



# Study of Kinship Care Families

October 2019

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## Executive Summary

To fulfill the requirements of West Virginia Bill 2010, a **study of kinship care families** is presented. The study was requested by the West Virginia Department of Health and Human Resources (DHHR) to gain recommendations for improving services provided for kinship foster care families. Central areas of concern during the legislative session included delays in foster care certification, payment options for relatives/kin and specific supports needed to better meet the needs of relative/kinship families involved with DHHR.

The goal of this study is to improve the quality and effectiveness of relative/kinship care services that are guided by policy and demonstrated in practice. Three defined areas are provided. First, a review of best practices as seen in other states are charted. These best practices illustrate policies, methods and techniques that have been accepted and demonstrated by states and jurisdictions in facilitating timely certification for relatives/kin, financial support, training, casework, and workforce. These best practices serve to inform Section 2, an alternate system of regulations for relative/kin regarding timely certification, and Section 3, the evaluation of training and supports that would be indicative of successful outcomes concerning safety, well-being and permanency. Section 2 themes detail the issuing of a provisional license for emergency certification of relatives/kin that would concurrently include a change to the payment structure where the foster care stipend begins on the day of placement. The current 45-day timeline for the homestudy would become incorporated into a 90-day time period to provide for a more in-depth engagement between the homefinder, Child Protective Services (CPS) ongoing caseworker and caregiver. Section 3 provides an evaluation, along with corresponding actions, to address the required foster care training for relative/kinship caregivers, whereas the current caregiver training under-provides in addressing relative/kin specific care. This section also addresses the importance of staffing as a primary vehicle for supporting the relative/kinship family.

## Introduction

Whether its systemic use is formal or informal, relative/kinship care has long been a force driving the foster care system. Relative/kinship caregivers are very much relied upon by the child welfare system to maintain balance in regard to child welfare placements. Yet, paradoxically, it often relies on relative/kinship arrangements to be made with limited supports.

As both a response and process for the system, relative/kinship care in West Virginia continues to adapt to economic conditions and social influences. As the nation confronts a prescription drug epidemic, the interconnections between that crisis and child welfare is apparent. Systems are overburdened by the rising number of children requiring out-of-home placements—sadly, a reversal of downward trends in foster care prior to the epidemic. For families to successfully exit the system, relative/kinship care has demonstrated success in the concurrent addressing of a child's safety and well-being and a parent's recovery. It is a strategy and practice further strengthened when practiced as a community-based response. Here, the system must recognize that a family's resilience is strengthened by building upon their existing and potential relative/kinship networks.

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In West Virginia, there has been a dedicated and concerted effort to build a resilient relative/kinship care response to child welfare needs. This includes:

- The addition of homefinders to alleviate case overload;
- Reflective supervision practices to improve case management with relative/kinship caregivers;
- Incorporation of relative/kinship care into preservice training for caregivers;
- And use of “demand-payment” for fictive kin.

The strength of this response, we believe, can be attributed in part to a strong sense of community and family, evident in every region of the state, which has emphasized the need to examine policies and practices that are not only advantageous to best practices in relative/kinship care, but also respectful and reflective of a value for family. DHHR is guided by a posture that relative/kinship care is the best option for an out-of-home placement. It is important to note that child welfare law and policy prioritize relative placements when out-of-home placement is required. From a best practice perspective, relative/kinship placements reduce trauma for children, help maintain cultural identity and community ties, lead to better well-being outcomes via placement stability, maintain sibling ties and move children/youth through permanency faster than traditional foster care with strangers. Relative/kinship care is a value proposition driving process to transform this system of care.

It is our objective that this study of kinship care families further promotes policy and practice innovation, enriched communication among stakeholders and an assurance that a strong and cohesive voice will transform our child welfare system in addressing the safety, well-being and permanency of children and their families.

### *System Distinctions in West Virginia*

When a state’s social-services department is granted custody of a child, the department accepts responsibility for making a safe and appropriate placement for the child. Statutes and regulations vary considerably by state concerning the requirements for a relative/kin to provide this out-of-home care. Points of differentiation occur because the majority of relative/kinship homes are not licensed or certified as a foster family home at the time of placement. Some states utilize a temporary or provisional approval while the relative works to complete the requirements for full approval or licensure. In some states, relative care providers may elect not to become certified, while others do not require relative/kinship care providers to be licensed.

In West Virginia, the term “relative” is used to denote a blood/marriage/adoption relationship between the child and caregiver. The term “kinship” is used to denote fictive kin. Fictive kin are not related by blood but have a current or previous relationship with the child. **Thus, the state refers to arrangements as relative/kinship placements.** For the purpose of this study, we will utilize the more broadly established reference of kinship care, where placements are with blood relatives or fictive kin.

With an emergency placement, states may utilize a non-certified kinship care home. When DHHR in West Virginia takes custody of a child, it remains formally involved with the family until the child is reunified with the birth parents or achieves another form of permanency, such as adoption

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or subsidized guardianship. There are two classifications of relative/kinship homes:

**Licensed Relative/Kinship Care:** If the relative/kin chooses to go through the foster home-study process and are qualified, they can be approved as foster parents, and the placement can be made like any other foster placement. This is termed a licensed placement, and the foster care stipend (the Board Maintenance) is paid.

**Non-Licensed Relative/Kinship Care:** When placing a child with a relative/kinship family who does not wish to participate in the process to become a certified foster/adoptive provider, the child’s worker is still required to complete a general safety and well-being check of the relative home. Here, relatives are not reimbursed for the child’s boarding care, since they are eligible to apply for Temporary Assistance for Needy Families (TANF) benefits as a Specified Relative, which include Medicaid, for the child. In a non-licensed situation, kinship caregivers not related by blood may apply for a “demand payment.” This rate is equivalent to the TANF rate (see table below).

State	One Child	Two Children	Three Children
Kentucky	\$186	\$225	\$262
Maryland	\$306	\$536	\$677
Ohio	\$289	\$395	\$483
Pennsylvania	\$205	\$316	\$403
Virginia	\$260	\$347	\$419
<i>West Virginia</i>	\$288	\$331	\$374

### *System Reform Work in Progress*

In August 2018, with support from Casey Family Programs, DHHR embarked on a systemwide evaluation using the Kinship Strengths Assessment – Professional Version (KSA-PV) to identify strengths and gaps in relative/kinship policy and practice. From the lens of system reform, the KSA-PV is a tool utilized to reveal opportunities and challenges in addressing how a system engages with relative/kin within the child welfare system.

Coordination of this process was steered by A Second Chance, Inc. (ASCI). Based in Pittsburgh, Pennsylvania, ASCI has been a recognized leader for over 25 years in the use of pure kinship care practices. The model is nationally recognized and is currently being used successfully in both Allegheny and Philadelphia counties in Pennsylvania.

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## ***Practice Model***

In March 2019, DHHR released a report summarizing discovery sessions, focus groups and desk review findings conducted as part of KSA-PV. The report was also used to inform the establishment of performance objectives for system reform set-up in a proposed timetable. (Appendix A provides an outline of that timetable.) The developed timeline addresses the need for a restructured practice model for relative/kinship care, which is essential, as it lays the foundation for DHHR's strategic planning. Per Chapin Hall (2019):

A Practice Model is an organizing framework that describes an agency's approach and strategic direction. Practice Models within child welfare agencies can be powerful mechanisms for translating values and principles into discrete practice behaviors and strategies for the child welfare workforce.

Additionally, a Practice Model:

- Provides clear guidance and expectations for the workforce;
- Promotes consistency in how staff engage, assess and intervene with families;
- Guides the content of policy;
- Informs the purpose of training;
- Shapes continuous quality improvement efforts; and
- Provides an opportunity for children, families, referral agents and community stakeholders to monitor and inform efforts (Chapin Hall, 2019).

