

A Systematic Review of the Arizona Kinship Support Services Kinship Navigation Program, September 2021

This report reviews the study of the **Arizona Kinship Support Services Kinship Navigation (AKSS KN)** Program conducted by **Schmidt and Treinen (2021)**, [*Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes*](#). The Prevention Services Clearinghouse systematic review process, described in detail in the Title IV-E Prevention Services Clearinghouse, [*Handbook of Standards and Procedures Version 1.0*](#) (Wilson et al., 2019), was used to review the Schmidt and Treinen study and the AKSS KN program.

- Following the Clearinghouse review criteria for eligible studies, Schmidt and Treinen is determined to be a **well-designed, and well-executed study that is eligible for review** by the Prevention Services Clearinghouse and meets the Clearinghouse Standards for **Moderate** Support of Causal Evidence.
- Following the Clearinghouse review criteria for program or service rating, this review demonstrates that the AKSS KN program intervention should be designated as **Supported** by Title IV-E Prevention Services Clearinghouse for Kinship Navigation Programs.

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Summary of Systematic Review Criteria and Findings

Citation: Schmidt, M. C., & Treinen, J. (2021). *Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes*. Tucson, AZ: LeCroy & Milligan Associates, Inc.

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Source of Publication: This study was published by LeCroy & Milligan Associates, a research firm in Tucson, AZ, and is publicly available for downloading as a PDF at: https://7bee227e-b1ba-42ac-a150-f88776fbdaec.filesusr.com/ugd/4d0a9d_922b64e3d3a34896bcff77999b73222e.pdf. The program's implementation manual is publicly available for downloading at https://www.arizonaschildren.org/wp-content/uploads/2021/07/AKSS-Kinship-Navigation-Implementation-Manual_Revised_4-29-2017.pdf.

Language of Publication: English

Study Design: This study utilized a quasi-experimental design with an intervention condition – AKSS KN program services – and a comparison condition – Arizona Department of Child Safety (DCS) standard services as usual. The intervention group includes 1,462 children whose families received AKSS KN services during the time frame of 10/1/2012 to 10/15/2018, to assess the outcomes of children in the treatment group at least 12 months post their last receipt of AKSS KN service (i.e., KN case closure). The comparison group includes 9,832 children who were in custody of Arizona DCS during the study time frame whose families received DCS services as usual and did not receive AKSS KN services. The overall research question of this study is: What impact does AKSS KN services have on child permanency outcomes measured by Arizona DCS administrative data, compared to a baseline equivalent group of children whose families received DCS standard services?

Sample Size: The study sample includes a total of N=11,294 children who were in DCS custody during the study time frame of 10/1/2012 to 10/15/2019 and had exited DCS custody on or before 10/16/2019. The intervention group includes N=1,462 children whose family received AKSS KN services during the time frame of 10/1/2012 to 10/16/2018, to assess the outcomes of children in the intervention group at least 12 months post their last receipt of AKSS KN service (i.e., KN case closure). The comparison group includes N=9,832 children whose families received DCS services as usual during the study time frame.

Target Outcomes: Two outcomes within the domain of **Child Permanency** were assessed using Arizona DCS administrative data sets.

- **Least restrictive placement** – The Clearinghouse states that this subdomain assesses the restrictiveness or disruptiveness of out-of-home placement. It focuses on improving the environments/settings into which children are placed, including favoring kinship placements over non-kin or institutional placements or placements that maintain connections to the child's community versus those that do not. The binary variable used for this study indicates if the child was placed in a less restrictive/disruptive setting while in DCS custody versus those that were placed in a more restrictive/disruptive setting while in custody. Following the Clearinghouse's hierarchies of least restrictive placement, a favorable result (1=Yes) was defined as children who received the Arizona DCS service type of kinship care placement with a grandparent or other relative. An unfavorable result (0=No) was defined as children who received any other DCS service type, including placement in a group home, residential treatment center, independent living, non-relative foster care, or a shelter.

