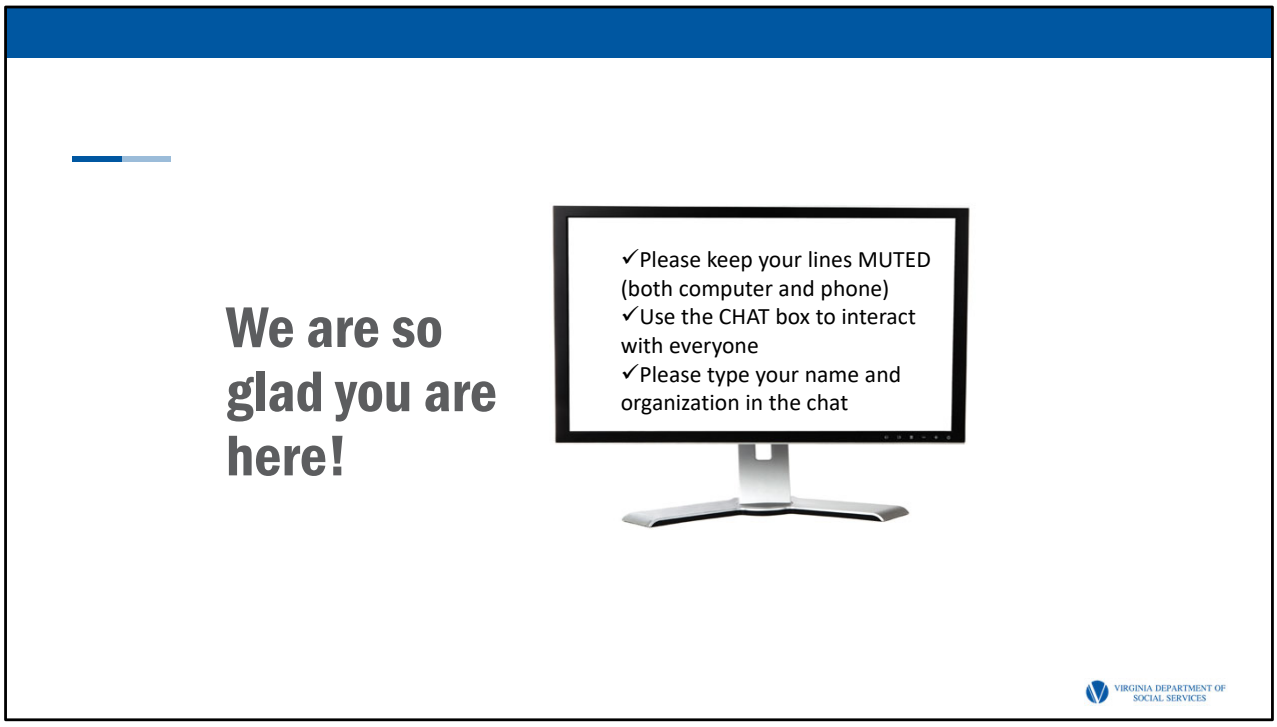

VIRGINIA DEPARTMENT OF
SOCIAL SERVICES
Child Welfare Advisory Committee (CWAC)
July 31, 2024



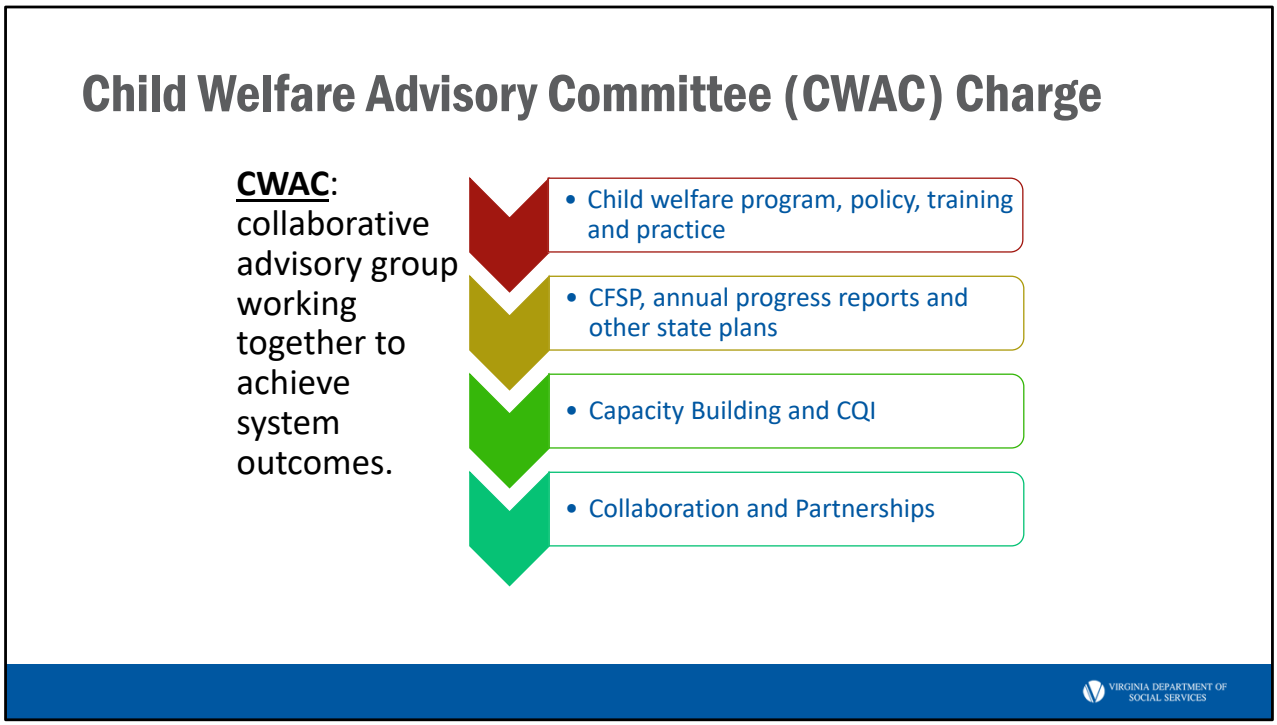
Welcome to our Summer CWAC meeting. We are so excited to have you here for our 2nd CWAC meeting of 2024.
Also, let us know if this is your first time attending CWAC as we would love to give you an extra welcoming hello!

AGENDA



- Division Updates
- Future CWAC Meeting Format
- Quality Assurance & Accountability (QAA) Updates
- Parental Child Safety Placement Program
- Breakout Rooms
- Plus/Delta

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You may recall this slide from our last meeting. CWAC is a collaborative advisory group whose charge is partner and advise how we get to our outcomes as a ***system***. We are working on developing our partnerships in meeting the outcomes.
The items we're working towards as a child welfare system include

- Child welfare program, policy, training and practice issues
- The development of the five-year Child and Family Services Plan and annual progress reports, as well as other state plans under the responsibility of Family Services including guiding the development and implementation of Virginia's Program Improvement Plan for any element that Virginia does not meet requirements of the Child and Family Services Review (CFSR)
- Ensuring that we build capacity and CQI efforts in achieving and improving all of our outcomes

Let's move to the next slide for a couple updates.

Division Updates

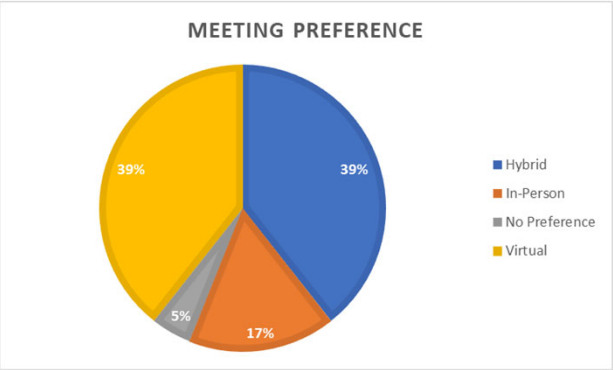
- DFS program/project updates



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CWAC Meeting Format Survey

- Assessed CWAC preferences through Spring 2024 Survey
- Overall, the preferences for hybrid and virtual meetings were about equal. When asked how many meetings they would like in person, **almost 1 out of every 4 respondents (24.2%) indicated that they didn't want any meetings in person. However, the majority answered that they would prefer 1 out of the 3 meetings to be in-person (34.8%).**



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CWAC Meeting Format Survey cont.

- 64% of respondents indicated that they would be very likely or likely to attend an in-person meeting.
- Concerns were shared about ensuring virtual participants had equal access to:
  - Participation in breakouts
  - Access to an involved and knowledgeable meeting facilitator and additional staff to help technical troubleshooting
  - Sound quality of both presenters and participants in the meeting
  - Ability to share thoughts easily and come off mute when needed.

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CWAC Meeting Format Survey cont.

General feedback about CWAC meeting format highlighted desires for networking and peer connection for the majority of respondents.

- ~50% indicated a positive view of meeting in person at least once a year and missing networking.
- ~35% referenced positives of virtual meetings or concern with moving to in-person meetings (increased CWAC membership since moving virtual, members from other areas of the state, etc)
- Some comments regarding regional location of CWAC and either expressing concern about hosting it only in Richmond or recommending having it in a different region each time.

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CWAC Changes

- **1 out of 3 of the CWAC meetings will become a hybrid meeting with in-person capability at the VDSS Home Office in Glen Allen.**
- **October's meeting will be hybrid**
- **Hybrid meetings will support:**
  - Small group work to support intervention monitoring of CFSP Strategies, including problem solving and collaboration (mirrored in virtual breakout rooms)
  - Networking
  - Maintaining our diverse membership and ensuring we are elevating their voices regardless of where they are located.