Importantly, this discovery work has been funded by grant funds obtained from the Benedum Foundation. Contributions also came in part from A Second Chance Charitable Foundation.

## ***Application of Findings***

This study's findings are important for multiple reasons: they show the system's perceptions of relative/kinship care amid the opioid epidemic; identify regional similarities and points of distinction in the interpretation of relative/kinship care policy into process; and provide multiple stakeholder perspectives on system strengths and challenges.

The process took into consideration the Annie E. Casey Foundation's (2015) "10 Practices – A Child Welfare Leader's Desk Guide to Building a High-Performing Agency." The assessment work described above aligns with Practice 1, a focus on child and family outcomes. The evaluation was inclusive of:

- Listening to families and staff. Your agency's outcomes will improve if you establish channels for communicating with and learning from clients and those who serve them.
- Beginning a dialogue and meeting regularly with your stakeholders (legislators, child advocates, courts, police, service providers, citizen review panels, etc.). This will help you understand their concerns about your system. Transparency and mutual trust are key.
- Focusing on system problems. It's a fact of life that agency leadership may change

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because of a recent crisis. As much as possible, focus on identifying and fixing systemwide problems, because blaming one person is seldom enough to truly reduce future risks.

Information obtained during the evaluation immediately propelled work to address recommendations and move forward the following (also addressed under Best Practice 1):

- Understanding the budget and agency funding streams. Sit down with your agency budget director to understand federal, state and local funding streams. You will need an in-depth understanding of the rules to maximize your flexibility.
- Managing caseworker caseloads. An agency will only limp along if staff members don't have the time and energy to work directly with children and families and make good decisions. As this Desk Guide describes, caseworkers have significant duties beyond direct contact with children and families, sometimes spending as much as 80 percent of their time in court, arranging for in-home services and supports, searching for relatives, doing paperwork, meeting with supervisors and planning transportation. Without manageable caseloads, agencies cannot produce positive outcomes for the majority of their children and families.

### *Progression of Work Post-Assessment*

This study of kinship care families corresponds with the evaluation and supports the principle recommendations defined under two work efforts.

#### **Work Effort 1: Develop an Outcomes-Based Relative/Kinship Practice Model**

Projected outcomes:

- A specific relative/kinship practice model in West Virginia will lead to a consistent strategy for frontline and administrative decision-making that is assessed by identified outcomes.
- A relative/kinship practice model in West Virginia will lead to faster and more efficient homestudy approvals by establishing a Gold Standard Process (GSP). GSP refers to the engagement processes of approving relative/kinship families within designated timeframes organized by benchmarks. These timeframes and benchmarks are then measured for accuracy and punctuality via corresponding outcomes.
- A relative/kinship practice model in West Virginia will set staff-performance expectations and create a structure for accountability and due diligence, measurable through outcomes.

An internal communications plan will address resistance to change and increase staff buy-in and commitment to any relative/kinship practice-model enhancements or changes.

A pilot of the practice model, training and support structure in Kanawha County will provide a study of the feasibility and viability in moving the work statewide.



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## Work Effort 2: Relative/Kinship Training and Support Program

### Projected outcomes:

- A relative/kinship caregiver training model in West Virginia will lead to improved client satisfaction between DHHR and relative/kinship caregivers.
- A supportive supervisory structure that addresses reflection, secondary trauma and burnout will lead to a more stable workforce, including higher rates of retention.
- A case capacity structure that facilitates predictive analysis will lead to a more stable workforce, including higher retention rates and hiring to address natural attrition.
- A staff relative/kinship training model (pre-service, in-service and professional development) linked to relative/kinship care practice outcomes will lead to a more stable workforce, including higher retention rates.

The recommendations referenced above also align with these best-practice standards from the Annie E. Casey Foundation:

- Practice 5: Install a Practice Model that focuses on family and youth engagement and aligns with agency policies and a written set of values.
- Practice 6: Develop competent front-end decision-making.
- Practice 7: Promote expert casework.

### Setting the Context

As of August 2019, the relative/kinship care population is as follows:

49%	With Relatives/Kin
19%	Non-Licensed Relative/Kinship Care
30%	Licensed Relative/Kinship Care

Here, kinship placements references non-licensed homes. Of the 49% in relative/kinship placements, 30% of children are in a licensed foster home with a relative or kin.

### Process Map of Relative/Kinship Care Approved/Certified Placements

Approving a relative/kinship family for foster care necessitates a frequent, consistent and meaningful engagement between the department and the relative/kinship caregiver. This engagement can be mapped out through the identification of touchpoints (Figure 1). Case touchpoints are those specific engagement opportunities with specific goals and outputs for the family and DHHR workers. Central to successful engagement at each touchpoint is the frequency of communication, which drives caregiver engagement. High-touch levels create more engagement opportunity, which is critical in approving/certifying a relative/kinship home for formal kinship care. By examining the front-end of case management, we can take a more comprehensive approach in addressing the logistics of approval, while also providing needed support to the family.

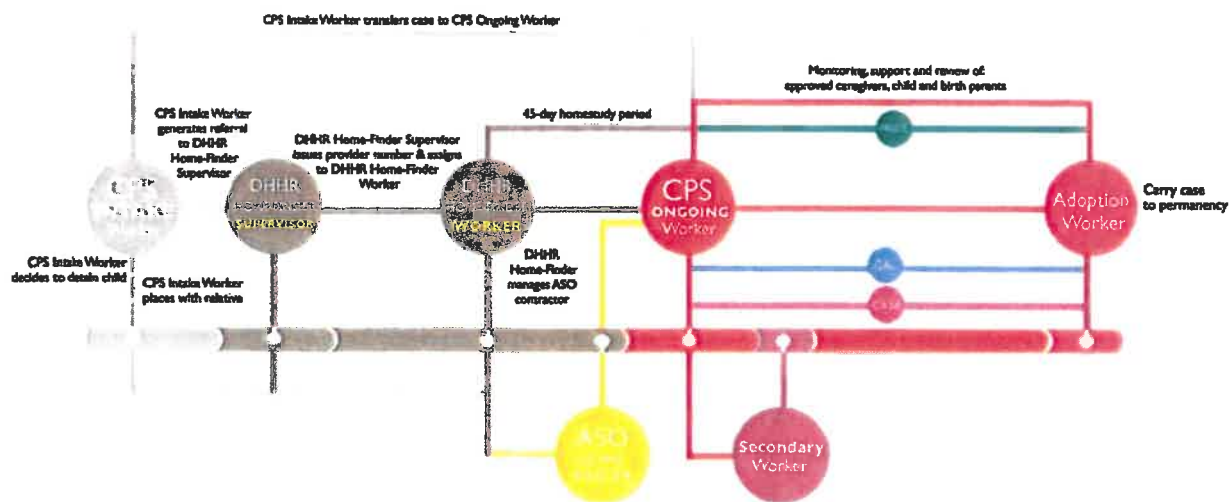


Figure 1: Process Map of Kinship Care (full version in Appendix B)

### Front-End of Work

#### Touchpoint 1: The CPS Investigation/Assessment Worker

1. The CPS Investigation/Assessment worker removes the child and identifies relatives/family and places with those identified. Removals are based on safety circumstances. If a worker enters a home and the safety is not able to be controlled and cannot be maintained with a safety plan, the decision to remove is made.
2. The CPS Investigation/Assessment worker completes a safety check of the relative/kinship home and initial clearances are completed, as well as the completion of the homestudy request.
3. A referral is generated to the DHHR homefinding supervisor and the packet is mailed to the supervisor of that region.