- **Planned permanent exit** - The Clearinghouse guidance states that planned permanent exits from out-of-home care refer to placements with a more permanent status, including reunification, guardianship, and adoption. The binary variable used for this study indicates if the child exited DCS custody with a permanent status versus those who exited DCS with a non-permanent status. Following the Clearinghouse’s definitions, a favorable result of “exit with permanent status” (1=Yes) was defined by Arizona DCS as children who exited DCS through reunification, guardianship, or adoption. An unfavorable result of “exit with a non-permanent status” (0=No) was defined by Arizona DCS as children who exited DCS by emancipation (i.e., aging out or turning the age of majority without achieving permanency), who ran away and were not able to be located, or who had died while in DCS custody.

Duration of Sustained Effects Examined: The two target outcomes were assessed for sustained effects at 12 to 84 months post kinship navigation case closure of the intervention group.

Baseline Equivalence Standards: As it was not feasible to collect direct or alternative pre-test measures on the study outcomes, child demographic variables obtained from the DCS database were utilized to test for baseline equivalency. **No significant differences were observed between the two study groups for the demographic characteristics of age, gender, race/ethnicity, and Title VI-E eligibility, which produced effect sizes ranging from 0.00 to 0.03.** Per the Clearinghouse (Wilson et al., 2019) guidelines, baseline effect sizes less than 0.05 are considered equivalent and no further covariate adjustments are required.

Measurement Standards: Administrative records from the Arizona DCS are presumed to be **reliable** and have been **consistently measured across intervention and comparison groups** per section 5.9.2 of the Clearinghouse Handbook.

Missing Data: Because data was collected from the Arizona DCS administrative data, there were no missing data fields in the dataset received for the treatment or comparison groups.

Design Confounds: The Prevention Services Clearinghouse defines two types of confounds: “the substantially different characteristics confound, and the n=1 person-provider or administrative unit confound” (Wilson, et al., 2019, pg. 36). **No design confounds were identified per the Clearinghouse guidance.** Intervention and comparison groups were baseline equivalent on demographics, geography (all children resided in Pima County, AZ), and DCS custody experience characteristics. It is possible that the groups differed on unobserved characteristics, but the researchers are satisfied that the groups are comparable based on baseline equivalency demonstrated in this report. The intervention was delivered county-wide with fidelity to the program’s Implementation Manual (AzCA, 2017) by numerous Kinship Navigators who were trained on the AKSS KN model. Therefore, it is presumed that no n=1 person-provider confound exists, as the intervention condition was carried out in a usual care or practice setting and no program adaptations were made.

Program Adaptations: The AKSS KN program services received by the intervention group during the time frame of 10/1/2012-10/16/2018 were delivered with fidelity to the [Program Implementation Manual for Arizona Kinship Support Services Kinship Navigation Program](#) (AzCA, 2017). Therefore, the treatment condition was carried out in a usual care or practice setting and no program adaptations were made.

Statistical Models: The statistical modeling measures and procedures were appropriate for the analysis task. Analysis of baseline equivalency and outcomes of interest were conducted using IBM SPSS Statistics Version 27.0. The authors team conducted independent-samples t-tests and computed the effect size on continuous demographic variables to determine if the intervention and comparison groups were equivalent in terms of baseline characteristics. This study followed the procedures listed in the Clearinghouse Handbook (Wilson, et al., 2019, pg. 41) to calculate effect sizes. Per the Clearinghouse guidelines, baseline effect sizes less than 0.05 are considered equivalent and no further covariate adjustments are required. The baseline equivalence standard was met for all contrasts, and no adjustments were needed.

Binary outcome variables were compared by equivalent study groups (Intervention/Comparison) using a 2 x 2 contingency table and *Pearson's chi-square* (χ^2) statistical test to evaluate how likely it is that any observed difference between the two groups is due to chance. The alpha level used for all statistical tests is 0.05. For binary outcomes (e.g., 1=Yes/0=No), per recommendations of the Clearinghouse (Wilson et al., 2019), the authors team computed effect sizes as *odds ratios* (OR) and then converted them to standardized mean difference effect sizes using the *Cox transformation* (d_{cox}). An OR that is greater than 1 indicates higher odds of the outcome with exposure to the intervention condition. Additionally, a binary logistic regression was performed to assess the impact of service utilization intensity and duration on the target outcomes for the intervention group only.