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Quality Assurance and Accountability

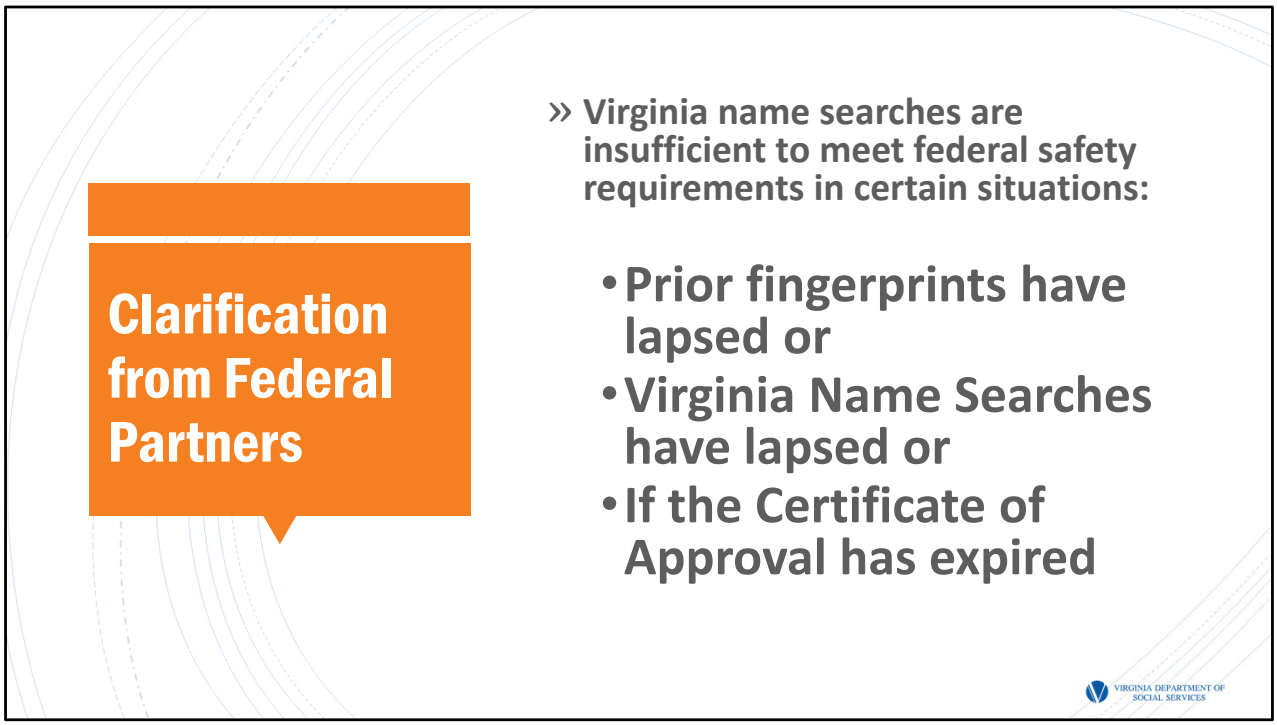
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IV-E Agenda

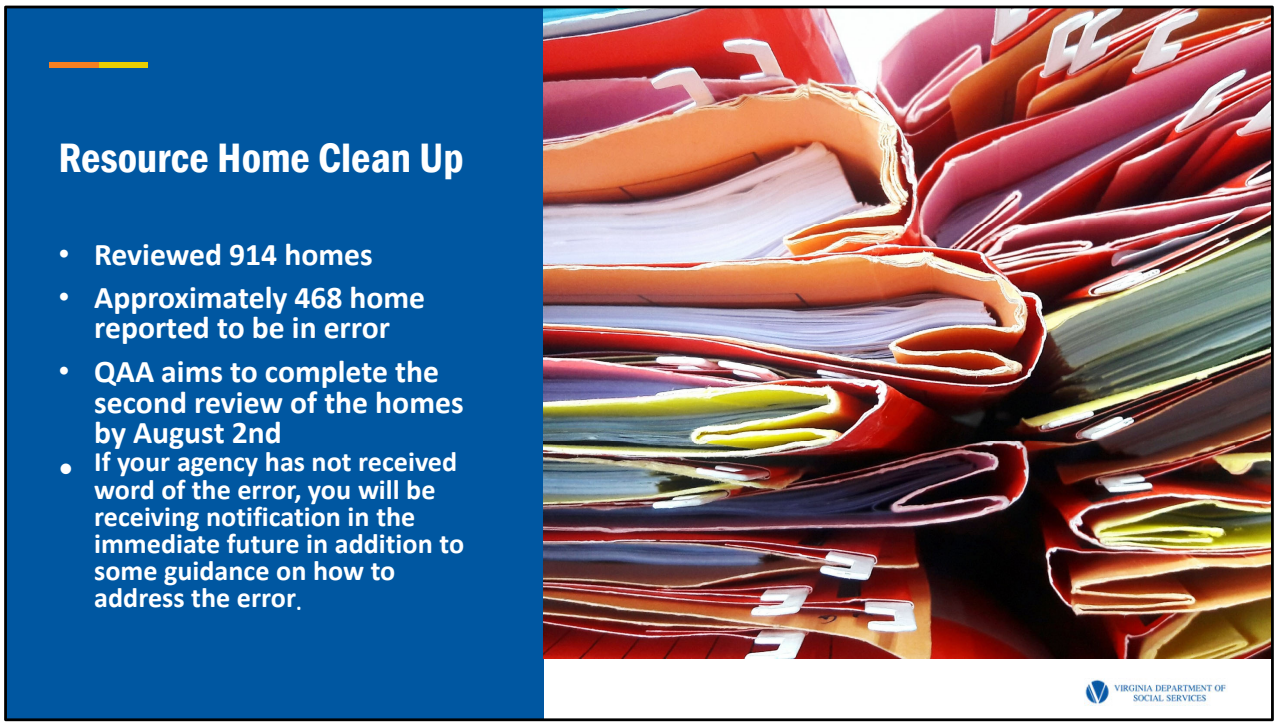
- Resource Home Reviews Clarification
- Resource Home Compliance for IV-E Funding Clean Up
  - State reimbursement
  - IV-E and Resource Families when reapproving
- Job Aids on FUSION
- Moving Forward
- Contact Us

VIRGINIA DEPARTMENT OF SOCIAL SERVICES

Thank you for having me here today. Over the last couple of months we have gathered some feedback and concerns that I am looking forward to addressing today.
We have all felt the sting of our federal partners clarification concerning resource home compliance for IV-E funding when there has been a lapse.
We have some encouraging news around those resource homes that were found to be out of compliance for title IV-E funding due to lapses in either the fingerprint (criminal record check) or Virginia Name Searches and COA expirations.
We want to talk about bringing a home back into compliance and what that means to IV-E and to Resource Families
We want to share some job aids and links that QAA has developed to assist with the Federal Review navigation.
We want to take a minute to hit on expectations for children placed in foster homes July 1, 2024 and after and what funding source the agency will need to use.



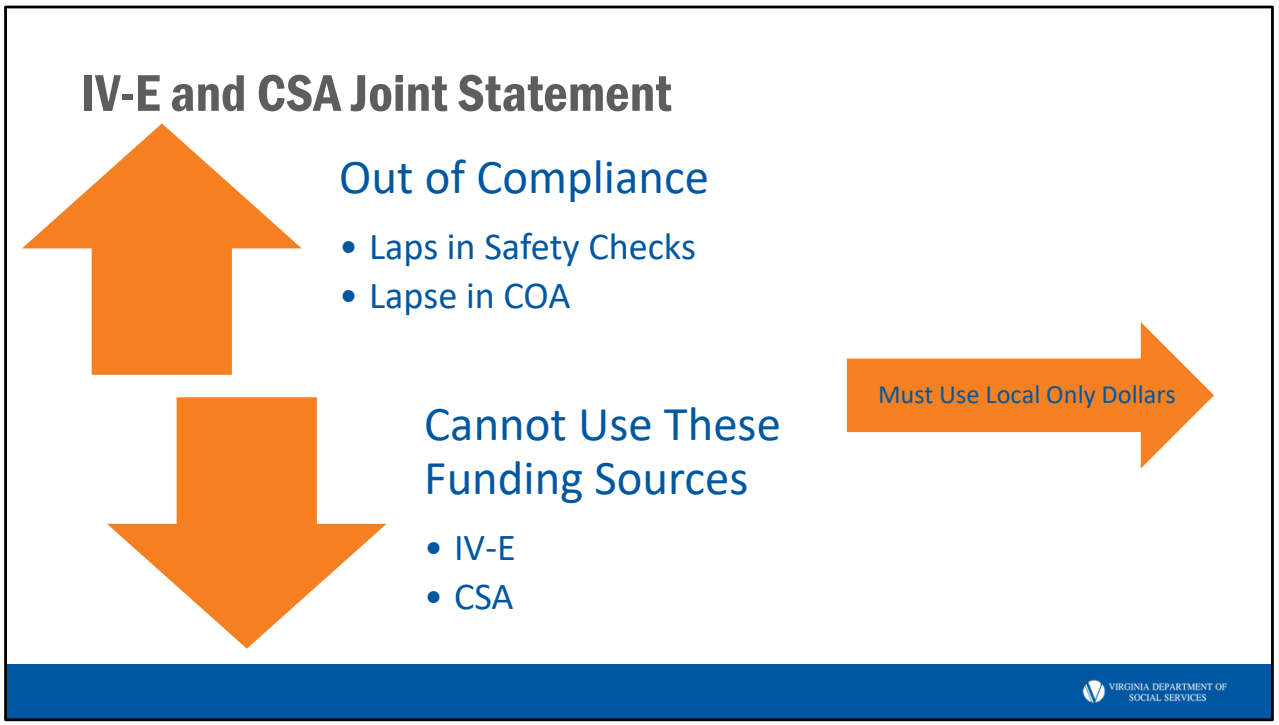
We received clarification from our federal partners that **if** the prior fingerprint or Virginia Name Searches have lapsed, or the Certificate of Approval has expired, a Virginia Name Search is then insufficient to meet federal safety requirements.



