

Department of Human Services

Child-Specific Certification Recommendation Plan

Child Welfare: Foster Care Program

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History of Child-Specific Certification Process

In 2007 [Senate Bill 282](#) modified the definition of “foster home” to allow persons related to a child by blood or marriage to be considered as foster parents to the same extent as unrelated foster parents. This began the change of how Oregon assesses and certifies relative caregivers. In 2008 the state of Oregon determined the benefit of certifying relatives and child specific caregivers outweighed being a state that opted out of certifying relatives. Some of the reasoning for this decision is due to specific interventions needed for the child(s) primary caregiver (legal parent) required their child to be placed out of their care, the need for on-going support and services for children, the reimbursement to help relative caregivers with the expense of providing for a child(s) physical, emotional and social wellbeing needs, and to provide federal funding for an increase in casework positions.

It was determined that the most effective way to implement this change in alignment with federal expectations was for relative/child specific caregiver applicants and general foster care applicants to be assessed by the same criteria. This means that all applicants (child specific or general) are required to meet the same certification standards, required to participate in the same home study assessment process and to complete all the same training requirements. What was not anticipated at the time was the impact of utilizing the same approach to the different provider types, which has created some of the barriers currently facing Oregon’s foster care program. Currently in Oregon only approximately 30% of children are placed with someone known to the child at initial placement, with the remaining 70% of children placed into non-familial foster homes upon initial removal from their families of origin.

It is suspected that after applying the same strategies for twelve years, utilizing the same approach to relative/child specific caregivers deserves a further look into the barriers to placement and what type of specific supports, services and education are needed for this caregiver type. It is critical that as a Department we assess where we have been, where we are now and where we want to go with respects to the Department’s process for relative/child specific caregivers (Kinship Caregivers).

The Ask:

Oregon Child Welfare affirms the value of kin/kith placements for children and we recognize the importance of preserving family ties and relationships of children. We are assessing our current practices and reviewing other Kinship Care practice models that may enhance Oregon’s engagement, supports, services, and education for kinship caregivers.

Findings:

Below are the findings of two primary models of practice (please note, if changes or modifications are made, it will be made at the State level):

	A Second Chance, Inc	CWLA Traditions of Caring & Collaborating
<p>City, County or State – operated? (Is the practice model being applied at the City, County or State-level?)</p>	<p>ASCI operates in 13 counties in Pennsylvania. ASCI provides technical assistance, training, and assessment (by contract) to the following jurisdictions:</p> <ul style="list-style-type: none"> • Los Angeles County, CA • West Virginia • Georgia • Washington, DC • New York, NY • Northern Virginia • Colorado Springs, CO • Arizona • Tennessee 	<p>Practice model can be implemented are various jurisdictional levels. It is unclear which jurisdictions are currently using this practice model.</p>
<p>Organizational Structure (Does the practice model operate within an agency where we have full control to edit to our needs, a partnership, a contract, etc.?)</p>	<p>ASCI National Engagement Team works with jurisdictions to adapt this model to various needs. The team is available for consultation, which, depending on the needs of the jurisdiction, may result in an ongoing partnership/contract that includes some or all of the following: environmental scan; Kinship Strengths Assessment (professional version); Kin2You values training for CW staff; in depth consultation and reorganization;</p>	<p>CWLA offers ‘Train the Trainers’ sessions to share the curriculum and model content with participants who then take the model back to their organizations for implementation. No ongoing contract is required.</p>

	formal implementation of some or all of ASCI's program elements.	
Competency Level for Leadership / Supervisor (What educational level, years of experience or specialized training is needed to competently provide leadership and support to staff?)	Not specified	Not specified
Competency Level for Field Staff utilizing tool to conduct assessment (What educational level, years of experience or specialized and on-going training is needed to competently conduct the Home Study assessment?)	Not specified	Not specified
Was the practice model built with a cultural competency view?	Yes	Yes
Does the practice model utilize equity & inclusive language?	Yes	Yes, focus on strengths-based terminology
Does the practice model utilize trauma-informed language?	Yes	Yes
Does the practice model align with Oregon DHS values, goals and mission?	Yes	Yes
Home Study and Tools <ul style="list-style-type: none"> • Includes psychosocial assessment? • Uses inclusive language? 	Assessment process does not incorporate use of a psychosocial assessment. "The issue is not necessarily the tools, it is the process that is important."	Assessment process does not incorporate use of a psychosocial assessment. Collaboration Practice Model based on 9 major issues that require collaboration, 5 collaboration