Sustained Favorable Effects: Impact estimates for both target outcomes demonstrated sustained favorable effects beyond the end of treatment (i.e., statistically significant and in the desired direction at least 12 months beyond the end of treatment). Sustained favorable effects were significantly more likely to have occurred for the AKSS KN treatment group at 12 to 84 months post kinship navigation case closure. Additionally, the Odds Ratio (OR) for each target outcome was greater than 1.0, indicating that the odds of children achieving the two sustained favorable outcomes were higher with exposure to the AKSS KN intervention than to DCS services as usual.

Least Restrictive Placement Outcome: Children in the AKSS KN treatment group were significantly more likely to be placed in the favorable outcome of a less restrictive/disruptive setting of kinship care while in DCS custody (75.0%, n=1,096), compared to children from the DCS-only comparison group (70.2%, n=6,905) ($\chi^2 = 13.820$, $p = .00$). Children in the DCS-only comparison group (29.8%, n=2,927) were significantly more likely to be placed in the more restrictive/disruptive setting of a group home, residential treatment center, independent living, non-relative foster care, or a shelter while in DCS Custody, compared to children in the AKSS treatment group (25.0%, n=366). The OR shows that the odds of children being placed in the favorable outcome of a less restrictive/disruptive setting of kinship care while in DCS custody is 1.27 higher with exposure to the AKSS KN intervention than to DCS services as usual.

Planned Permanent Exit Outcome: Children in the AKSS KN treatment group were significantly more likely to have exited out-of-home care and DCS custody to the **favorable outcome of a more permanent placement status of reunification, guardianship, or adoption** (96.4%, n=1,410), than children in the comparison group whose family received DCS services as usual (94.0%, n=9,244) ($\chi^2 = 13.986$, $p = .00$). Children in the DCS comparison group (6.0%, n=588) were significantly more likely to have exited out-of-home care and DCS custody with a non-permanent status, compared to children in the treatment group (3.6%, n=52). Exiting with a non-permanent status is defined by Arizona DCS as those who became emancipated or “aged out” of DCS custody, children who ran away and were not able to be located, or children who died while in DCS custody. The OR shows that the odds of children exiting DCS custody with a favorable outcome of a planned permanent placement status is 1.72 higher with exposure to the AKSS KN intervention than DCS services as usual.

Unfavorable Effects: The Schmidt & Treinen (2021) study did not observe unfavorable effects for the target outcomes measured.

Impact of AKSS KN Service Receipt on Child Permanency Outcomes for the Intervention Group: The AKSS KN program service model allows caregivers to self-select services that meet their unique needs. Because of the variability in service intensity and duration of the intervention group, a logistic regression was performed for the treatment group on each outcome and three service utilization variables: total count of navigation and information, referral, and connection (IRC) services received (continuous), total count of peripheral services received other than navigation and IRC (e.g., support group, education class, clinic,) (continuous), and length of service receipt (continuous measured in months).

- A logistic regression model of being placed in the less restrictive/disruptive setting of kinship care while in DCS custody (1=Yes/0=No) as the dependent variable and the three continuous service variables as the independent variables showed no relationship between service utilization and placement in a kinship care setting for the treatment group ($r^2 = .000$).
- A logistic regression model of having achieved a permanent placement status of reunification, guardianship, or adoption at DCS exit (1=Yes/0=No) as the dependent variable and the three continuous service variables as the independent variables showed no relationship between service utilization and achieving permanency at exit for the treatment group ($r^2 = .000$).

Children whose caregivers received AKSS KN services achieved sustained favorable child permanency outcomes regardless of self-selected service receipt, intensity, and duration.

Summary of Programs and Services Reviewed

Table 1. Summary of Programs and Services Reviewed

Program or Service Name	Proposed Designations for HHS consideration (Promising, Supported, or Well-Supported)
Arizona Kinship Navigation Services	Supported

Standards and Procedures for a Systematic Review

In accordance with *Systematic Review Sections 471(e)(4)(C)(iii)(I), (iv)(I)(aa) and (v)(I)(aa) of the Social Security Act*, systematic standards and procedures were used for all phases of the review process. Table 2 below verifies that systematic (i.e., explicit and reproducible) standards and procedures were used. Reviewer qualifications are available in the Appendix. The systematic review used the Title IV-E Prevention Services Clearinghouse, [Handbook of Standards and Procedures Version 1.0](#) (Wilson et al., 2019). The relevant sections utilized for the review are indicated in the “Handbook Section” column. In Table 2, “NA” indicates that the review criteria was not applicable to the study.