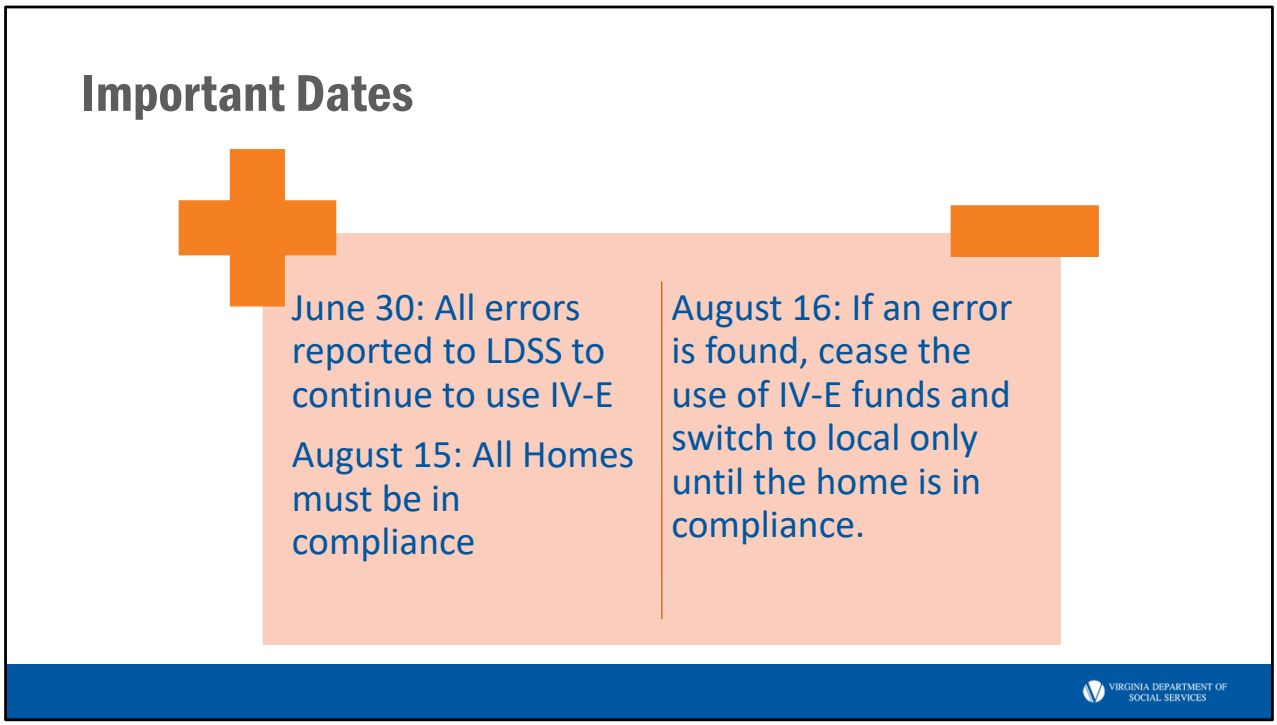
Therefore, QAA asked each agency to review their own LDSS and LCPA homes to ensure compliance. We knew that we needed to partner with the locals for this because it was not feasible for QAA to review around 1200 homes on their own. This review was asked to be completed by June 30, 2024.
At the end of the allotted review period, The quality assurance and accountability team along side the local departments reviewed 882 resource homes. Of those 922 homes, approximately 421 had a potential error that needs further research. That is 46% of the homes looked at, need to be looked at again.

QAA has set a deadline of August 2nd to have the secondary review of the resource homes completed, and an email sent to the agency. If your agency has reported a home with concerns, please know that we are diligently working our way through the homes and will have an email to you shortly thereafter.

QAA has pulled 4 of their QAA Consultants from reviews to assist in getting the emails sent out by the deadline.



If you find that a home is out of compliance for IV-E funding due to having a lapse in safety checks or the COA, then neither IV-E nor CSA can be used.
*During the clean-up, you can have an approved resource home that is not eligible for IV-E funds.



As stated before, the local agencies had until June 30, 2024, to review their resource homes. If during the resource home review QAA found an issue with a resource home or if your agency reported an issue with a resource home by June 30, 2024, then the LDSS is allowed to continue using IV-E funds until August 15, 2024, while the LDSS works to bring the home back into compliance.

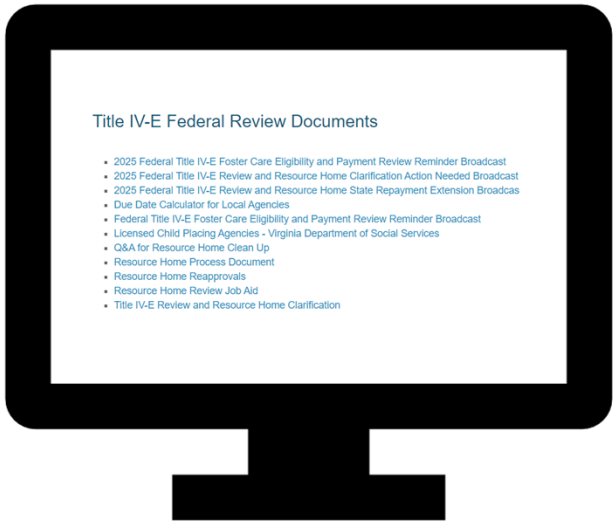
However, if the home remains out of compliance on August 16, 2024, then local only funds will need to be used.

The agency will submit an SPR to QAA by September 5, 2024 (this date will be stated on the email you will receive), with all the IV-E payments made for all IV-E children who were placed in the resource home as of April 1, 2024. The SPR time frame will be from the beginning of non-reimbursable of title IV-E, until the date the home is brought back into compliance or August 15, 2024, whichever is earliest.
*Please note that this may mean a month will need to be prorated when determining the amount of IV-E monies to be utilized.

JOB AIDS

QAA has created a FUSION link for IV-E Federal Review information

Title IV-E Federal Review 2025



QAA has created a link where we can house all correspondence related to the 2025 IV-E Federal Review.
We have the broadcasts, Did You Knows, emails, clarifications, job aids, and Q&A's. The QAA IV-E team will update documents (such as the Q&A's) when new information is obtained.

IV-E Funding and Resource Home Timeline

Timeframe	Situation	Outcome of Resource Home Evaluation and Action Needed for IV-E Funding	Funding Implications	Example	QAA Report Implications
Clean-up Review April 1, 2024 - June 30, 2024 Clean-up for IV-E Funding Compliance August 15, 2024	Homes that had a title IV-E eligible child placed as of April 1, 2024, should be reviewed by the LDSS by June 30, 2024 - Ensure no lapse in safety checks - Ensure COA did not expire without redoing fingerprints	All documents uploaded back to the intial approval No lapses in safety checks No expiration of COA without fingerprints being redone **Outcome:** Foster home is eligible for IV-E funding	Continue using IV-E funds	COA issued 11/1/18 - 11/30/21 (prior initial fingerprints completed 9/10/18) Current VA Name Search completed 9/7/21 Reapproval COA issued 12/1/21	None. Through June 30, 2024 these findings will not be listed on the QAA review report.
		All documents not uploaded or, Lapse in safety checks or, Expiration of COA occurred and fingerprints were not redone **Outcome:** Home is out of compliance for IV-E funding* *The home can be an approved foster home but not eligible for title IV-E funding **Action Needed:** Work to bring the home back into	- Once reported to QAA Consultant, the agency will be contacted via email to submit an SPR - Email will specify the payment ineligibility dates - VDSS will cover any ineligible payments from date of lapse/expiration to August 15, 2024* - Local only funds effective August 16, 2024** *The agency can use IV-E funds until August 15, 2024 for homes found out of compliance that had a IV-E child placed as of April	Example: COA issued 1/5/21 - 1/5/24 (VA name search completed 12/15/20) VA Name Search expired 12/15/23 Current Name Search completed 1/3/24 - The home is out of compliance for IV-E funding effective 12/16/23	None. Through June 30, 2024 these findings will not be listed on the QAA review report.

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Here is another one of the new job aids that we have developed to assist the agencies.
It is a timeline of resource home scenarios with the outcome of the scenario and the action needed. We have listed the funding implications associated with each action. Then we have given you an example of the action. And lastly, how it would look on a report during a IV-E review.
On the next slide you will see a continuation of this job aid