<ul style="list-style-type: none"> • Same home study process for kith/kin and general applicant families? • Can be used for both foster care and adoption approval? <p>Example attached?</p>	<p>Kinship Culture drives the process: 1. Values 2. Beliefs 3. Practices 4. Behaviors</p> <p>Kinship Strategy guides the process: 1. Goals 2. Objectives 3. Programs 4. Outcomes</p> <p>“Look for ways to license people in, not out.”</p> <p>Primary focus is on the Triad – triangle is the strongest shape. Child + Birth Family + Kinship Caregiver = Triad</p> <p>Dramatically increased contacts with kinship family within the first 30 days of placement – typically 5 or more contacts within first month.</p> <p>ASCI only certifies kinship families. The process & resulting ‘family profile’ can be used for both foster care & adoption approval.</p> <p>Gold Standard Process of family engagement: Timeliness, Accuracy, Appropriateness: can be modified/retrofitted to various jurisdictions’ models or processes. Within this process ASCI assists in creating a Dashboard that allows for point in time data to ensure accuracy within the Gold Standard Process and to ensure best customer services to kinship families.</p> <p>Kinship Strengths Assessment: Interview/conversational process with:</p> <ul style="list-style-type: none"> • Caregiver • Child • Birth Parent <p>Combined with Caregiver Autobiography and other interviews to answer:</p> <ul style="list-style-type: none"> • How did we get here? 	<p>competencies, and 4 phases of services. The premise is that by addressing the 9 issues of concern by using the 5 competencies across the 4 phases of service will achieve 5 essential outcomes.</p> <p><u>Nine major issues</u> that are of concern to kinship caregivers and child welfare workers and supervisors.</p> <ul style="list-style-type: none"> • Legal • Financial • Health and mental health for the child and caregivers; • Child behavior • School/education • Family relationships • Support services for the kinship family • Fair and equal treatment for the kinship family • Satisfaction with services and recommendations from the kinship caregivers <p><u>Five collaboration competencies:</u></p> <ul style="list-style-type: none"> • Respecting the knowledge, skills, and experiences of others • Building trust by meeting needs • Facilitating open communication • Creating an atmosphere in which cultural traditions and values are respected (i.e., managing the dynamics of “demographic diversity” and “attachment versus authority”) • Using negotiation skills <p><u>Four phases of services:</u></p> <ul style="list-style-type: none"> • Engaging with the kinship family in the best interest of the children in care • Assessing with the kinship family willingness, ability, and resources to ensure child safety, well-being, and enduring, nurturing relationships
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	<ul style="list-style-type: none"> • Where are you in this process? • What do you need? • What do you NOT need? • What are you interested in? <p>**Allows the Caregiver to tell <i>their</i> story.</p> <p>Resulting assessment & profile includes the following elements:</p> <ul style="list-style-type: none"> • The ability to provide care, nurturing and supervision to children. • A demonstrated stable mental and emotional adjustment. • Supportive community ties with family, friends and neighbors. • Providing an autobiography and references as part of the home study. • Completing medical and TB testing. • Providing 10 years financial background and submitting current income verification. • Detail existing family relationships, attitudes and expectations regarding the kinship caregiver’s own children and parent/child relationships, especially as they might affect a kinship child. • Demonstrating the ability to accept the kinship child’s relationship with his or her own parents. • Demonstrating the ability to care for children with special needs, such as physical handicaps and emotional disturbances, if applicable. 	<ul style="list-style-type: none"> • Supporting the kinship family based on a culturally-sensitive strengths/needs assessment • Transitioning the family to community supports and ending the relationship with the family <p><u>Five essential outcomes:</u></p> <ul style="list-style-type: none"> • Children are safe • Children’s well-being is supported • Children experience permanence – are connected to safe, nurturing, and enduring relationships
<p>Number of Hours required to complete the Home Study</p>	<p>Not specified</p> <p>15 families : 1 certifier ratio (families in various stages – typically only working on fully certifying 3-5 families at one time. Rest of families on caseload are fully certified and certifier provides ongoing support, contacts, etc.)</p>	<p>Not specified</p>