Table 2. Systematic Review

Systematic Review Criteria	√ Check to Verify	Handbook Section
Were the same systematic standards and procedures used to review all programs and services?	√	-
Were qualified reviewers trained on systematic standards and procedures used to review all programs and services?	√	-
Were standards and procedures in accordance with section 471(e) of the Social Security Act?	√	-
Were standards and procedures in accordance with the Initial Practice Criteria published in Attachment C of ACYF-CB-PI-18-09?	√	-
Program or Service Eligibility: Were systematic standards and procedures used to determine if programs or services were eligible for review? At a minimum, this includes standards and procedures to:	√	2.0
<ul style="list-style-type: none"> Determine if a program or service is a mental health, substance abuse, in-home parent-skill based, or kinship navigator program; and 	√	2.1.1
<ul style="list-style-type: none"> Determine if there was a book/manual or writing available that specifies the components of the practice protocol and describes how to administer the practice. 	√	2.1.2
Literature Review: Were systematic standards and procedures used to conduct a comprehensive literature review for studies of programs and services under review? At a minimum, this includes standards and procedures to:	√	3.0-3.2
<ul style="list-style-type: none"> Search bibliographic databases; and search other sources publicly available. 	√	3.0-3.2
<ul style="list-style-type: none"> Studies (e.g., websites of federal, state, and local governments, foundations, or other organizations). 	√	3.0-3.2
Study Eligibility: Were systematic standards and procedures used to determine if studies found through the comprehensive literature review were eligible for review? At a minimum, this includes standards and procedures to:	√	4.0

Systematic Review Criteria	√ Check to Verify	Handbook Section
<ul style="list-style-type: none"> Determine if each study examined the program or service under review (as described in the book/manual or writing) or if it examined an adaptation; 	√	4.1.6
<ul style="list-style-type: none"> Determine if each study was published or prepared in or after 1990; 	√	4.1.1
<ul style="list-style-type: none"> Determine if each study was publicly available in English; 	√	4.1.2 4.1.3
<ul style="list-style-type: none"> Determine if each study had an eligible design (i.e., randomized control trial or quasi-experimental design); 	√	4.1.4
<ul style="list-style-type: none"> Determine if each study had an intervention <i>and</i> appropriate comparison condition; 	√	4.1.4
<ul style="list-style-type: none"> Determine if each study examined impacts of program or service on at least one 'target' outcome that falls broadly under the domains of child safety, child permanency, child well-being, or adult (parent or kin-caregiver) well-being. Target outcomes for kinship navigator programs can instead or also include access to, referral to, and satisfaction with services; and 	√	4.1.5
<ul style="list-style-type: none"> Identify studies that meet the above criteria and are eligible for review. 	√	3.0-4.1.2
<p>Study Design and Execution: Were systematic standards and procedures used to determine if eligible studies were well-designed and well-executed? At a minimum, this includes standards and procedures to:</p>	√	4.1.4 4.1.5 5.0
<ul style="list-style-type: none"> Assess overall and differential sample attrition; 	NA	5.6
<ul style="list-style-type: none"> Assess the equivalence of intervention and comparison groups at baseline and whether the study statistically controlled for baseline differences; 	√	5.7
<ul style="list-style-type: none"> Assess whether the study has design confounds; 	√	5.9.3
<ul style="list-style-type: none"> Assess, if applicable, whether the study accounted for clustering (e.g., assessed risk of joiner bias); 	NA	5.5
<ul style="list-style-type: none"> Assess whether the study accounted for missing data; and 	√	5.9.4
<ul style="list-style-type: none"> Determine if studies meet the above criteria and can be designated as well-designed and well-executed. 	√	5.0-5.9
<p>Defining Studies: Sometimes study results are reported in more than one document, or a single document reports results from multiple studies. Were systematic standards and procedures used to determine if eligible, well-designed, and well-executed studies of a program and service have non-overlapping samples?</p>	√	4.1
<p>Study Effects: Were systematic standards and procedures used to examine favorable and unfavorable effects in eligible, well-designed, and well-executed studies? At a minimum, this includes standards and procedures to:</p>	√	5.10
<ul style="list-style-type: none"> Determine if eligible, well-designed, and well-executed studies found a favorable effect (using conventional standards of statistical significance) on each target outcome; and 	√	5.10.1
<ul style="list-style-type: none"> Determine if eligible, well-designed, and well-executed studies found an unfavorable effect (using conventional standards of statistical significance) on each target or non-target outcome. 	NA	5.10.1
<p>Beyond the End of Treatment: Were systematic standards and procedures used to determine the length of sustained favorable effects beyond the end of treatment in</p>	√	6.2.3