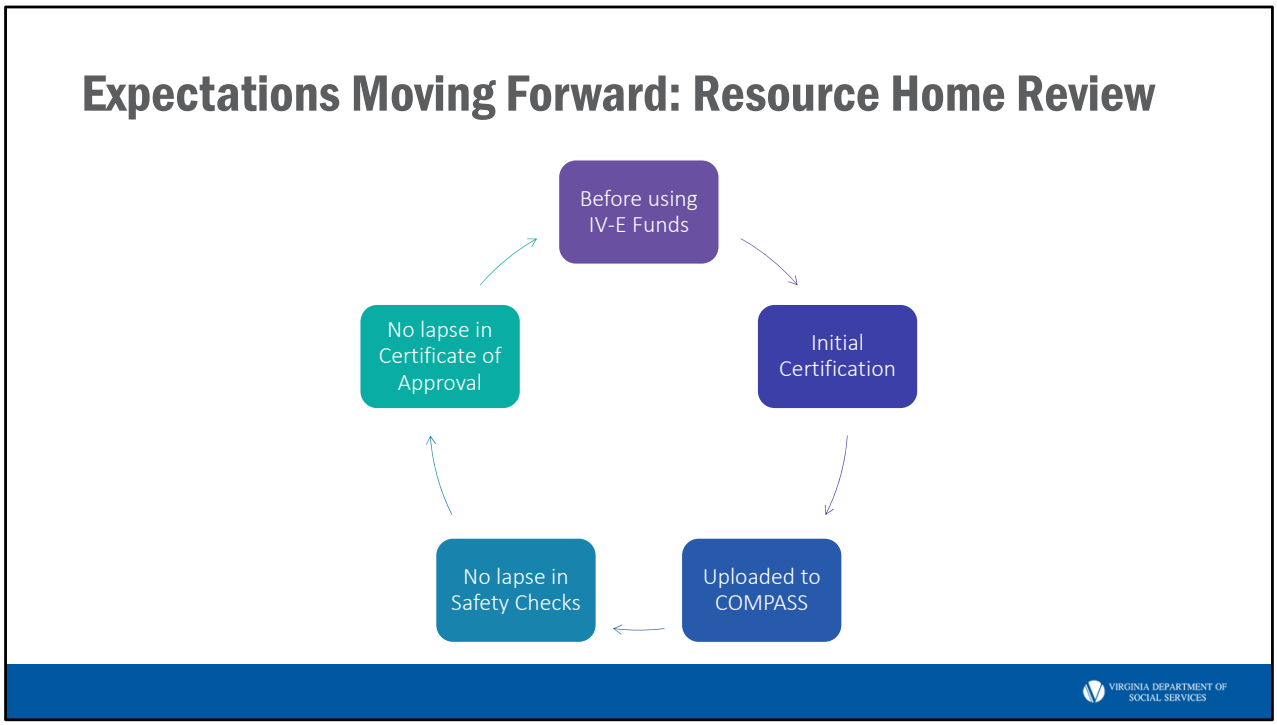
IV-E Funding and Resource Home Timeline

Timeframe	Situation	Outcome of Resource Home Evaluation and Action Needed for IV-E Funding	Funding Implications	Example	QAA Report Implications
July 1, 2024 - Ongoing	Before beginning to use IV-E funds ensure the new placement has the following documents back to the initial certification and there are no lapses: - All COAs for LDSS and LCPA homes - Provider checklist for LDSS homes or non-conviction letters for LCPAs LCPA licenses for	All documents uploaded back to the initial approval No lapses in safety checks No expiration of COA without fingerprints being redone **Outcome**: Foster home is eligible for IV-E funding **Action Needed**: None	Can use IV-E funds for maintenance (if all other IV-E eligibility criteria are met)	Child placed 6/8/24 - Resource home initially approved 5/19/17 - 5/31/2020 fingerprints completed 3/26/17 - Reapproval COA issued 5/12/20 - 5/12/23 Reapproval VA Name Search completed 3/25/20 (within 36	None. All documents from initial approval to current are in the file. There have been no lapses in safety checks and no expiration of the
		All documents for new placement are not obtained or, There is a lapse in safety checks or, The COA expired and fingerprints have not been redone **Outcome**: Home is out of compliance for IV-E funding* *The home can be an approved foster home but not eligible for title IV-E funding Agency cannot use IV-E funds for maintenance	Neither IV-E funds or CSA funds can be utilized until the home is in compliance for IV-E funding	Child placed 6/8/24 - Resource home initially approved 5/19/17 - 5/31/2020 fingerprints completed 3/26/17 - Reapproval COA issued 6/12/20 - 6/12/23 Reapproval VA Name Search completed 3/26/20 (within 36	If the agency has utilized IV-E funds for maintenance: - The ineligible payments will have to be reimbursed to title IV-E in LASER with local only funds

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This is just the bottom of that same job aid. We have broken it down by our resource home clean-up(which was the previous slide) and the expectations moving forward (which is this slide).

I do want to add that this is not printer friendly. We have been working on it but to make it able to be printed it gets so small you cannot read it. Please just bookmark the link and go to this online resource each time.



I want to take a minute here to once again remind everyone that the expectations moving forward:

1. Before any IV-E funds can be used
2. The agency must ensure they have the foster homes certification information all the way back to the beginning of the initial certification.
3. That information must be uploaded in COMPASS (or your agency's system of record).
4. The agency must ensure there have been no lapses in the safety checks or the COA that have not been rectified yet.

If any of these items cannot be met, IV-E funds cannot be utilized. If IV-E funds are used for it will be a local only payment.

Contacts

IV-E Supervisor, Kristie Bond: 804-396-5791
kristie.bond1@dss.virginia.gov

Central Region: DSSQAACentral@dss.virginia.gov
Eastern Region: DSSQAAEastern@dss.virginia.gov
Northern Region: DSSQAANorthern@dss.virginia.gov
Piedmont Region: DSSQAAPiedmont@dss.virginia.gov
Western Region: DSSQAAWestern@dss.virginia.gov

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Questions



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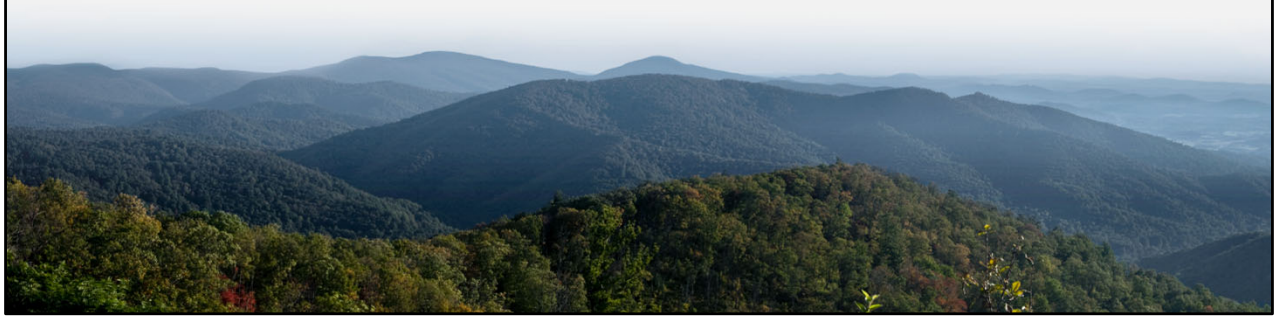
We would like to offer you the opportunity to ask any questions.

Division of Local Training and Development Updates

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Division

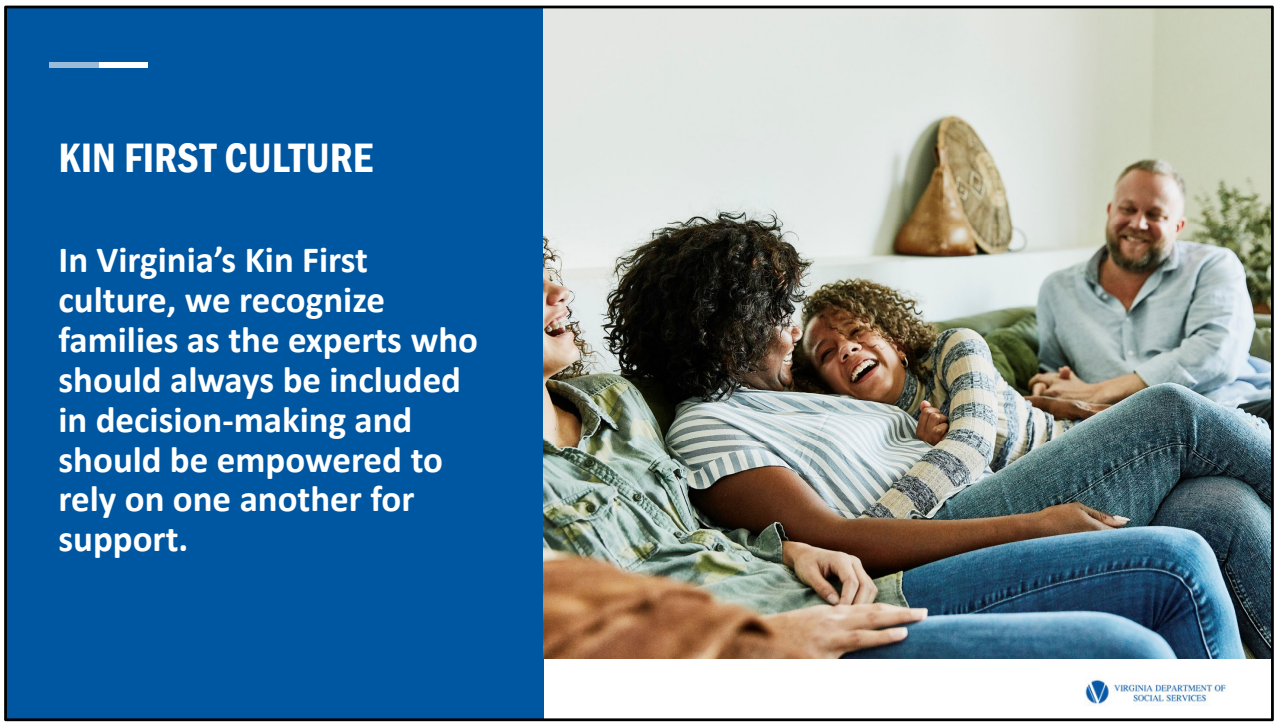
BREAK – Return @ 10am



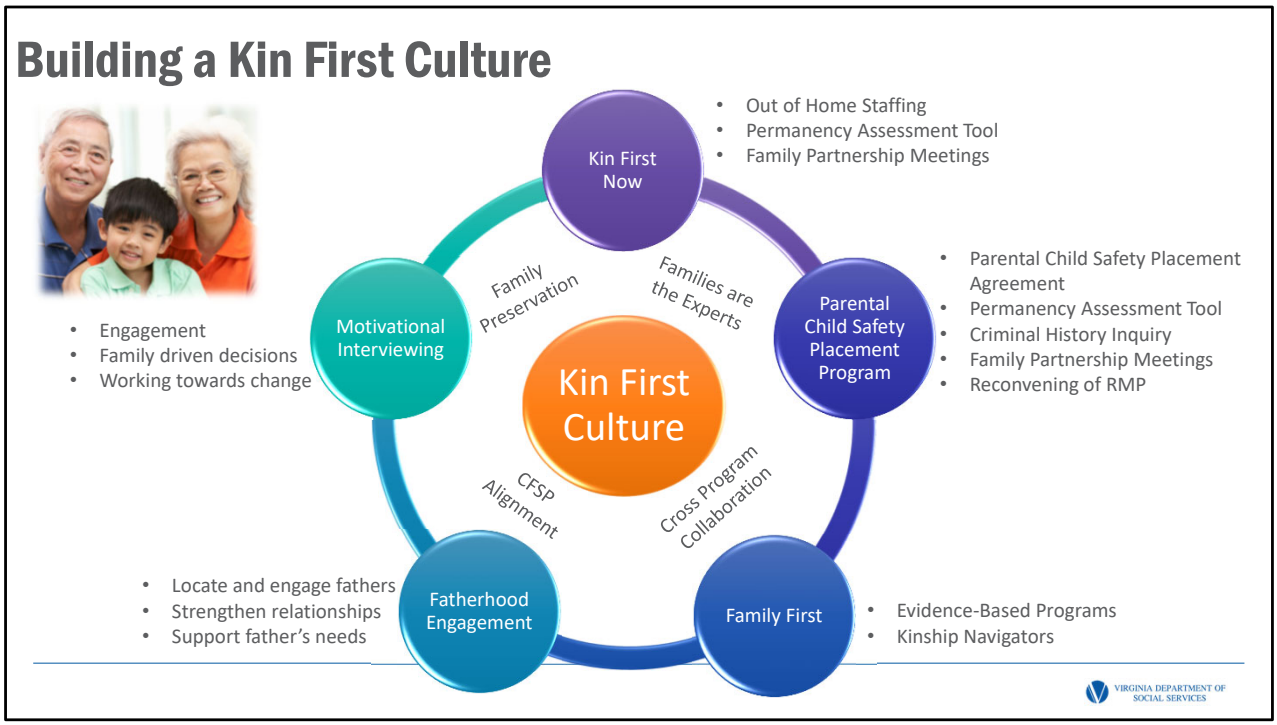
Parental Child Safety Placement Program Update

CFSP Prevention Strategy 2.1:Enhance safety, permanency, and well-being programming in In-Home Services
CFSP Prevention Strategy 2.4: Review guidelines for Safety Planning and ALAs to support LDSS in establishing permanency for children and families

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In Virginia's Kin First culture, we recognize that **families are the experts**. They should always be included in decision-making and should be empowered to rely on one another for support. These are important values. We need to encompass these values when working with our families in anything we do.