#### Touchpoint 2: The DHHR Homefinding Supervisor

4. The homefinding supervisor issues a provider number and assigns the case to a homefinder.

#### Touchpoint 3: The DHHR Homefinder

5. The homefinder has five days to visit the home and begin the homestudy. (Note: The homefinder may contract out the homestudy to an Administrative Services Organization (ASO). There are 45 days allotted to complete the homestudy.)

#### Touchpoint 4: CPS Ongoing Worker

6. The CPS Investigation/Assessment worker transfers the case to the CPS Ongoing worker.
7. The CPS Ongoing worker case-manages and supports the child, birth parent and relative/kinship caregiver.
8. The DHHR Department Homefinding Specialist handles paperwork processes as the case moves from certification to permanency. Case aids assist with paperwork and print results, with some running the regional print machines. Additionally, they prepare the initial relational

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ve/kinship provider case files for the homefinding specialists as they come in from the ASO contracted studies.

### *Federal Title IV-E Guidelines on Licensing Period, Foster Care Maintenance Payments, Training and Waivers*

Federal laws and regulations provide frameworks and direction for state child welfare policies and practices. As such, each state sets its own foster home licensing standards and procedures. Importantly, federal policies allow states vast discretion in determining how to assess, license/approve and support relatives/kin as both informal caregivers and as licensed foster parents. Additionally, most states differentiate between informal and formal kinship care. As previously stated, informal is a diversionary practice wherein the child/youth is not in the custody of the state. In licensed kinship care, the child is in the state's custody, and the relative/kinship caregiver becomes the resource parent.

#### **Information in part obtained from:**

Child Welfare Information Gateway. (2012). Title IV-E Foster Care Eligibility Review Guide. Washington, D.C: U.S. Department of Health and Human Services, Children's Bureau.

#### **Licensing Period and Foster Care Maintenance Payments**

**Overarching Impact:** The designated licensing period impacts the ability of the State to be reimbursed for administrative and maintenance costs. After the designated 60 days, should the home remain unlicensed, only administrative reimbursement is possible.

- State agencies may claim Title IV-E reimbursement during the period between the date a foster care home or facility satisfied all of the state's requirements for licensure and the date the actual licensing document was issued, not to exceed 60 days.
- The 60-day period begins when the state agency obtains all necessary documentation to substantiate full compliance with the state's licensure standards. In determining the period of eligibility, any foster family home or childcare institution that is licensed for a portion of a month is considered licensed the entire month. However, federal maintenance payments may be claimed only for the portion of the month the otherwise eligible child resided in the licensed foster family home or childcare institution.
- Although maintenance payments may not be claimed for an unlicensed foster family home, Federal Financial Participation (FFP) may be claimed for the administrative costs associated with an otherwise Title IV-E eligible child placed in an unlicensed foster family home, in accordance with Program Instruction ACYF-CB-PI-02-08 for 12 months or the average length of time it takes to license or approve a foster family home, whichever is less. During this time, an application for licensure or approval of the relative home as a foster family home must be pending. In addition, FFP may not be claimed for the maintenance costs associated with an otherwise Title IV-E eligible child placed in an unlicensed foster family home, if that home is licensed or approved as a facility other than a foster care facility, such as a pre-adoptive family home.

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- There is no grace period to allow the foster care provider to come into compliance with the requirement for full licensure. These foster family homes, including those licensed by a child-placing agency, must meet full licensure beginning April 1, 2000.
  - Under certain circumstances the state may claim administrative costs on behalf of an otherwise eligible child placed in an unlicensed or unapproved relative home for 12 months or the average length of time it takes the state to license or approve a foster family home, whichever is less. During this time, an application for licensure or approval of the relative home as a foster family home must be pending (section 472(i)(1)(A) of the Social Security Act). The state is prohibited from claiming administrative costs for a child placed in an unlicensed or unapproved foster family home that is not related to the child. For the purposes of this provision, a relative is defined by section 406(a) of the Social Security Act as in effect on July 16, 1996, and implemented in 45 CFR 233.90(v).

### **Training**

Support for the general idea of foster parent training is contained in federal policy via the Foster Care Independence Act of 1999 (H.R. 3443). This legislation states that “before a child in foster care is placed with prospective foster parents, the prospective foster parents will be prepared adequately with the appropriate knowledge and skills to provide for the needs of the child, and that such preparation will be continued, as necessary, after the placement of the child.”

### **Waivers**

P.L. 110-351 Fostering Connections to Success and Increasing Adoptions Act of 2008 permitted Title IV-E agencies to waive on a case-by-case basis a non-safety licensing standard for a relative foster family home.

### ***A Note on the Family First Prevention Services Act (FFPSA)***

The **Family First Prevention Services Act (FFPSA)** was signed into law on February 9, 2018, as part of the Bipartisan Budget Act. This legislation is a transformation to child welfare funding in that it addresses prevention services for children/youth at impending risk of out-of-home placement. Additionally, it addresses specific criteria to support high-quality family foster care placement inclusive of kinship care.

The **Proposal for an Alternative System of Regulation** presented in Section 2 was written to inform the state’s plan to the Children’s Bureau. The current status of the state’s plan is provided below.

**West Virginia Summary:** The Joint Committee on Government and Finance is requested to study the foster care system and its compliance with the Family First Prevention Services Act; furthermore that the Joint Committee on Government and Finance enlist the assistance of other state agencies and departments as necessary in conducting the study; and the Joint Committee on Government and Finance report its findings, conclusions, and recommendations to the regular session of the Legislature in 2020, together with drafts of any legislation necessary to effectuate its recommendations.

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<http://www.ncsl.org/research/human-services/family-first-updates-and-new-legislation.aspx>

### *Model Licensing Standards for Kinship Care Homes*

In conjunction with FFPSA, states must demonstrate that they are in line with newly established Model Licensing Standards for Kinship Care Homes issued by the Children's Bureau on February 4, 2019. Germain to this report, the following are responses to the home study and training:

#### **Home Study**

- Applicant must have completed an agency home study, which is a written comprehensive family assessment to include the following elements:
  - At least one scheduled on-site visit to assess the home to ensure that it meets the state, tribal and/or local standards applicable to the safety and care of the home.
    - West Virginia meets this standard.
  - At least one scheduled in-home interview for each household member to observe family functioning and assess the family's capacity to meet the needs of a child or children in foster care.
    - West Virginia meets this standard.
  - The Title IV-E agency has discretion on whether to interview or observe each household member based on his or her age and development.
    - West Virginia meets this standard.
  - Multiple applicant references that attest to the capability of the applicant to care for the child, including at least one from a relative and one from a non-relative.
    - West Virginia meets this standard by requiring multiple references, though one does not have to be a relative.

#### **Training**

- Applicants must complete pre-licensing training on the following topics: rights, roles, responsibilities and expectations of foster parents; agency structure, purpose, policies and services; laws and regulations; the impact of childhood trauma; managing child behaviors; first aid (including cardiopulmonary resuscitation (CPR) for the ages of the children in placement) and medication administration; and the importance of maintaining meaningful connections between the child and parents, including regular visitation.
  - West Virginia meets this standard.

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## Section 1: A review of best practices in other states

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### Section Foreword

Best practices in relative/kinship care must be founded in data collected through outcomes-based practice. Thematically, the best practices identified here address how adaptability and flexibility in system response to relative/kinship care can concurrently meet the needs of individual families and collectively impact relative/kinship certification rates to better ensure that relative/kinship placements are successful.

The financial support that states provide to kinship foster parents is directly tied to how kin are licensed. All states must provide foster care payments to kin who are licensed based on non-kin licensing standards. The financial and case support is intimately linked to how kin are licensed/approved.