Systematic Review Criteria	√ Check to Verify	Handbook Section
eligible, well-defined and well-executed studies? At a minimum, this includes standards and procedures to:		
<ul style="list-style-type: none"> Identify (and if needed, define) the end of treatment; and 	√	6.2.3
<ul style="list-style-type: none"> Calculate the length of a favorable effect beyond the end of treatment. 	√	6.2.3
Usual Care or Practice Setting: Were systematic standards and procedures used to determine if a study was conducted in a usual care or practice setting?	√	6.2.2
Risk of Harm: Were systematic standards and procedures used to determine if there is evidence of risk of harm?	√	6.2.1
Designation: Were systematic standards and procedures used to designate programs and services for HHS consideration (as promising, supported, well-supported, or does not currently meet the criteria)? At a minimum, this includes standards and procedures to:	√	6.0-6.2.3
<ul style="list-style-type: none"> Determine if a program or service has one eligible, well-designed, and well-executed study that demonstrates a favorable effect on a target outcome and should be considered for a designation of promising; 	√	6.1
<ul style="list-style-type: none"> Determine if a program or service has at least one eligible, well-designed, and well-executed study carried out in a usual care or practice setting that demonstrates a favorable effect on a target outcome at least 6 months beyond the end of treatment and should be considered for a designation of supported; and 	√	6.1
<ul style="list-style-type: none"> Determine if a program or service has at least two eligible, well-designed, and well-executed studies with non-overlapping samples carried out in usual care or practice settings that demonstrate favorable effects on a target outcome; at least one of the studies must demonstrate a sustained favorable effect of at least 12 months beyond the end of treatment on a target outcome; and should be considered for a designation of well-supported. 	√	6.1
Reconciliation of Discrepancies: Were systematic standards and procedures used to reconcile discrepancies across reviewers? (Applicable if more than one reviewer per study.)	NA	NA
Author or Developer Queries: Were systematic standards and procedures used to query study authors or program or service developers? (Applicable if author or developer queries made.)	NA	NA

Independent Review Information

Cristina Magaña, Partner, Harder+Co Community Research

Cristina Magaña is a Partner at [Harder+Company Community Research](#). She has extensive technical and evaluation expertise including experience engaging vulnerable and underserved communities. She is skilled at developing and implementing mixed methods research plans, developing data collection instruments, collecting data through interviews, focus groups, and archival sources, developing data quality assurance procedures, developing, and managing large web-enabled client-level databases (including Social Solutions Effort to Outcomes and Persimmony), needs assessments and asset mapping. Cristina uses her group facilitation skills to lead groups through complex collaborative processes. She is a bilingual, bicultural Spanish speaker.

Prior to joining Harder+Company, Cristina served as a research technician in the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG). She was also a program manager at the University of California Davis Center for Reducing Health Disparities, as well as the California State University Fresno Foundation Office of Research. She has been a Family Therapy Lecturer at California State University Fresno Department of Psychology. She serves on multiple panels for the Administration for Children and Families reviewing grants and Spanish language products for their Child Welfare Information Gateway. Cristina is a founding member of the Latina Giving Circle. She is also a passionate advocate for environmental and health justice, and has collaborated with neighbors to minimize the impact of a freeway expansion on Golden Hill, their urban community in central San Diego.

Education

- Master of Arts, Clinical Psychology, University of Toledo
- Bachelor of Arts, Psychology, California State University, Fresno

Areas of Expertise

- Children, Youth & Families
- Kinship Navigation
- Behavioral Health
- Criminal Justice
- Early Childhood
- Education
- Housing & Community Development
- Immigration

Review of Programs and Services

Table 3 shows that the Arizona Kinship Support Services, Kinship Navigation Program is eligible for review because it has an implementation manual and is a kinship navigator program.