Feedback from users or stakeholders , if available	N/A	N/A
Training Requirements (What does it look like to train staff after the model?)		<p>Collaborating with Kinship Caregivers: 12-hour training curriculum (for purchase) to help caseworkers and supervisors to collaborate with kinship caregivers to improve outcomes for child safety, well-being, and permanence. Training addresses legal, financial, physical/mental health, child behavior, school/education, family relationships, support services, and fair and equal treatment for the kinship family. Training explains the collaboration model in detail and describes/demonstrates the following tools:</p> <ul style="list-style-type: none"> • “Cycle of Attachment” • “Jigsaw Puzzle Child” • “Pathway through Grieving Process – Being a Loss Manager” • “Balance of Structure and Nurture” • “Family Group Conferencing”
Budgetary Impact (Consider upstream and downstream impacts...impacts to the agency, to the program area, other program areas, external partners, contracts, etc.)		
Additional Info:	<p><u>Kinship Navigator Program</u>: Intentional & deliberate structure to family finding. Improves speed & quality of service by facilitating communication between DHS, birth families, and kinship caregivers.</p> <ul style="list-style-type: none"> • Placed in CW offices • Contact kin identified by CW and prepares kin for placement or to help/support family in other ways 	<p><u>Kinship Family Information, Support Groups & Assessment</u>: 27 hour curriculum for kinship caregivers. Divided into nine three-hour meetings. Mission is to serve kinship families with a flexible approach to: (a) provide kinship families with essential information, (b) offer the opportunity to connect with other caregivers and share skills and experiences in a safe, supportive environment.</p>

	<ul style="list-style-type: none"> • Begins application process with kinship family in the event placement is needed • Oversees intake into case management process • Prior to Kinship Navigators – 41% of children referred to ASCI for placement • After Kinship Navigators – 65% of children referred to ASCI for placement <p><u>Standards for Assessing & Recognizing Kinship Strengths (SARKS):</u> Kinship foster care curriculum (14 hours) specifically designed for the unique needs associated with training & licensing kinship caregivers. Created and designed for this specific caregiver type – not a “one size fits all” approach.</p> <p>Enrichment vs Training: <i>enrichment is building upon what you already have and what you already do. This shift leads to engagement by participants.</i></p> <p>Adaptable and fully compliant with Title IV-E regulations. Scope & Sequence includes 9 full sessions:</p> <ul style="list-style-type: none"> • Orientation: Building the Foundation & Strengthening Relationships • Roles & Self-Care • Loss, Grief & Trauma in the Kinship Care Family • Trauma & Attachment: Infants & Toddlers • Trauma & Attachment: Middle Childhood; the School Age Child • Trauma & Attachment: Adolescents and Young Adults • Managing Feelings & Behaviors • Permanency in Kinship Care • Special Needs & Advocacy 	<ul style="list-style-type: none"> • Connecting with Traditions of Caring and Collaborating • Understanding Social Service Systems: Legal and Financial Issues • Family Relationships I: Supporting Healthy Child and Family Development • Impact of Trauma and Loss: Child Development and Behavior • Guidance and Discipline: Child Behavior • Accessing and Working with Essential Resources: Health/Mental Health and School • Family Relationships II: Intra-familial Connections • Support Services, Fair and Equal Treatment, Satisfaction and Recommendations • Mutual Assessment and Decision Making <p>“While it may be expeditious to combine groups of prospective resource parents and new kinship caregivers, from a role theory perspective, <i>there is a significant difference between the acquired and volunteer role of being a resource parent, and the inherited role of being someone’s grandmother, son, aunt, daughter, or sibling. Feelings that surface in working with groups, such as related to attachment and loss, and issues of guilt and anger, are different between these populations.</i> Please respect these compelling dynamics and keep your target groups of resource parents and kinship caregivers separate.”</p> <p><u>Collaborating with Kinship Caregivers:</u> 12-hour training curriculum (for purchase) to help caseworkers and supervisors to collaborate with kinship caregivers to improve outcomes for child safety, well-being, and permanence. Training addresses legal, financial, physical/mental health, child behavior, school/education, family relationships, support services, and fair and equal</p>
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		<p>treatment for the kinship family. Training explains the collaboration model in detail and describes/demonstrates the following tools:</p> <ul style="list-style-type: none"> • “Cycle of Attachment” • “Jigsaw Puzzle Child” • “Pathway through Grieving Process – Being a Loss Manager” • “Balance of Structure and Nurture” • “Family Group Conferencing”
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Recommendations:

There are several recommendations we would like the Oregon Foster Care Program to consider. Recommendations moving forward will be subjected to approval at the Program Manager level or if necessary, at the Child Welfare Leadership level.