The following content provides a brief summation of the practice as it is currently delivered in West Virginia and a review of state best practices, as well as identifies practices in West Virginia's border states: Kentucky, Maryland, Ohio, Pennsylvania and Virginia.

Additionally, each state is classified as state (S) vs. county (C) administered, as this impacts policy and practice. It is important to note that Maryland is a hybrid (H) state in that it is partially state- and partially county-administered.

#### **Information in part obtained from:**

Child Welfare Information Gateway. (2018). Placement of children with relatives. Washington, D.C: U.S. Department of Health and Human Services, Children's Bureau.

#### *Identified Best Practices*

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**Best Practice One:** When an emergency placement is needed, and a relative/kinship home opts for licensing, the foster care maintenance payment should be retroactive from the day of placement.

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**Rationale:** Building a trauma-informed system of care must be inclusive of policy that recognizes the impact of placement stability and the influence of concrete needs on that stability.

**Current Practice in West Virginia:** A child/youth can be placed with kin/relatives prior to licensing. A foster care board payment is not provided until the home is licensed. While waiting for the board payment, the family may receive child specific TANF, or if fictive kin, demand payment. There is not back-pay of the foster care stipend once a family is licensed/approved.

#### **Review of Border States:**

**Kentucky (S):** Preference is given to available and qualified relatives of a child for custody

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placement. Under a custody order, no support other than TANF is available.

**Maryland (H):** A child shall be placed with a relative only after the relative is approved as a kinship parent or as a *provisional restricted resource home*, unless the child was placed by the court in the relative's home during the shelter care period or the child currently resides in the relative's home.

**Ohio (C):** Preference is given to available and qualified relatives of a child for custody placement. Under a custody order, no support other than TANF is available. Additionally, under informal kinship care, there is the Kinship Permanency Incentive (KPI). The KPI program is designed to promote a permanent commitment by a kinship caregiver(s) through becoming guardians and custodians over minor children who would otherwise be unsafe or at risk of harm if they remained in their own homes. KPI provides time-limited incentive payments to families caring for their kin.

**Pennsylvania (C) (A Best-Practice State):** Kinship caregivers must meet all the regulatory requirements stipulated in Chapter 3700, Foster Family Care, of the Pennsylvania Code, Title 55, Department of Public Welfare, and CYD Policy. In Allegheny and Philadelphia counties, at the onset, kin receive financial support while going through the certification process.

**Virginia (C):** Under state law, the home must be a licensed foster home. Thus, the state refers to a placement with kin as an emergency license. The locality then has 60 days to complete the licensing process. The caregiver is paid the foster care rate from the date the child is placed, regardless of whether they make it through the licensing process.

**Best Practice - Non-Bordering States:**

**California (C):** If the criminal records check indicates that the person has no criminal record, the child may be placed in the home on an emergency basis. AB 110 funding: A caregiver who has accepted emergency placement of a child and is working to complete Resource Family Approval (RFA), is eligible to receive the home-based family care rate so long as the caregiver submits the RFA-01 application. Funding is retroactive to the date of placement.

**District of Columbia (S):** The Child and Family Services Agency may issue a temporary license to operate a foster home only if the applicant is kin to each foster child who would be placed in her or his home. A temporary license permits the foster home to operate prior to issuance of an annual license and while the foster parent attempts to satisfy the requirements for a license. Note: In D.C., foster parent refers to either a traditional or relative/kinship placement that is moving toward certification.

**Louisiana (S):** In emergency situations, relatives and friends of the foster child who have applied to be foster parents and who appear to meet eligibility criteria for such foster homes may be certified by the department for one 90-day period without training.

**Massachusetts (S):** Prior approval of the home by the Department of Early Education and Care is not required for emergency foster placement of the child with a relative or long-term

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friend of the child's family. Within 10 days of placement, a criminal offender record check must be performed on all persons age 18 or older who reside in the home.

**Montana (S):** The department may, at its discretion, issue a provisional license restricted for care of a specific child or children for any period up to four months to any license applicant for a kinship foster home.

**New York (C):** A potential foster home or the home of a relative of a foster child may be approved or certified on an emergency or expedited basis.

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**Best Practice Two:** Following the emergency placement, an approval/licensing period for relatives/kin should occur within 60 days of the placement. Note: A predetermined licensing period is preferable to none, even if over the 90 days.

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**Rationale:** Policy-based timeframes are necessary to build accountability measures into the practice model. Additionally, timeframes less than 90 days provide a risk assessment that is proactive in addressing any safety risks.

Important to note, in traditional non-kin, non-relative foster care, the licensing process can take anywhere from three to six months or longer. Many assert that it would be difficult to complete the process in less than three months. Innovative policy and practice is central to reducing the length of time for relative/kin licensure to occur.

**Current Practice in West Virginia:** There is a 45-day timeline for the homestudy. The homefinder has five days from the homestudy referral date to visit the home to initiate the process. The process must be initiated by CPS with a "Request for a Home Study" within 24 hours from the date of placement.

**Review of Border States:**

**Kentucky (S):** No specified timelines for kinship licensure period.

**Maryland (H):** No specified timelines for kinship licensure period.

**Ohio (C):** No specified timelines for kinship licensure period.

**Pennsylvania (C) (A Best-Practice State):** Kinship caregivers must meet all the regulatory requirements stipulated in Chapter 3700, Foster Family Care, of the Pennsylvania Code, Title 55, Department of Public Welfare, and CYD Policy. Temporary approval may be granted for up to 60 days if a home does not meet all the required standards.

**Virginia (C):** Temporary approval may be granted for up to 60 days if a home does not meet all the required standards.

**Best Practice - Non-Bordering States:**

**District of Columbia (S):** A temporary license permits a kinship foster home to operate prior



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to issuance of an annual license and while the foster parents attempt to satisfy the requirements for a license. The license expires in 150 days from the date of issuance.

**Florida (S):** The child welfare professional will complete a relative/non-relative home study within 45 calendar days of the case transfer of an Emergency Placement home study for a relative/non-relative if a licensing home study has not already been completed.

**New Jersey (S):** A kinship caregiver will be required to comply with the 150-day licensing process applicable to all resource family homes in order for the child to be placed with the kinship family and remain in the home. This includes visits/inspections to the home and interviews with all household members.

**New York (C):** A relative within the second or third degree of the parent or step-parent of the foster child may be approved on an emergency basis for up to 90 days. Similarly, a more distant relative or a non-relative with a significant prior relationship with the foster child's family may be certified on an emergency basis. The 90-day period can also be extended for certain requirements.

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**Best Practice Three:** Programming protocol that outlines the consistent use of waivers for defined non-safety issues in the homestudy process.

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**Rationale:** Whereas kinship care providers are assessed based on the same standards as non-kin, waiving or modifying one or more standards that all non-kin foster parents are required to meet is essential in the assurance that kinship care is not used in a diversionary tactic where the family receives no financial or case support.

**Current practice in West Virginia:** The licensing agency or the department may grant a waiver to certain non-safety-related requirements for the relative of a child without an alternative provision to meet the intent of the requirement.

**Review of Border States:**

**Kentucky (S):** Consider flexibility in approvals of child specific foster homes when the child's best interest is met with placement with relative or fictive kin

**Maryland (H):** An exception may be made upon approval in writing by the local director.

**Ohio (C):** A possible exception for a relative home if the request is for a non-safety issue.

**Pennsylvania (C) (A Best-Practice State):** Strong state law and policy that reflect the state's kin-first philosophy provide overarching guidance and allow county leaders the flexibility to implement the policies in ways that work for them.

**Virginia (C):** Subject to approval by the commissioner, a local board may grant a waiver of the state board's standards for foster home approval set forth in regulations that are not related to safety. Waivers granted pursuant to this subsection shall be considered and, if ap-

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appropriate, granted on a case-by-case basis and shall include consideration of the unique needs of each child to be placed.