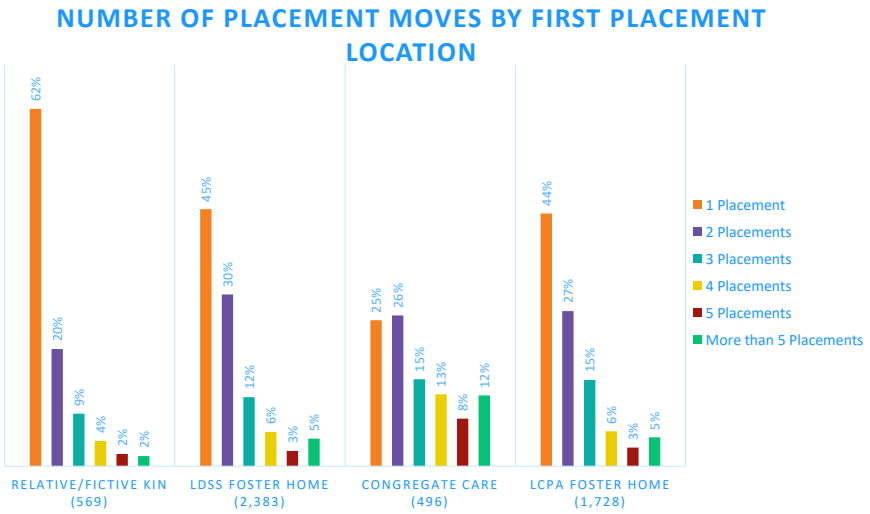


We wanted to share all the work we are doing to build a kin first culture. To fully enhance our Kin First Culture as a child welfare system, we must:

- Draw on our values and practice model which focuses on: family engagement, recognizes families as the experts, family preservation/reunification, and cross programmatic collaboration;
- VDSS has been working with select LDSS agencies on implementing Kin First Now, this work focuses on identifying and assessing kin for when the child cannot remain in their home. One option available for families if the child cannot remain in their home is the Parental Child Safety Placement Program. This program was established through the passing of SB39 and HB27 during this year's General Assembly. The program is voluntary for families and is one of the pathways offered when seeking a placement with kinship caregivers.
- We also have other resources that support our work with kin to include Family First that provides access to evidence-based services and resources through Kinship Navigators, we have our Fatherhood engagement initiative that helps to locate and engage fathers and paternal relatives, lastly our In-Home services staff is currently being trained in Motivational Interviewing. MI will increase engagement skills to truly create an environment for family driven decisions to work towards change.

All of these efforts are working towards building a kin first culture and supporting Virginia's children and families.

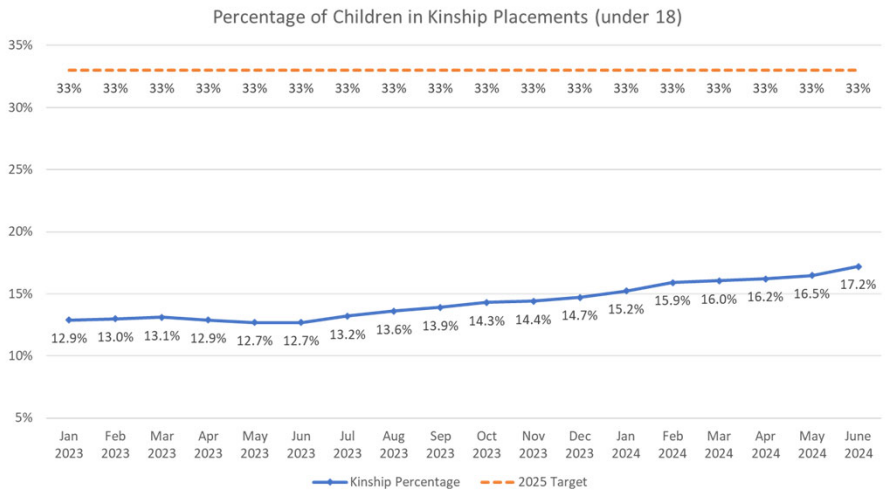
Impact of Placement Location



Includes children who entered care between CY2021-2023 and were under 18 at the time of removal. Data is based on the most recent date of removal and placement entries in CY2021-2023. Placements do not include Trial Home Visits or AWOL. Exported data from Oasis on 3/20/2024.

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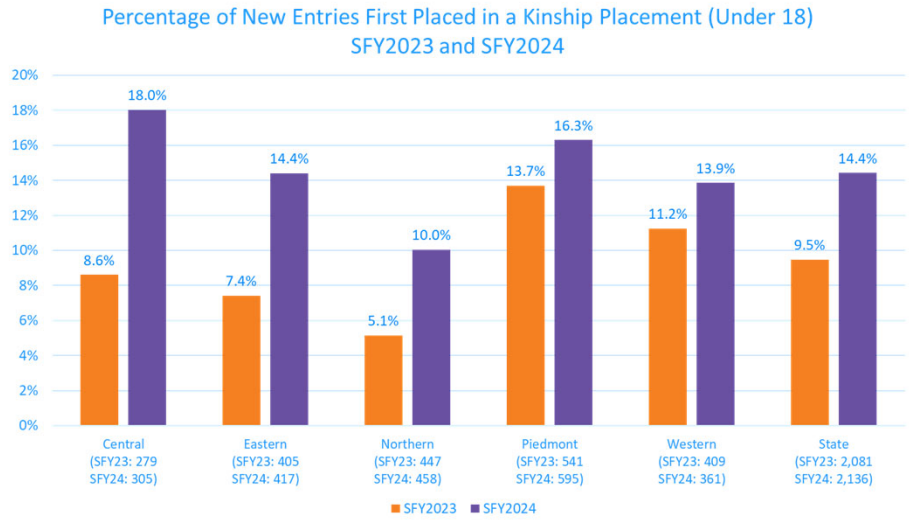
Percentage of Children in a Kinship Placement



Source: SafeMeasures Care Types (Subsets: 0 - 17 Years Old; Case Type: Foster Care and Dual In-Home and Foster Care).

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Children First Placed with Relative/Fictive Kin



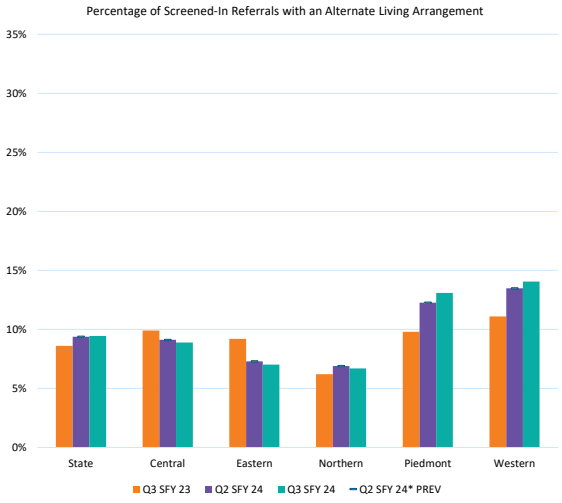
Source: Kin First Now Power BI Dashboard (refresh date 7/22/2024). The total number of new entries is listed under the region by SFY. This data is determined by the placement sequence number and entry date in placement. It may not include children that re-entered foster care.

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Source: % First Placement Under 18 Kinship: Kin First Now Power BI Dashboard – OASIS 7/22/2024 refresh); New Entries determined by the placement sequence number and entry date in placement. Kinship includes LCPA and LDSS Relative Foster Homes and Fictive Kin Foster Homes.

This slide shows the percentage of new entries into foster care being first placed in a kinship placement upon entry.

Alternate Living Arrangements

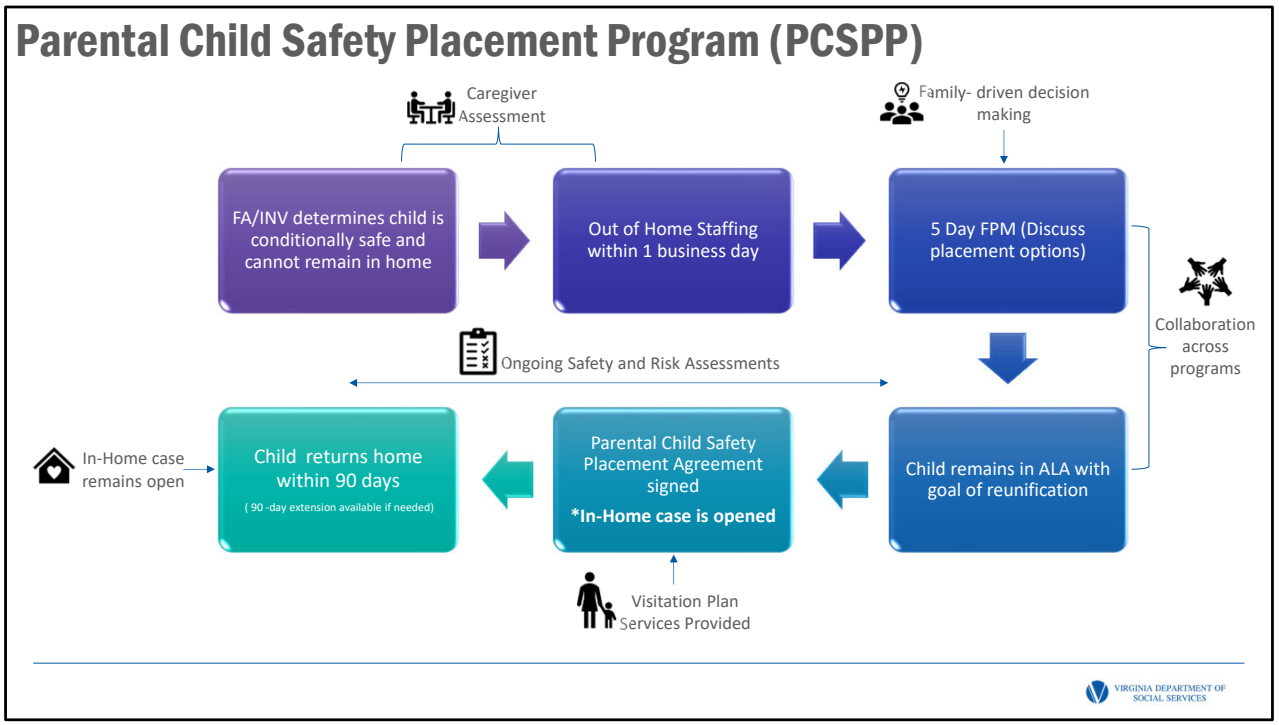


Data Table: Percent of Screened-in Referrals with an Alternate Living Arrangement			
	Q3 SFY24	Percent Difference Q2 SFY 24 to Q3 SFY 24	Percent Difference Q3 SFY 23 to Q3 SFY 24
State	9.4%	0.1%	0.8%
Central	8.9%	-0.2%	-1.0%
Eastern	7.0%	-0.3%	-2.2%
Northern	6.7%	-0.2%	0.5%
Piedmont	13.1%	0.8%	3.3%
Western	14.1%	0.6%	3.0%

Quarter Breakdown
Q1= July 1- September 30
Q2= October 1-December 31
Q3= January 1- March 31
Q4= April 1-June 30

SafeMeasures extract date: 5/14/2024

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Lets take a look at the high- level overview of the process for the Parental Child Safety Placement Program.

