. Conduct the CDI for the oldest child:

If you provide kinship care to only one child, skip to section 7.

Child 2 (Second Oldest)

15. Enter the last four digits of the social security number of the next oldest child you currently provide kinship care for:

16. First two letters of your kinship care child's last name:

17. Child's Date of Birth:
(MM/DD/YYYY)

18A. Conduct the Caregiver CDI for this child:

18B. Caregiver Functional CDI:

18C. Caregiver Emotional CDI:

19. Conduct the CDI for child number 2:

Child 3 (Third Oldest)

20. Enter the last four digits of the social security number of the next oldest child (the third oldest) you currently provide kinship care for:

21. First two letters of your kinship care child's last name:

22. Child's Date of Birth:

(MM/DD/YYYY)

23A. Conduct the Caregiver CDI for this oldest child:

23B. Caregiver Functional CDI:

23C. Caregiver Emotional CDI:

24. Conduct the CDI for the child number 3:

Child 4 (Fourth Oldest)

25. Enter the last four digits of the social security number of the next oldest child (the fourth oldest) you currently provide kinship care for:

26. First two letters of your kinship care child's last name:

28. Child's Date of Birth:

(MM/DD/YYYY)

29A. Conduct the Caregiver CDI for the fourth oldest child:

29B. Caregiver Functional CDI:

29C. Caregiver Emotional CDI:

30. Conduct the CDI for child number 4:

Section 7

1. What term best describes you?

- Caucasian
- African American
- Latino/Latina
- Creole
- Vietnamese
- Asian
- Native American
- Bi or multi-racial
- other

2. Specify bi-, multi-, or other:

3. Are you a certified foster parent?

- No
- Yes

4. Have you ever thought about being a certified foster parent?

- No
- Yes

5. If yes to either questions three or four, were there barriers to getting certified?

- No
- Yes, resolved
- Yes, not resolved
- Don't Know

6. Has your worker ever talked to you about being a certified foster parent?

- Yes
- No (If no, skip questions 7 & 8.)
- Don't Know

7. When did your worker first talk with you in detail about being a certified foster parent?

- within the last few days
- within the last month
- between two and six months ago
- between six and 12 months ago
- One to two years ago
- more than two years ago
- don't know

8. How many times has your worker talked in detail with you about being a certified foster parent?

- Never
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- more than 9 times

9. Did you receive adequate information about a specific child's history and problems prior to providing care for the child?

- Yes
- No
- Don't Know

10. Are you receiving money and/or financial assistance from a government agency because of care you provide for a child or children in your home?

- Yes
- No

11. Approximately how much money and/or food stamps, do you receive each month from government agencies to help with the care of a child or children in your home?

- less than \$10
- \$11-\$250
- \$251-500
- \$501-750
- \$751-1,000
- \$1,001-\$1,250
- \$1,251-1,500
- \$1,501-\$1,750
- \$1,751-2,000
- \$2,001-2,250
- \$2,251-2,500

12. How much support in the form of money and/or food stamps would be adequate to provide for the kinship care child?

\$

13. Approximately how much do you pay each month as rent or a mortgage to live in your apartment or home?

\$

14. Approximately how many hours each week do you work outside the home?