**Best Practice - Non-Bordering States:**

**Connecticut (S):** The commissioner may grant a waiver from the regulations, including any standard regarding separate bedrooms or room-sharing arrangements, for a child placed with a relative or fictive kin caregiver, on a case-by-case basis, if the placement is otherwise in the best interests of the child, provided no procedure or standard that is safety-related may be waived. The commissioner shall document, in writing, the reason for granting any waiver from the regulations.

**Mississippi (S):** In placing the child in a relative's home, the department may waive any rule, regulation or policy applicable to placement in foster care that would otherwise require the child to have a separate bed or bedroom or have a bedroom of a certain size, if placing the child in a relative's home would be in the best interests of the child and such requirements cannot be met in the relative's home. The court may waive foster care training for a relative only when appropriate.

**Nebraska (S):** The department may, at its discretion, issue a provisional license restricted for care of a specific child or children for any period up to four months to any license applicant for a kinship foster home. A relative home that receives a waiver pursuant to this subsection shall be considered fully licensed for purposes of federal reimbursement under the federal Fostering Connections to Success and Increasing Adoptions Act of 2008, P.L. 110-351.

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**Best Practice Four:** A relative/kinship specific licensing curriculum for caregivers.

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**Rationale:** Traditional licensing curriculum are historically written from the perspective of traditional foster care; thus, they do not address the nuances of kinship care that influence placement stability, safety and permanency. Content from the curriculum is critical to placement stability and should not be waived for extended periods of time.

Important to note, in traditional non-kin, non-relative foster care, pre-service training is completed prior to placement. With relative/kinship care placements, this training is completed concurrently with the home study.

**Current practice in West Virginia:** PRIDE (Parent Resources for Information, Development, and Education) curriculum, which was developed by the Child Welfare League of America (CWLA). A one-year variance may be granted for kin/relative placements.

**Review of Border States:**

**Kentucky (S):** Not specified.

**Maryland (H):** Not specified.

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**Ohio (C):** Not specified.

**Pennsylvania (C) (A Best-Practice State):** Allegheny and Philadelphia counties, contracted with A Second Chance, Inc. as the kinship care provider, utilize Standards for Assessing and Recognizing Kinship Strengths (SARKS) (kinship specific).

**Northern Virginia (C):** PRIDE's Traditions of Caring (kinship specific).

**Best Practice - Non-Bordering States:**

**Kansas (S):** Model Approach to Partnerships in Parenting (MAPP) - Caring for Our Own (kinship specific)

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**Best Practice Five:** The use of dedicated relative/kinship care support positions to expedite certification and case management for relative/kinship care families.

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**Rationale:** Specialized staff are needed to provide supports that meet the unique needs of kinship caregivers, which in turn contributes to safety and placement stability.

**Current practice in West Virginia:** The pilot of the Kinship Navigator Program is in place. The Kinship Navigator Program provides assistance to child welfare workers and relative/kinship families in monitoring relative/kinship placements to ensure their entry into FACTS (Families and Children Tracking System), that monthly demand payments have been entered and foster care subsidy begins upon certification approval. The Kinship Navigators provide assistance to the relative/kinship families by linking them with necessary services and supports and ensuring their needs are met. The program is intended to provide added resources for relative/kinship families and assist child welfare workers when relative/kinship families have extra needs that require time and assistance.

**Review of Border States:**

**Kentucky (S):** There is a Kentucky Kinship Support Hotline and email to assist relative caregivers in accessing services and problem-solving issues and concerns.

**Maryland (H):** Localities provide Kinship Navigation\* services.

**Ohio (C):** Varies by county.

**Pennsylvania (C) (A Best-Practice State):** In Allegheny County, a Kinship Navigator is used for diligent search and engagement of family, working in tandem with the county worker during placement. Once a home is secured, the Navigator transfers the case to a kinship-specific case manager. Berks County also has a specific kinship unit. (Note: Here, the Kinship Navigator is a casework position.)

**Virginia (C):** In Arlington County, a Kinship Navigator is utilized for diligent search. In Fairfax County, there is a kinship unit with dedicated workers and a Kinship Family Institute

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for families that offers training, services, engagement, support groups, etc.

\*Note on Kinship Navigator programs: Typically, these are designed for informal kinship care. Functionally, they are online, have a warmline or provide in-person resources designed to assist kinship caregivers in learning about, finding and using programs and services. Some are expanded and promote effective partnerships among public and private agencies to ensure relative/kinship families are served.

**Best Practice - Non-Bordering States:**

**Program Related**

Two counties in Pennsylvania (and some communities in Texas) are providing what is known as “Kinship Treatment Foster Care” (TFC). TFC is a program aimed at ensuring that traumatized children removed from their homes can remain permanently with kin if reunification is not possible.

**Various Types of Kinship Navigation Services**

**Florida (S):** The Children’s Home Network maintains online kinship navigation. It includes an e-application (an online service portal where caregivers may apply for eligible benefits and services, with the application completed in the relative’s home via laptop computer); peer-to-peer support; and a professional interdisciplinary team.

**Georgia (S):** Kinship Navigators are located statewide. There are 15 regional Navigators who assist kinship families in identifying and locating resources within their local communities.

**New York (C):** NYS Kinship Navigator is an information, referral and advocacy program for kinship caregivers in New York State.

**Washington (S):** Active in 30 of the state’s 39 counties, this Kinship Navigator is an information, referral and advocacy program for kinship caregivers.

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**Best Practice Six:** The use of border agreements that permit children to be provisionally placed with relatives during the time of the investigation or assessment.

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**Rationale:** The Interstate Compact for Protection of Children (ICPC) can take more than six months when there is a relative willing to take a child who lives just miles across the border. Border agreements reduce the placement of children in foster homes where children do not know their caregivers.

**Note:** If the child protection agency does need to take custody of the child at the end of the assessment or investigation, the child can remain with the relative until the ICPC process is completed.

**Current practice in West Virginia:** No border agreements are in place, however, it is a possible topic of consideration during the Judicial Conference between Virginia and West Virginia for the eastern panhandle.

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**Review of Border States:**

**Kentucky (S):** No border agreements.

**Maryland (H):** Has a border agreement in place with the District of Columbia.

**Ohio (C):** No border agreements.

**Pennsylvania (C):** No border agreements.

**Virginia (C):** There is an agreement between the northeast region of the Tennessee Department of Children's Services and Virginia's local Departments of Social Services for several counties in southwest Virginia. In this agreement, an individual who is a relative or person with whom the child has a significant relationship and resides out-of-state but within the regions specified in the agreement, may be considered for temporary placement without the child being placed in the state foster care system in either state.

**Best Practice - Non-Bordering States:**

**Georgia:** Border agreements with Alabama.

**The Washington State Department of Social and Health Services and the Oregon Department of Human Services:** The ICPC Border Agreement applies specifically to the border counties of each state, and it establishes an expedited process to assess the safety and suitability of prospective caregivers who have an existing relationship with the child.

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**Best Practice Seven:** Relative/kinship care practices are consistency aligned to policy across the state or jurisdiction.

**Rationale:** Centralization of policy to practice reduces variation in the commitment and expectations of working with relatives/kin. Effective engagement alone will not improve the support structures for relative/kinship care families. Key components, such as timelines, are necessary as well.

**Current practice in West Virginia:** There is a wide range of policy and practice interpretation among and within regions. For instance, there is varied interpretation on whether the 45-day homestudy timeline pertains solely to the homestudy piece or to the entire process inclusive of fingerprinting and training.

**Review of Border States:**

This information is difficult to obtain as it is predominately held in more intimate studies of organizational culture. What is offered below are state and county-led initiatives to reduce the gaps between policy and practice.