Table 3. Determination of Program or Service Eligibility

Determination of Program or Service Eligibility	√ Check to Verify
Does the program or service have a book, manual, or other available documentation specifying the components of the practice protocol and describing how to administer the practice? Provide information about how the book/manual/other documentation can be accessed OR provide other information supporting availability of book/manual/other documentation.	√
Response: The <i>Program Implementation Manual for Arizona Kinship Support Services: Kinship Navigator Program</i> (AzCA, 2017) is available for downloading at https://www.arizonaschildren.org/wp-content/uploads/2021/07/AKSS-Kinship-Navigation-Implementation-Manual_Revise_4-29-2017.pdf or by contacting info@arizonaschildren.org .	
Is the program or service a mental health, substance abuse, in-home parent-skill based, or kinship navigator program or service? Identify the program or service area(s).	√
Response: Yes, Arizona Kinship Support Services is a Kinship Navigator Program.	

Table 4 shows that the following study of the Arizona Kinship Support Services, Kinship Navigation Program meets the study eligibility criteria put forth by the Clearinghouse. Schmidt, M. C., & Treinen, J. (2021). *Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes*. Tucson, AZ: LeCroy & Milligan Associates, Inc.

Table 4. Determination of Study Eligibility

i. Study Title/Authors	ii. Publicly Available Location	iii. Is the study in English? (Yes/No)	iv. Design (RCT, QED, or other). If other, specify design.	v. Did the intervention condition receive the program or service under review in accordance with the book/manual/documentation? (Yes/No)	vi. Did the comparison condition receive no or minimal intervention or treatment as usual? (Yes/No)	vii. Did the study examine at least one target outcome? (Yes/No)	viii. Year Published.	ix. Eligible for Review? (Yes/No)
Schmidt, M. C., & Treinen, J. (2021). Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes . Tucson, AZ: LeCroy & Milligan Associates, Inc.	https://7bee227e-b1ba-42ac-a150-f88776fbdaec.filesusr.com/ugd/4d0a9d_922b64e3d3a34896bcff77999b73222e.pdf	Yes	QED	Yes	Yes	Yes	2021	Yes

Review of “Well-designed” and “Well-executed” Studies

Table 5 shows that the following study of the Arizona Kinship Support Services, Kinship Navigation Program meets the study eligibility criteria put forth by the Clearinghouse as a well-designed and well-executed study.

Table 5. Studies that are “Well-Designed” and “Well-Executed”¹

List all eligible studies that are “well-designed” and “well-executed” (Study Title/Author)
Schmidt, M. C., & Treinen, J. (2021). Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Tucson, AZ: LeCroy & Milligan Associates, Inc.

Table 6 shows that the study design and execution criteria for the Schmidt & Treinen (2021) study meets the Clearinghouse criteria for a well-designed and well-executed study.

Table 6. Study Design and Execution

i. Study Title/Authors	ii. Verify the Absence of all Confounds? (Yes/No)	iii. List Measures that Achieved Baseline Equivalence	iv. List Measures that did NOT Achieve Baseline Equivalence but were Statistically Controlled for in Analyses	v. Overall Attrition ³ (for RCTs only)	vi. Differential Attrition ⁴ (for RCTs only)	vii. Does Study Meet Attrition Standards?
Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Schmidt, M. C., & Treinen, J.	Yes	As it was not feasible to collect direct or alternative pre-test measures on the study outcomes, child demographic variables obtained from the DCS database were utilized to test for baseline equivalency. No significant differences were observed between the two study groups for the demographic characteristics of age, gender, race/ethnicity, and Title VI-E eligibility, which produced effect sizes ranging from 0.00 to 0.03.	All measures achieved baseline equivalence with effect sizes ranging from 0.00 to 0.03. Per the Clearinghouse (Wilson et al., 2019) guidelines, baseline effect sizes less than 0.05 are considered equivalent and no further covariate adjustments are required.	NA, The study is a QED.	NA, The study is a QED.	NA, The study is a QED.

¹For reference, the Prevention Services Clearinghouse Handbook Chapter 5 defines “well-designed” and “well-executed” studies as those that meet design and execution standards for high or moderate support of causal evidence. Prevention Services Clearinghouse ratings apply to contrasts reported in a study. A single study may have multiple design and execution ratings corresponding to each of its reported contrasts.