To begin the Family Assessment or Investigation initiated by CPS indicates that the child is conditionally safe and cannot remain safely in the home. The parent or guardian/custodian desires to voluntarily place their child outside of the home with a relative or fictive kin, we call this protective intervention an Alternate Living Arrangement (ALA).

Before the child can be voluntarily placed with an alternate caregiver, the LDSS must conduct a caregiver assessment. The caregiver assessment must include criminal history and child welfare inquiries using Accurint and OASIS, and the Permanency Assessment Tool (PAT) will be started to engage the alternate caregiver to understand what is needed for the best outcome for the child and family. A home visit to the alternate living arrangement must also be completed. If, after conducting the inquiry, the LDSS determines that the ALA is not in the child's best interests, the LDSS must notify the child's parent(s) or guardian/custodiam and the proposed caregiver of the reasons for the LDSS' determination but may not disclose the results of any child welfare or criminal history unless the proposed caregiver consents to such disclosure.

An out of home staffing will be conducted within 1 business day of the child entering into

an alternate living arrangement. The out of home staffing is an internal meeting used to plan for the 5 day FPM.

An FPM is to be held within 5 business days. The current caregiver must be present along with other family members who could be potential placement options. All placement options will be discussed. It is important that the CPS worker, potential In-Home case worker are present. It would also be beneficial to have the someone from the foster care program to attend in the event that foster care is determined to be the best option. The meeting will discuss all options and encourage the family to make the best decision for the child.

When it is determined at the FPM that the child will remain in the alternate living arrangement with the goal of reunification, then the family will sign into a Parental Child Safety Placement Agreement and an In-Home case will be opened. The agreement will include services for all parties, along with the visitation plan. Again, the goal of this program is to reunite the family within a quick timeframe. Everyone needs to be in agreement of the plan before signing the agreement.

Within the next 90 days safety and risk assessments will be complete along with home visits. Another FPM will be held to monitor progress and discuss the best plan for the family before reaching the 90 day mark. Hopefully the child will return home within 90 days and upon return the In-Home case will remain open to ensure support and stability for the family.

Caregiver Assessment



- Accurint – criminal history inquiry
- OASIS – child welfare inquiry
- Home visit
- **Permanency Assessment Tool (PAT)**

Background Inquiries

Accurint and OASIS on every adult 18 years and older

Home visit completed prior to placement

Household safety

Guns

Prescriptions/alcohol/cannabis

General safety

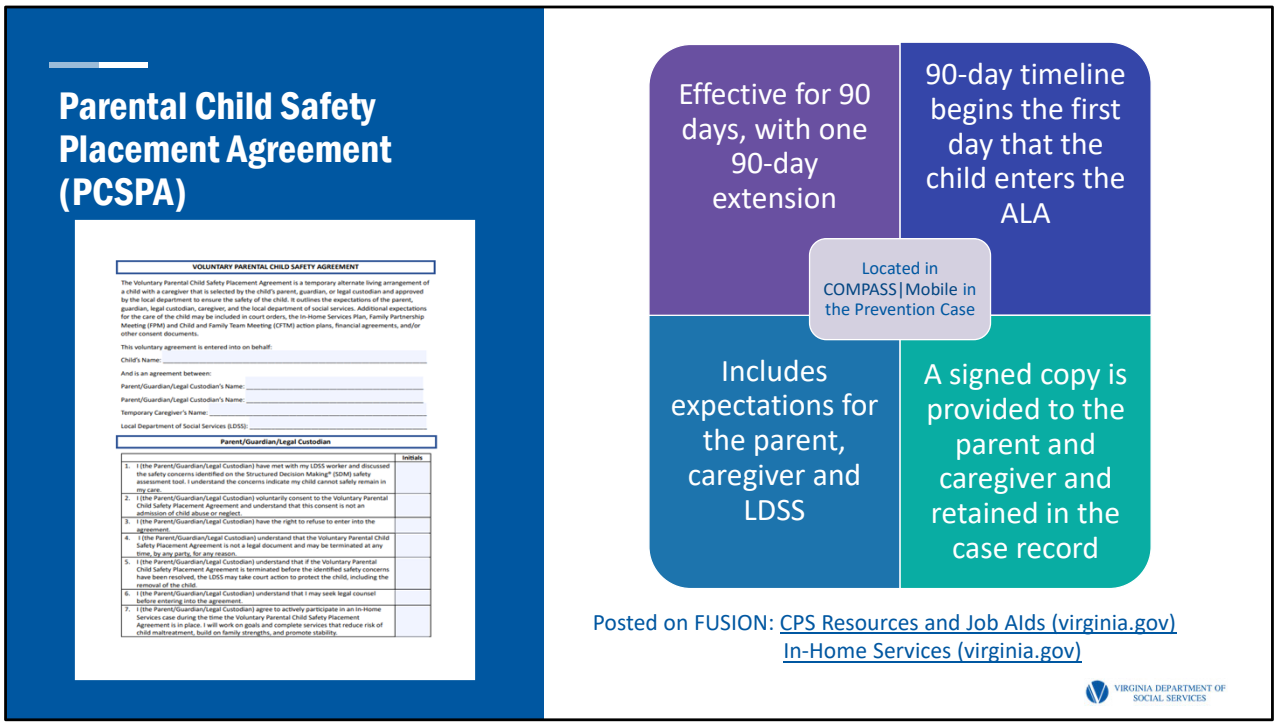
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When the child is deemed to be conditionally safe on the safety assessment tool and the parent desires to place their child with an alternate caregiver, the LDSS must assess the proposed alternate caregiver and the alternate living arrangement.

Prior to the child's placement with the alternate caregiver, the LDSS must conduct a criminal history inquiry, a child welfare inquiry, and complete a visit to the home. The criminal and child welfare inquires must be conducted on all adults aged 18 years and older residing in the alternate living arrangement home. The LDSS must assess the results of the criminal and child welfare histories and home environment to determine the best outcome for the child. The results of the criminal and child welfare histories and home visit must be documented in the child welfare information system. If, after conducting the inquiry, the LDSS determines that the ALA is not in the child's best interests, the LDSS must notify the child's parent(s) or caretaker(s)/guardian(s)(s) or caregiver/guardian(s) and the proposed caregiver of the reasons for the LDSS' determination but may not disclose the results of any child welfare or criminal history unless the proposed caregiver consents to such disclosure.

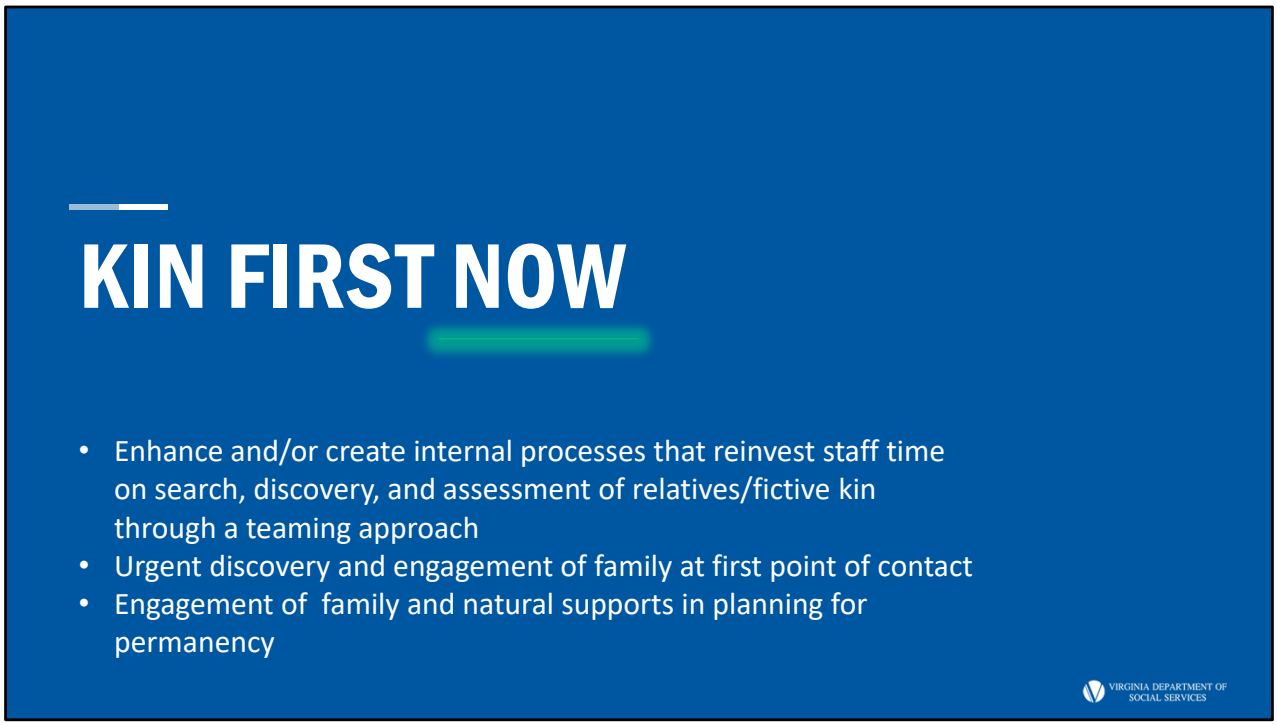
The LDSS must assess the proposed alternate caregiver and determine whether the proposed caregiver (i) is willing and qualified to receive and care for the child; (ii) is willing to have a positive, continuous relationship with the child; and (iii) is willing and has the

ability to protect the child from abuse and neglect. The Permanency Assessment Tool should be completed to engage the alternate caregiver and understand what is needed for the best outcome for the child and family. The Permanency Assessment Tool should be documented in the child welfare information system.