**Best Practice - Non-Bordering States:**

**California (C):** The California Child Welfare Core Practice Model (CPM) is a statewide

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effort led by the counties to develop and implement a framework to support child welfare practice and allow child welfare professionals to be more effective in their roles. The CPM is intended to guide practice, service delivery and decision-making.

**Georgia (S):** Kinship Care Continuum ensures relatives caring for children in foster care are provided necessary services to maintain placement stability.

**Washington, D.C. (S):** Four Pillars is designed to improve outcomes for children, youth and families at every step of their involvement with District child welfare. Each pillar features a values-based foundation, a set of evidence-based strategies and a series of specific outcome targets.

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**Best Practice Eight:** A dedicated relative/kinship care caseworker who visits the home on a consistent basis to assess for compliance and better support the relative/kinship caregiver.

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**Rationale:** A dedicated worker is able to provide anticipatory, proactive service for the caregiver.

**Current practice in West Virginia:** Currently, the homefinder is removed from family engagement once the home certification process is completed. The position is only reintroduced if the provider reaches out and a correction action is needed. Additionally, this position re-certifies the home.

**Review of Border States:**

**Kentucky (S):** No information available.

**Maryland (H):** Varies by county.

**Ohio (C):** Varies by county.

**Pennsylvania (C) (A Best-Practice State):** In Allegheny and Philadelphia counties, the kinship caregiver receives a monthly home visit from a dedicated worker.

**Virginia (C):** Varies by county, however, Fairfax County has a kinship unit and Arlington County has a Kinship Navigator.

**Best Practice - Non-Bordering States:** None identified in research.

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## Section 2: A proposal for an alternate system of regulation for kinship foster care that includes the same reimbursement as other foster care families, as well as a reasonable time period for obtaining certification

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### Area A: Policy Alternatives

#### Section Forward

**Alternatives A1-A4** are designed to support, structure and formalize the kinship placement within timetables. Timetables are the foundation in meeting the needs of the relative/kinship caregiver with the sense of urgency they deserve. Note that in West Virginia, children can be emergency-placed with a relative/kinship caregiver prior to completion of the homestudy process. In some states, children cannot be placed with relatives/kin until the home is certified, unless it is designated a custody placement.

Timeframes are also critical in the Title IV-E process that addresses the financial needs of relative/kinship caregivers. Under Title IV-E of the Social Security Act, states are permitted to claim partial federal reimbursement for the cost of providing foster care to children who meet federal eligibility criteria. Licensure is directly tied to foster care financial support in that all states are required to provide the foster care stipend to relatives who are licensed based on non-relative licensing standards. Additionally, payment eligibility under Title IV-E is tied to timetables.

In some jurisdictions, such as Allegheny County in Pennsylvania, relative/kinship caregivers receive the foster care stipend prior to completing the certification requirements. Georgia provides an Enhanced Relative Rate, which is 80% of the foster care rate for relative placements, if the degree of relationship by blood, marriage or adoption is met.

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**Alternative A1:** When the state takes custody of a child and the placement is with a relative/kin who has opted for a licensed placement, there would be a 90-day certification timeline.

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**Current Practice in West Virginia:** The child is placed with relatives/kin, and it is termed a kinship placement.

#### **Rationales for change:**

- Safety issues are created when the certification period goes beyond 90 days.
- An identified licensing period communicates a sense of urgency to staff and families.

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**Alternative A2:** Conduct a fiscal study to determine if during the licensing period, the relative/kinship caregiver can receive the equivalent of the state foster care maintenance payment in coordination with the placement date and/or develop an enhanced relative rate.

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**Current Practice in West Virginia:** The foster care maintenance payment is not issued until the relative/kinship home is licensed.

**Rationale for change:**

- Provides more immediate financial assistance to the child and caregiver.
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**Alternative A3:** Conduct a work and time study to determine if there can be a reduction in the five-day requirement for the homefinder to physically visit the relative/kinship home after the homestudy referral date.

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**Current Practice in West Virginia:** There are five calendar days for the homefinder to visit the home and begin the certification process.

**Rationales for change:**

- Reduces safety risks.
  - Initiates engagement with caregiver sooner into the process.
  - Provides a streamlined process and accountability measures to approve the home in a more timely manner.
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**Alternative A4:** Regarding Interstate Compact on the Placement of Children (ICPC), create a task force to explore border agreements.

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**Current Practice in West Virginia:** No border agreements are in place. An external ICPC homestudy must occur. Here, the state has no control of time periods, as they are regulated by each state.

**Rationale for change:**

- The external ICPC process can take up to six months depending on the state and case.

## Area B: Process Alternatives

### *Section Forward*

Regional practices must align with state policy. Currently, engagements with relatives/kin in West Virginia are more process than policy. Although regional differences are to be expected, office process must not be misconstrued as policy. The following process alternatives are proposed to create a more consistent and efficient engagement between the relative/kinship caregiver and DHHR. This consistency and efficiency is critical in providing the support framework relative/kinship caregivers need to meet the needs of the children entrusted to their care. Additionally, it acknowledges that meeting the needs of the relative/kinship caregiver directly corresponds to the level of care for the family.



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**Alternative B1:** A casework model and relative/kinship engagement process that supports a 90-day licensing policy.

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**Current Practice in West Virginia:** 45 calendar days to complete the homestudy process only. This does not incorporate training and fingerprinting.

**Rationales for change:**

- Increases the opportunities to engage caregiver and provide support.
- Addresses caseloads of homefinders by providing additional time to approve.
- Addresses travel distances in rural case management by providing homefinders and caseworkers reasonable periods of time to manage timetables.
- Allows for expected delays that may occur during the process.

**Alternatives B2-B5** speak to the development of a Gold Standard Process (GSP) for the home-study process, which support alternatives A1-A4. The GSP identifies and then monitors practice benchmarks to ensure approval timelines are being met. This process describes homefinder involvement in action-planning processes to achieve targeted approval outcomes.

Inclusive to the GSP is a Gold Standard Checklist. The checklist is a critical date form set up as a list to delineate by progression of days, the required items for completion of the process for kinship approval/licensing. The Gold Standard Checklist outlines important tasks and deadlines in one place and facilitates accountability measures to continually promote quality service (Figure 2).

The key strength of the GSP is that it improves organizational systems, communication and the accountability of child welfare staff. If implemented effectively it can reduce incidences that lead to approval outside the 90-day timeframe.

To monitor the benchmarking process of the GSP, data dashboards are created. Data dashboards are information-management tools used by homefinding supervisors. The dashboards visually track key performance indicators (KPIs) to monitor the homefinding process. Dashboards are a central communication tool between CPS and homefinding.