Overall Program Change:

The research conducted about kinship caregiver models of practice has been concluded with only two primary practice models identified, as seen in the above matrix. The barriers to finding additional models specific to relative caregivers is believed to be due to the pendulum swing between child safety and family preservation and how to harmoniously create a system that allows for both to function well together. However, there is overwhelming research and evidence to suggest that intentional engagement of kinship caregivers and a focus on family preservation when Child Welfare intervenes with a family is critical and must be prioritized early on in cases as this creates a reduction of harm and leads to many positive outcomes for children and families. This has been recognized on a federal level through the recently enacted A Family First federal legislation. As a part of A Family First legislation states, counties or private child welfare organizations are reviewing their overall processes and values with the relative caregiver population and are revisiting how to enhance their work programmatically to ensure that service to children and families has a holistic family approach. Our research found that two predominant programs, Child Welfare League of America and A Second Chance Incorporated, have been leading this change within child welfare systems in the United States of America.

In all the articles, research and data outcomes reviewed provided clear results that kinship relationships should be considered as the first and foremost viable option in preserving family connections and relationships. Currently in Oregon, only an estimated 30% of children are placed with someone known to the child at initial placement, creating strain on general applicant foster parents to meet the needs of the majority (70%) of children entering care. This makes it more challenging to find resource families for children who have, for various reasons, no kinship caregivers able or willing to temporarily care for them. In addition, foster placements with non-familial caregivers creates new relationships for the child(ren) and potential division between family and non-familial foster caregivers due to these newly formed attachments. This causes unnecessary disruptions to family connections and is not in alignment with the value of family preservation or the intention of current Oregon Administrative Rules.

Further, research indicates that many kinship caregivers are willing commit to children who require additional service or behavioral interventions beyond what may be accepted in non-familial foster care placements. Utilizing specific interventions of services and supports while harnessing the power of preserving family connections likely will reduce the number of children requiring higher levels of care. There is overwhelming evidence that speaks to the need of family as the priority in meeting the safety, health, and well-being needs of children. Therefore, the burden is on our state to invest in enhancing the kinship caregiver with supports, training/education, services and a thoughtful assessment process.

Overall recommendations include the following:

- Ignite the value of family preservation with relatives as priority when considering the need of removal from a primary caregiver, including revising current processes requiring management approval if unable to place with a relative at initial placement.
- Develop a cross programmatic values model and training that would increase Department, stakeholder and Oregon communities' value for family preservation.
- Develop a unique kinship caregiver assessment process for issuing a certificate of approval.
- Develop kinship caregiver education/enrichment curriculum that is tailored to this specific caregiver type.

We recommend implementing the following actions to begin this change process.

Targeted Actions:

- Partner with ASCI national team for a Kinship Strengths assessment and analysis of Oregon's foster care program.
- Develop a Kinship Navigators position (possibly utilizing current case aides); during the child protective service assessment process and at the time of removal, a navigator would explore all family options and in partnership with the family would identify the best suited relative or kinship caregiver to provide temporary care while utilizing the other family connections for support in preserving the family.
- Training/Consultation to Foster Care Coordinators through A Second Chance, Inc with their Kin2You values training.
- Foster Care Coordinators collaboration and coordination with Kevin George as he is leading Kinship Care work associated with Family First federal legislation.
- Analysis of data of Oregon's child specific/relative caregivers, who now equal almost half of all our certified providers. Identify if there are current processes that may be creating barriers both to initial placement and/or eventual placement with relative/child specific caregivers. It is unclear why only a certain percentage of children at initial placement are placed with relatives/child specific caregivers, nor is it clear how many total children in care eventually are placed with relatives/child specific caregivers. This needs to be assessed across the state; the number of children placed with relative caregivers/child specific caregiver varies greatly. It is suspected that the following pieces may be impacting placement with relative caregivers: values, lack of values training for child welfare staff as well as stakeholders, fears of liability, certification assessment processes, rules, and the home study methodology and tools. Regardless the reasons, the Department needs to take action to shift the number of children placed with relative caregivers at initial placement to that of 70% or greater.