The Parental Child Safety Placement Program is available to families when the parent(s) or caregiver(s)/guardian(s) of origin voluntarily agree to enter into a Parental Child Safety Placement Agreement (PCSPA) with the LDSS. The PCSPA, is outlined in § 63.2-1533 of the Code of Virginia. The PCSPA is a document but it also a process and opportunity for us to engage with parents and families in ways that honor the tenets of the Virginia Practice Model and our values towards a Kin First Culture. After the LDSS determines the parent, child and the prospective relative/fictive caregivers(s) are eligible for the Parental Child Safety Placement Program, the LDSS must provide the parent, prospective relative/fictive kin caregiver(s) with the voluntary PCSPA, available in the child welfare information system. This document can be discussed with families as soon as it becomes evident that the safety concerns will take longer than 5 business days to remedy and if the agency assesses that the program may be appropriate. The initial agreement cannot exceed 90 calendar days from the start date of the ALA and the agreement can be extended, but such extension must be limited to one (1) 90-calendar day period. If at any time an ALA is facilitated with a new relative/fictive kin caregiver(s), a newly established PCSPA must abide by and resume the current 90 calendar day timeline. The LDSS is required to open an In-Home services case for the entirety of the agreement and for any extension period. The document includes expectations for the parent, caregiver and LDSS and these expectations should be clearly communicated with all parties so that everyone understands the program. A signed copy is provided to the parent and caregiver and is also retained in the case record. If a

parent selects the PCSPP, a PCSPA is to be signed for each child involved in an ALA.

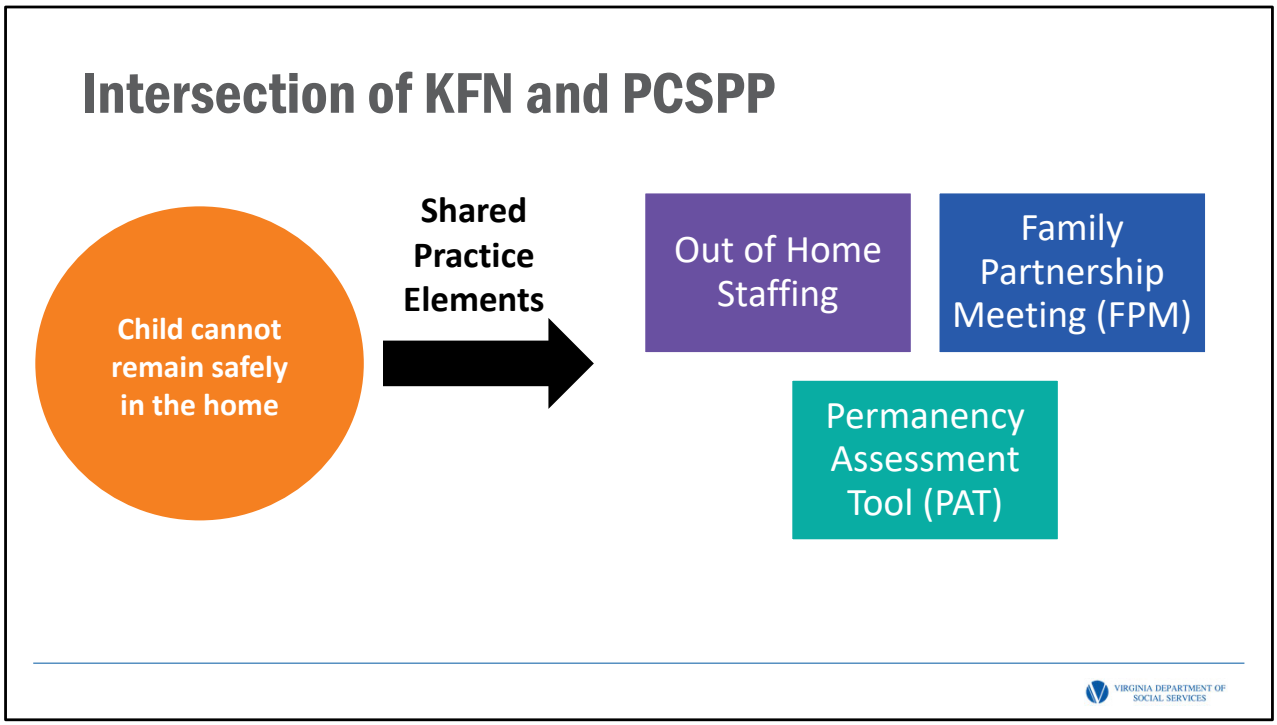


So what is Kin first Now?

Kin First Now is an approach to the work intended to disrupt the processes that have led to children in non-relative placements or hanging out in our offices because we haven't been able to find a placement at all. The focus of Kin First Now (KFN) is to prioritize and increase family engagement across the child welfare continuum through a teaming approach that ensures ongoing and consistent efforts to engage family in decision making any time a child cannot safely remain with their parents. Kin First Now focuses on the decision-making points around removal from a parent or guardian's home whether that is into an alternate living arrangement or foster care. So even as we talk about permanency, which is traditionally a word we associate with foster care, know this applies to caseworkers and families at any point in the spectrum. For a child to leave a parent's home and be able to remain with family takes coordinated effort and involves every member of the child welfare team.

We are sharing Kin First Now with our agencies because we believe the approach to the work as outlined will lead to an increased number of kids in foster care in kinship placements. We believe this because we have based the primary elements of Kin First Now on practices that are being successfully used in our localities with high percentages of children in kinship care- we know this works and we want every locality to feel comfortable

with these approaches we know to be effective.

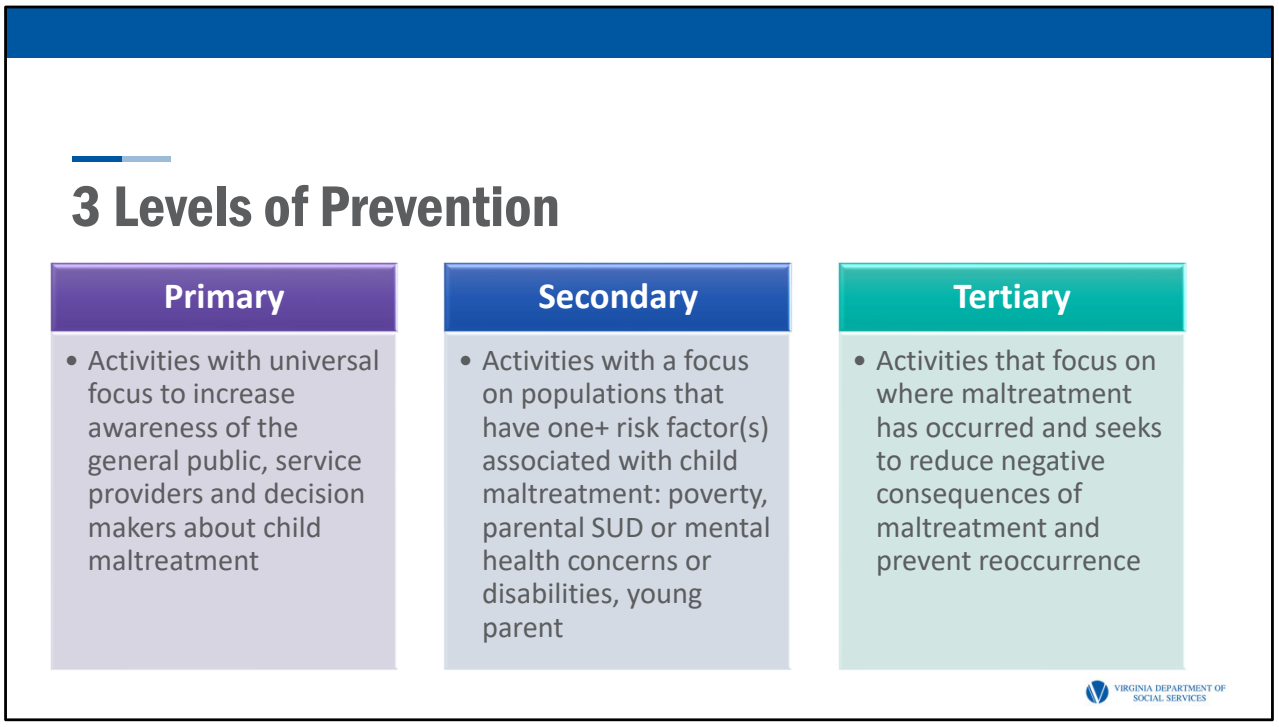


We want to highlight the intersection between our KFN and PCSPP. They share the same practice elements which are implemented once a child is identified as not being able to remain in the home. The elements are the Out of Home Staffing, the Family Partnership Meeting and the use of the Permanency Assessment Tool.

The Out of Home Staffing focuses on bringing local staff together to share information and identify and divide the tasks necessary to support family assessment and engagement to ensure that sufficient family is at the table for to participate in decision-making and identify placement for the youth.

The Permanency Assessment Tool is the assessment guide that should be used across all child welfare units to assess and inform prospective relative caregivers.

Lastly, a critical component of Kin First Now is ensuring that in the FPM, family members are fully informed of all of their options and given the space to identify which path will work best for the entire family system.



We are now going to shift a little bit in preparation of our breakout session. As we continue to build out the new Parental Child Safety Placement Program it is important to consider all levels of prevention when serving Virginia's families. The 3 levels of prevention include: Primary: Activities with universal focus to increase awareness of the general public, service providers and decision makers about child maltreatment. Examples of primary prevention activities include: public service announcements or campaign encouraging positive parenting, for example- child abuse prevention month in April. This also includes parent education programs and support groups

Secondary prevention is activities with a focus on populations that have one or more risk factors associated with child maltreatment such as poverty, parental substance use disorder, mental health concerns or disabilities and young parents. Examples are parenting programs in high schools focusing on teens, home visiting programs like Health Families and Family Resource Centers.