**Alternative B2: Create and pilot a Gold Standard Process to standardize the 90-day homestudy period.**

**Proposed Central Benchmarks for a 90-Day Licensing Period for Relative/Kinship Homes**

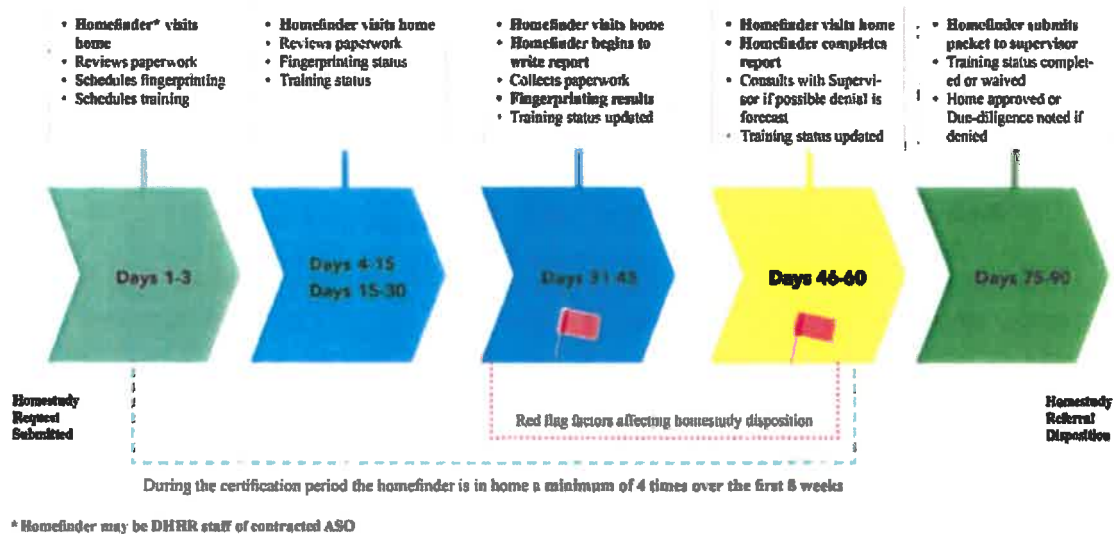


Figure 2: Process Benchmarks for Licensing (full version in Appendix C)

**Current Practice in West Virginia:** The current homestudy checklist serves as a framework where timeframes are not specified.

**Rationales for change:**

- Engagement practices for approving kinship families work best when facilitated within designated timeframes organized by benchmarks.
- Timeframes and benchmarks are measured for accuracy and punctuality via corresponding outcomes (Figure 2).
- Creates an accountability structure between the homefinder and supervisor.
- As a modality for system reform, the GSP safeguards attendance to child safety, well-being and permanency.

**Alternative B3:** Pilot the use of a data dashboards to monitor the 90-day approval process under the GSP.

**Current Practice in West Virginia:** Current data is collected commutatively.

**Rationales for change:**

- Relative/kinship homes at the 60-day juncture can be flagged as being in jeopardy of not meeting the 90-day criteria.

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- Due diligence efforts documented for homes unable to meet the 90-day requirement.
  - Accountability is tied to outcomes-based practice that is not randomized.

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**Alternative B4:** As part of the gsp, formalize the licensing waiver process by developing a comprehensive list of requirements with the potential to be waived.

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**Current Practice in West Virginia:** Policy is communicated in a variety of forms. Dependent on region, there is no centralized mechanism to obtain information.

**Rationales for change:**

- Minimizes confusion in the certification process among stakeholders.
- Contributes to the due diligence measure of the GSP in licensing relative/kinship homes.

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### Section 3: An evaluation of training and supports needed to ensure kinship homes are successful

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#### Section Forward

Being prepared does not indicate readiness. No assumptions should be made by the system that relative/kinship caregivers are ready for a placement because family ties have prepared them. Unlike traditional foster parents who work at their own pace, relative/kinship caregivers are most often making decisions when their family is in crisis. Thus, the best way to support kinship homes is to front-load practice with an underlying sense of urgency. This urgency must be addressed in staff training and casework frameworks.

#### Area A: Relative/Caregiver Training

##### *Subsection Forward*

Relative/kinship caregiver training is a requirement for foster care home certification. Because of their family relationship with the child, however, many caregivers feel being “trained” is unnecessary. In relative/kinship care training it is essential to engage the relative/kinship caregiver from the perspective of partner and not resource parent. Thus, not only is the utilized curriculum important, but also the approach to training.

Content should include both logistical and contextual information. Relative/kinship caregivers must become empowered in the process and therefore knowledgeable of the child welfare system, legal processes and financial concerns. Contextually, relative/kinship caregivers need to engage in conversations concerning shifting family dynamics, new roles and self-care.

In relative/kinship care, training must take on the function of a support structure, as well. During

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trainings, kinship caregivers must feel safe to express their feelings, challenges and fears. Importantly, there must be opportunity to share their wisdom, strengths and strategies with other caregivers. To prevent placement changes and increase stability, it is critical to educate relative/kinship caregivers on how to cope with new and sometimes challenging behaviors they may have never before experienced in their families.

### *Current Training Practice in West Virginia for Relative/Kinship Caregivers*

#### *Operational*

##### **Issue Identified**

- There is not a clearly defined coordination of the training between DHHR and the Social Worker Education Consortium (SWEC).

##### **Action Plan and Needed Supports**

- As training is linked to licensure, DHHR must have primary oversight of caregiver training via the homefinding department.
- SWEC must be trained on the DHHR model to accurately communicate with relative/kinship caregivers.

#### *Logistical*

##### **Issue Identified**

- Training locations and schedules are restrictive in meeting the needs of relative/kinship caregivers within the licensing time period.

##### **Action Plan and Needed Supports**

- More full-time training staff are required to meet the demands of specific regions.
- In lieu of pre-determined starting dates, facilitate rolling admission into trainings.
- The orientation training could be completed by the homefinding specialist or CPS worker as a pre-service within the first 72 hours of placement.
- Locations of training must be more regionalized to facilitate greater frequency.
- GSP protocols must be set in place to schedule caregiver training.
- The homefinding specialist or ASO contracted homefinder will review the schedule with the family at the first visit.
- The homefinding specialist or ASO contracted homefinder will contact the university.
- Scheduling must be expanded to include daytime offerings in addition to evenings and weekends.
- Explore the use of technology for training participation, such as video conferencing.
- Transportation services should be addressed on a case-by-case basis.
- Provide child care at the trainings.

#### *Contextual*

##### **Issues Identified**

- Relative/kinship caregivers are engaged in a pre-service-designed training for traditional foster parents.
- The current curriculum is specific to building competencies for potential resource parents and their expectations after children join their families.

- Fidelity to a relative/kinship-specific training model has not been established between DHHR and SWEC.

#### **Action Plan and Needed Supports**

- Review curricula alternative to the current PRIDE model.
  - Pilot SARKS (Standards for Assessing and Recognizing Kinship Strengths) vs. PRIDE – Traditions of Care.
- How relative/kinship care looks in a rural area should be formally incorporated into the training.
- Convene an annual meeting of relative/kinship caregiver trainers to strengthen fidelity to the training model.

### *Area B: Staffing as a Central Support for Relative/Kinship Care*

#### *Section Foreword*

This segment addresses the impact of staffing on home approval and case management for relative/kinship families. Staffing impacts high-quality family engagement, as well as safety-focused outcomes necessitated by a 90-day approval process.

First, the utilization of the DHHR homefinder is essential to relative/kinship families obtaining certification in a reasonable time period of 90 days. There is more variability in relative/kinship certification when compared to traditional home studies for foster care. More work can be completed when this variability can be minimized. To address this variability within the homestudy for relatives/kin, a more structured process must be put into place. The development of a GSP for the homestudy considers both process and sequencing variability so the 90-day process is achieved.

Second, caregivers are primarily supported by DHHR staff, thus, their roles are critical in ensuring that relative/kinship homes are successful. Many facets are impacting the ability of staff to act as this primary support. Caseload, and consideration of workload, referring to the sum of all job expectations inclusive of home visits, paperwork, supervision, court, etc., is critical to staffing in child welfare. Additionally, as the majority of casework in the state can be considered rural in nature, travel time becomes applicable to workload. Also germane is consideration that some children and families require more hands-on time than others. Risk levels and family size also impact workload.

It is acknowledged here that staffing levels and conditions as set by DHHR are also affected by forces that include budgetary considerations and the child welfare labor market. Additionally, the quality of work provided is influenced by child welfare worker characteristics, such as knowledge and experience, as well as human factors, such as stress, fatigue and secondary trauma. Finally, the system itself also influences engagement outcomes within the 90-day process via needs of families, case capacity and the availability of staff supports.