Table 7 describes the practice setting and study sample of the Schmidt & Treinen (2021) study and affirms that the AKSS KN program evaluated was not substantially modified or adapted from the version under review.

Table 7. Study Description

i. Study Title/Authors	ii. Was the study conducted in a usual care or practice setting? (Yes/No)	iii. What is the study sample size?	iv. Describe the sample demographics and characteristics of the intervention group	v. Describe the sample demographics and characteristics of the comparison group	vi. Verify that the program or service evaluated in the study was NOT substantially modified or adapted from the manual or version of the program or service selected for review (Yes/No)
Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Schmidt, M. C., & Treinen, J.	Yes	N=11,294 Children in the study sample. N=1,462 in the intervention group. N=9,832 in the comparison group.	Children in the intervention group: <ul style="list-style-type: none"> • Average at entry to DCS custody = 6.7 years old (SD=4.9). • 51% male, 49% female. • 31% White, non-Hispanic, 69% all other race/ethnicity than White, non-Hispanic. • 1% Title VI-E Eligible. 	Children in the comparison group: <ul style="list-style-type: none"> • Average at entry to DCS custody = 6.5 years old (SD=5.2). • 51% male, 49% female. • 32% White, non-Hispanic, 68% all other race/ethnicity than White, non-Hispanic. • 1% Title VI-E Eligible. 	Yes

Favorable Effects

Table 8 shows the favorable effects observed in the Schmidt & Treinen (2021) study for the two target outcomes. These favorable effects were significantly more likely to have occurred for the AKSS KN treatment group at 12 to 84 months post kinship navigation case closure. Additionally, the Odds Ratio (OR) for each target outcome shows that the odds of children achieving the two favorable outcomes are higher with exposure to the AKSS KN intervention than to DCS services as usual.

Least Restrictive Placement Outcome

The study dataset showed that **children in the AKSS KN treatment group were significantly more likely to be placed in the favorable outcome of a less restrictive/disruptive setting of kinship care while in DCS custody** (75.0%, n=1,096), compared to children from the DCS-only comparison group (70.2%, n=6,905) ($\chi^2 = 13.820$, $p = .00$). Children in the DCS-only comparison group (29.8%, n=2,927) were significantly more likely to be placed in the more restrictive/disruptive setting of a group home, residential treatment center, independent living, non-relative foster care, or a shelter while in DCS Custody, compared to children in the AKSS treatment group (25.0%, n=366). **The OR shows that the odds of children being placed in the favorable outcome of a less restrictive/disruptive setting of kinship care while in DCS custody is 1.27 higher with exposure to the AKSS KN intervention than to DCS services as usual.**

Planned Permanent Exit Outcome

Additionally, **children in the AKSS KN treatment group (96.4%, n=1,410) were significantly more likely to have exited out-of-home care and DCS custody to the favorable outcome of a permanent placement status of reunification, guardianship, or adoption**, than children in the comparison group whose family received DCS services as usual (94.0%, n=9,244) ($\chi^2 = 13.986$, $p = .00$). Children in the DCS comparison group (6.0%, n=588) were significantly more likely to have exited out-of-home care and DCS custody with a non-permanent status, compared to children in the treatment group (3.6%, n=52). Exiting with a non-permanent status is defined by Arizona DCS as those who became emancipated or “aged out” of DCS custody, children who ran away and were not able to be located, or children who died while in DCS custody. **The OR shows that the odds of children exiting DCS custody with a favorable outcome of a planned permanent placement status is 1.72 higher with exposure to the AKSS KN intervention than DCS services as usual.**

Table 8. Favorable Effects

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Schmidt, M. C., & Treinen, J.	Permanency measured as least restrictive placement – The Clearinghouse states that this subdomain assesses the restrictiveness or disruptiveness of out-of-home placement. It focuses on improving the environments/settings into which children are placed, including favoring kinship placements over non-kin or institutional placements or placements that maintain connections to the child’s community versus those that do not. The binary variable used for this study indicates if the child was placed in a less restrictive/disruptive setting while in DCS custody versus those that were placed in a more restrictive/disruptive setting while in custody.	Following the Clearinghouse’s hierarchies of least restrictive placement, a successful result (1=Yes) was defined as children who received the Arizona DCS service type of kinship care placement with a grandparent or other relative. An unsuccessful result (0=No) was defined as children who received any other DCS service type, including placement in a group home, residential treatment center, independent living, non-relative foster care, or a shelter.	Administrative records from the Arizona Department of Child Safety (DCS) database are presumed reliable per section 5.9.2 of the Clearinghouse Handbook.	Yes - Administrative records from state child welfare agency	Yes - Administrative records from state child welfare agency	$<.000$	$OR = 1.27$ $d_{cox} = .15$	12 to 84 months post kinship navigation case closure.