Tertiary prevention activities focus on where maltreatment has occurred and seeks to reduce negative consequences of maltreatment and prevent reoccurrence. This could be our In-Home program, parent mentor programs or mental health services for children and families affected by maltreatment.

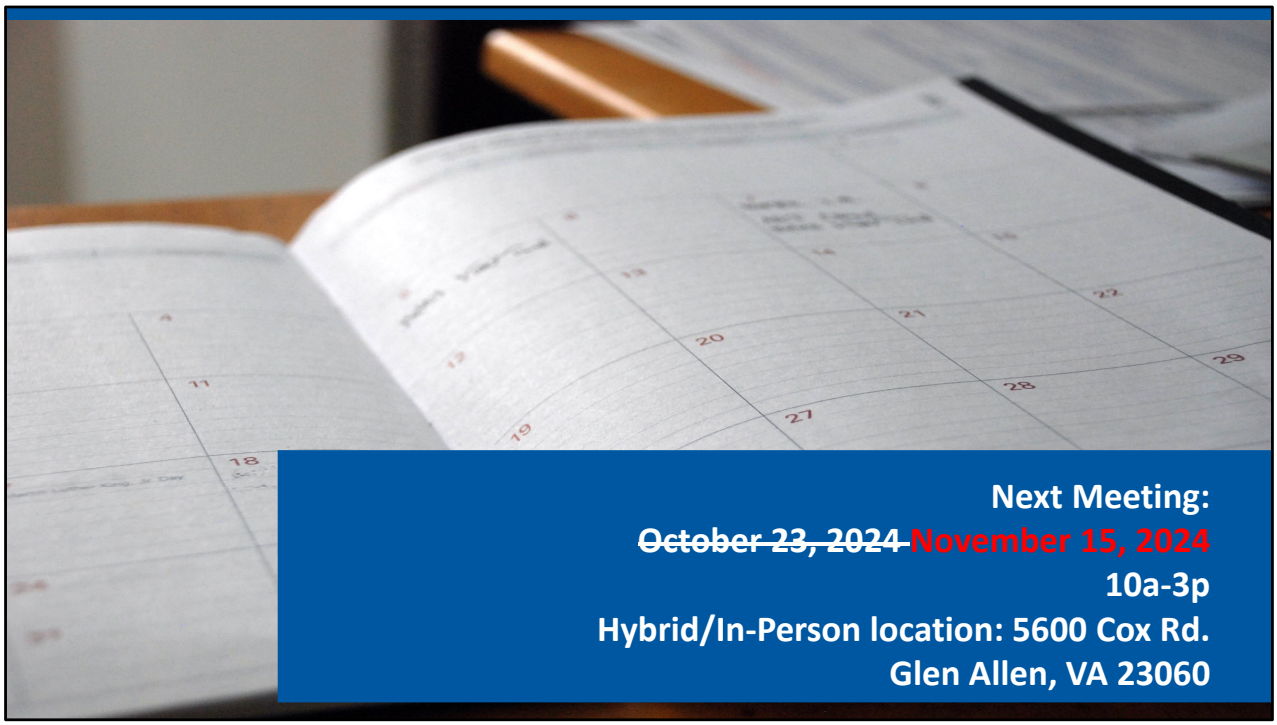
Keep these different levels of prevention in mind as we will now transition to our breakout session.

Breakouts

LDSS and service providers are experts in their community, when working with kinship providers:

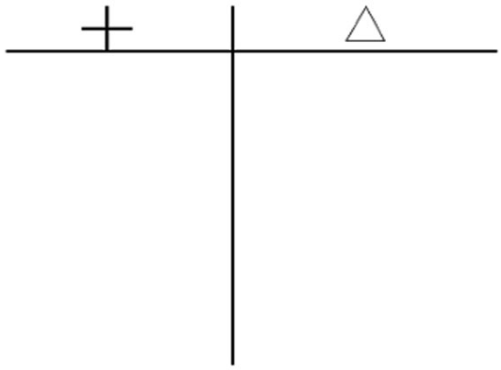
1. **What are the needs when it comes to kinship supports in your community?** ***(Consider Primary, Secondary and Tertiary prevention)***
2. **If you are a service provider, what services/resources can you provide kinship caregivers?**
3. **How can LDSS partner with service providers to better meet the needs of kinship caregivers?**

VIRGINIA DEPARTMENT OF SOCIAL SERVICES



Next Meeting:
~~**October 23, 2024**~~ **November 15, 2024**
10a-3p
Hybrid/In-Person location: 5600 Cox Rd.
Glen Allen, VA 23060

Plus / Delta



VIRGINIA DEPARTMENT OF SOCIAL SERVICES

For those who are new to this meeting: plusses what went well and we should consider continuing on for future meetings. For deltas, what we should consider changing for our next meeting . Start with plusses.


THANK
YOU
VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

Breakout Room Notes:

1.What are the needs when it comes to kinship supports in your community? *(Consider Primary, Secondary and Tertiary prevention)*

Group 1:

- Day Care (wait list and cost, CPS and prevention cases no longer at top of waitlist or have priority).
- Respite care
- Kinship navigation
- Kinship providers can feel isolated depending on family dynamics, connection to services/supports is important.
- Finances

Group 2:

- Daycare, transportation, mental health access, education support (navigation), financial support for basic needs (clothes, gas, a car), respite. Case manager.
- Kinship Navigator Programs – how to access them, help navigating them. More programs across the state.
- Housing (more space), managing higher acuity youth in the home, parent education that is trauma-informed
- Case management - having someone to navigate those systems (even peer support).

Group 3:

- Answer: It would be helpful to have kinship navigators for all agencies. The agencies that do have a kin nav find it incredibly helpful. The services are available to both formal/informal kinship arrangements. These can fall into primary and secondary prevention as well. In some communities they assist families before they are involved in the child welfare system.
- primary prevention: Provide information on what kinship care is and where can they access resources. Share this information with the Family Resource Centers.
- Services continue to be siloed- teachers notice things, need for affordable housing. These are touch points where families start seeing crisis – how can we partner with schools, pediatricians, housing communities to pull people together to support families?
- Access to Resources: We have resources for tertiary, but it would be beneficial to have them sooner. Families shouldn't have to come to the attention of the child welfare system to get help.
- *IV-E can not be reimbursable for fictive kin- can we include fictive kin in the definition at the federal level*

Group 4:

- Immediate and pressing needs of kinship caregivers
- More discussion around kinship more broadly – outreach and dissemination of available resources; navigating the complexities of child welfare and formal "system" interventions
- Lack of tangible services and concrete supports – complexities in rural localities; connectivity; supporting older caregivers

- Connection to the relationship between economic insecurity and child maltreatment
- Parenting supports for kinship caregivers – role change; addressing family and child traumatic stress; respite care resources which can stand in the gap when securing necessary services and supports for children
- Long standing needs related to housing – touches the whole gamut; affordability; adequacy; families who are underhoused; also needs related to maintenance and repair needs
- Partnerships with schools - ensuring and promoting education continuity
- Behavioral services navigation
- Tangible and concrete supports for families – with the foundation being centered on ensuring that families have all their basic needs met

2.If you are a service provider, what services/resources can you provide kinship caregivers? (No service providers in our group, LDSS brainstormed services they can connect kinship caregivers with).

Group 1:

- Parenting classes
- Supportive case management (but is expensive).
- Grandfamilies support groups
- Could coordinate with other county programs to offer things like free access to parks and rec programs?
- Offering supervised visitation so kinship caregivers aren't responsible for it
- Need service providers to start doing these things outside of child welfare, feels like boxing relatives into ALAs or foster care in order to access funding. Need CSU/CSB to be able to start connecting relatives with these services.

Group 2:

- CarePortal – a website of organized churches. Churches go through training and assist the LDSS with requested goods and services. Web-based application. – Patrick Henry Family Services. Contact: Claudia Fletcher.
- Move into the community, focusing on the kinship model. Finding those supports in the community – VA kids belong. Finding pockets or groups that have a passion for supporting families, faith communities.
- Duplicate small non-profits that support. Foster friendly businesses that give time off. Sponsor Kinship showers.
- Linkages to these supports, having a warm hand-off. Home visiting and parent support groups.

Group 3:

- Answer: One LDSS is speaking with churches about kinship/fictive kin services to put education out there in the community. They have since had people reach out to them.
- Kin Nav- provide case management services at both the macro and micro level practice.
- Resource Lists- share these out with others in the community (mental health, post adoption etc.) accumulate these lists, different resource providers have different lists.
- One provider (Formed Families Forward) offers free virtual support groups for kin caregivers

Group 4:

- Family engagement, discovery, family seeing and mapping; quickly identify and understand patterns in family history – and value in mapping out relationships
- Open-minded and creative approaches to family discovery; working in partnership with families
- Intentional coordination and having an opportunity to be responsive to families – and be needs driven in our approach & partnership with families

3.How can LDSS partner with service providers to better meet the needs of kinship caregivers?

Group 1:

- Coordinate with providers to communicate about needs.
- Conversation can start at CPMT level.
- Issue with non-profits relying on county funding and not diversifying.

Group 2:

- Mandated Supporting instead of Mandated Reporting. These families need support. Child welfare is a community issue, not just a department of social services issue.
- Connect screen-out referrals to resources that provide tangible needs
- Mandated Reporter Training – educate community with resources.

Group 3:

- Answer: When we think about outreach opportunities- maybe back to school education. Information about kinship care could potentially be an option or even provided to school social workers so that they know what is available. This could also include McKinney Vento point person or local FSS
- Street team: CPS, APS, CSB they go to different places and engage the community to provide different resources. Go out once a week and partner with others police, fire fighters, talk with homeless population. (Norfolk). They have a couple vans and try to go to events. It has helped motivate staff. Are accumulating more people (Deanna Powell-Brickhouse)
- Training on harm reduction and not denying kin as placements simply because they are on a MAT Medication Assisted Treatment program

Group #4:

- Leveraging the UniteUs platform as a resource network to address health and well-being needs; cross-sector collaboration
- CarePortal – offers a network of community supports; providers pledge to address and support the needs of caregivers; another opportunity to be responsive to families
- CarePortal as had a significant impact and huge value add for their community – utility bills, housing deposits, furniture needs, food, etc.
- RedCross – targeted approach to addressing family needs; assisting caregivers in identifying vital – and community-specific resources and supports