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Schmidt, M. C., & Treinen, J.	Permanency measured as planned permanent exit - The Clearinghouse guidance states that planned permanent exits from out-of-home care refer to placements with a more permanent status, including reunification, guardianship, and adoption. The binary variable used for this study indicates if the child exited DCS custody with a more permanent status versus those who exited DCS with a non-permanent status.	Following the Clearinghouse's definitions, a successful result of "exit with permanent status" (1=Yes) was defined by Arizona DCS as children who exited DCS through reunification, guardianship, or adoption. An unsuccessful result of "exit with a non-permanent status" (0=No) was defined by Arizona DCS as children who exited DCS by emancipation (i.e., aging out or turning the age of majority without achieving permanency), who ran away and were not able to be located, or who had died while in DCS custody.	Administrative records from the Arizona Department of Child Safety (DCS) database are presumed reliable per section 5.9.2 of the Clearinghouse Handbook.	Yes - Administrative records from state child welfare agency	Yes - Administrative records from state child welfare agency	$<.000$	$OR = 1.72$ $dc_{ox} = .32$	12 to 84 months post kinship navigation case closure.

Unfavorable Effects

Table 9 shows that the Schmidt & Treinen (2021) study did not observe any unfavorable effects for the two target outcomes measured.

Table 9. Unfavorable Effects

i. Study Title/Authors	ii. List the Target Outcome(s)	iii. List the Outcome Measures	iv. List the Reliability Coefficients for Each	v. Are Each of the Outcome Measures Valid?	vi. Are Each of the Outcome Measures Systematically Administered?	vii. List the P-Values for Each of the Outcome Measures	viii. List the Size of Effect for Each of the Outcome Measures	ix. Indicate the Length of Effect Beyond the End of Treatment (in months)
Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes. Schmidt, M. C., & Treinen, J.	None of the target outcomes measured showed an unfavorable effect.							

Program or Service Designation for Prevention Services Clearinghouse Consideration

Table 10 shows that the Schmidt & Treinen (2021) study demonstrates that the AKSS KN program should be designated as Supported for HHS consideration and review by the Clearinghouse.

Table 10. Program or Service Designation for HHS Consideration

Program or Service Designation for HHS Consideration	✓ Check the Designation and Provide a Response to the Questions Relevant to that Designation
Supported	✓
<ul style="list-style-type: none"> Does the program or service have at least one eligible, well-designed, and well-executed study that was carried out in a usual care or practice setting and demonstrate a sustained favorable effect of at least 6 months beyond the end of treatment on at least one target outcome? 	<p>The Arizona Kinship Navigation Services QED has one eligible well-designed and well executed study authored by Schmidt & Treinen (2021). The article: Outcomes of the Arizona Kinship Support Services: Impact of Kinship Navigation on Child Permanency Outcomes is publically available for downloading at https://7bee227e-b1ba-42ac-a150-f88776fbdaec.filesusr.com/ugd/4d0a9d_922b64e3d3a34896bcff77999b73222e.pdf.</p> <p>The treatment condition was carried out in a usual care or practice setting. The study demonstrated a sustained favorable effect of at least 12 months beyond the end of treatment (kinship navigation case closure) on two target child permanency outcomes: being placed in the favorable outcome of a less restrictive/disruptive setting of kinship care while in DCS custody and exiting out-of-home care and DCS custody to the favorable outcome of a more permanent placement status of reunification, guardianship, or adoption. Sustained favorable effects were observed for the treatment group regardless of AKSS KN services receipt, intensity, and duration.</p> <p>The Arizona Kinship Navigation Services Program Implementation Manual (AzCA, 2017) is publicly available for downloading at https://www.arizonaschildren.org/wp-content/uploads/2021/07/AKSS-Kinship-Navigation-Implementation-Manual_Revised_4-29-2017.pdf.</p>