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## Support Specific for Licensing

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**Action B1:** Conduct a work-flow study to determine the case capacity of DHHR homefinders, as well as the contracting of ASO homefinders, regarding licensing and recertification. This should consider and define maximum caseloads.

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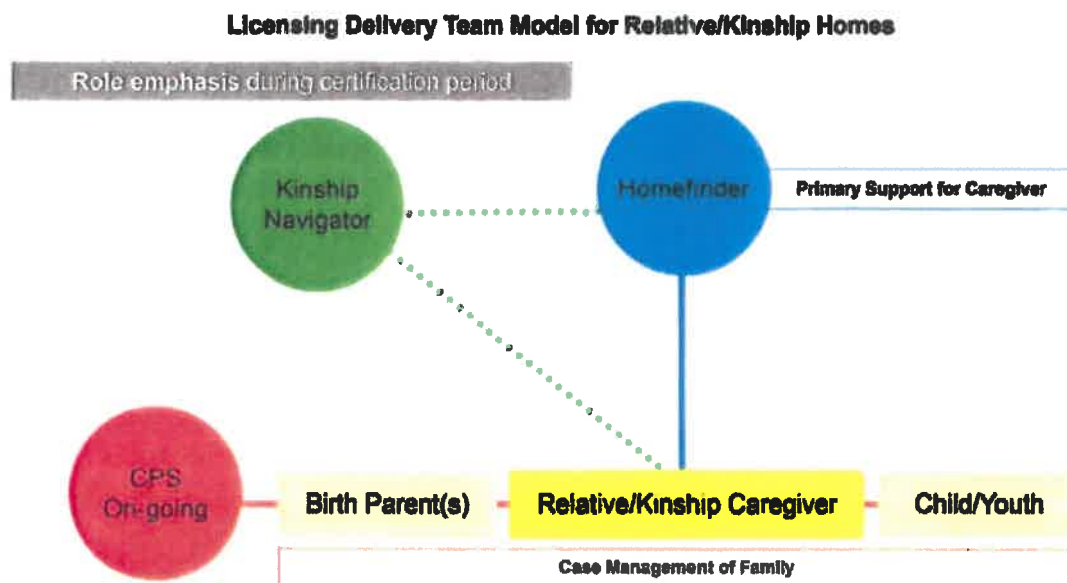
**Current Practice in West Virginia:** Dependent on region, there is a combination of both DHHR and ASO contracted homefinders.

**Rationales for action:**

- Any level of customer service is reliant on staffing.
  - Case capacity in timeframe-based activity must consider staffing to be successful.
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**Action B2:** Define the role of the DHHR homefinder as the caseworker for the relative/kinship caregiver (Figure 3).

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*Figure 3: Licensing Delivery Team (full version in Appendix D)*

**Current Practice in West Virginia:** Responsibilities are defined, but the accountability structure is not specifically identified.

**Rationales for action:**

- Reduces the occurrence of mixed messaging received by the relative/kinship caregiver.
- Defines lines of accountability between the DHHR homefinder, any ASO homefinders and the DHHR homefinder supervisor.

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**Action B3:** Via the job description, define the position of the Kinship Navigator as the liaison between the homefinder and CPS ongoing worker to address relative/kinship caregiver need.

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**Current Practice in West Virginia:** Responsibilities overlap in the current staffing structure, and the Kinship Navigator is currently only being piloted.

**Rationales for action:**

- The homefinder can focus on the 90-day process, as it is time sensitive.
- The Kinship Navigator can support the homefinder to meet caregiver needs that have the potential to impede certification.
- The Kinship Navigator assists in supporting the relative/kinship caregiver so the CPS ongoing worker can provide higher levels of service.

*Support for Ongoing Casework*

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**Action B4:** Establish flexible funds to purchase goods or services that may fall outside the normal or traditional menu of services offered, if they meet the unique needs of relative/kinship families. This may include donations and/or contracts with vendors who can provide the items.

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**Current Practice in West Virginia:** Some provision for vouchers or demand payments for items such as alarms, smoke detectors, pack-and-plays for infants and car seats.

**Rationale for action:**

- The unexpected and emergency nature of kinship care requires immediate funding sources to meet licensing requirements that cannot be waived.

## Conclusion

**Services Critical to the Process of Licensing Relatives/Kin**

	<b>Critical Process</b>	<b>Alignment in Current System</b>
<b>Foundational</b>	A dedicated worker for relative/kin caregiver	In place: DHHR Homefinder
	Streamlined worker interaction for caregiver	In place: DHHR Homefinder & On-going CPS
	An identified licensing period under 120 Days	*Proposed: Time and work study for a 90-day model
	Aggressive start-date for Homestudy	*To Advance: Time study for feasibility
	Determination of case capacity for homefinders	*To Advance: Workload Study required
	Benchmarked & standardized licensing process	Propose: Gold Standard Timeline and Checklist
	Relative/kinship specific training curriculum	To Advance: Requires Coordination with SWEC
	Relative/kinship licensing with foster care stipend and/or an enhanced relative rate	To Advance: Requires State Action
	Fiscal analysis of caregiver support, critical staffing, and programming	*Requires fiscal and/or work study analysis
	Enhanced relative/kinship caregiver support via Kinship Navigation	Pilot in Place: 2 Kinship Navigators in use. *funding required to expand program
<b>Enhanced</b>	Border agreements with contiguous states	To Advance: Work Study Required

Figure 4: Critical Services (Full version in Appendix E)

Figure 4 is a summary of the critical services presented previously in the form of best practices, alternative policy and process, and required training and supports. The table also offers the alignment of critical services within the current DHHR system structure.

Three of the critical processes (noted in green) are in place and would require review, adjustment and coordination to align with best practices and policy alternatives. They include:

- A dedicated worker for the relative/kinship caregiver;
- Streaming of worker interaction for the relative/kinship caregiver; and
- Enhanced caregiver support via Kinship Navigation.

Two of the critical processes (noted in yellow) are proposed and would require additional review and study. They include:

- A 90-day licensing period.
- A Gold Standard Timeline and Checklist for licensing.

Five of the critical processes (noted in red) require input from a wider network of stakeholders, in some instances the legislative body. They include:

- Homefinder visit within 72 hours;



- 
- **Case capacity study for homefinders;**
  - **Revisions to the preservice training curriculum for relative/kinship caregivers;**
  - **Licensing period with the full foster care stipend; and**
  - **Research into border agreements.**

**Additionally, three processes are classified as enhanced features to the current system. They include:**

- **Licensing period with the full foster care stipend;**
- **Enhanced caregiver support via Kinship Navigation; and**
- **Research into border agreements.**

**The advancement of best practice in relative/kinship care is framed by areas of critical services. These critical services are not isolated, but instead integrated in order to facilitate a high level of collaboration and communication between the system and families, which is central to family-centric relative/kinship care practice. Reciprocal information-sharing is key to higher levels of family engagement, which lead to successful relative/kinship licensing. Finally, a more comprehensive delivery model for relative/kinship care must address services that include financial stability and how the use of Title IV-E funds contributes to the integration of a more robust system of care for relative/kinship caregivers as they take on the care of West Virginia's children.**

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## References

Chapin Hall. (2019). *Building a Practice Model: Working with local child welfare agencies to create a road map to successful outcomes*. Retrieved from <https://www.chapinhall.org/project/building-a-practice-model/>.

The Annie E. Casey Foundation. (2015). *10 Practices: A Child Welfare Leader's Desk Guide to Building a High-Performing Agency*. (Baltimore, MD, The Annie E. Casey Foundation). Retrieved from <https://www.aecf.org/resources/10-practices-part-one/>.

Appendix A

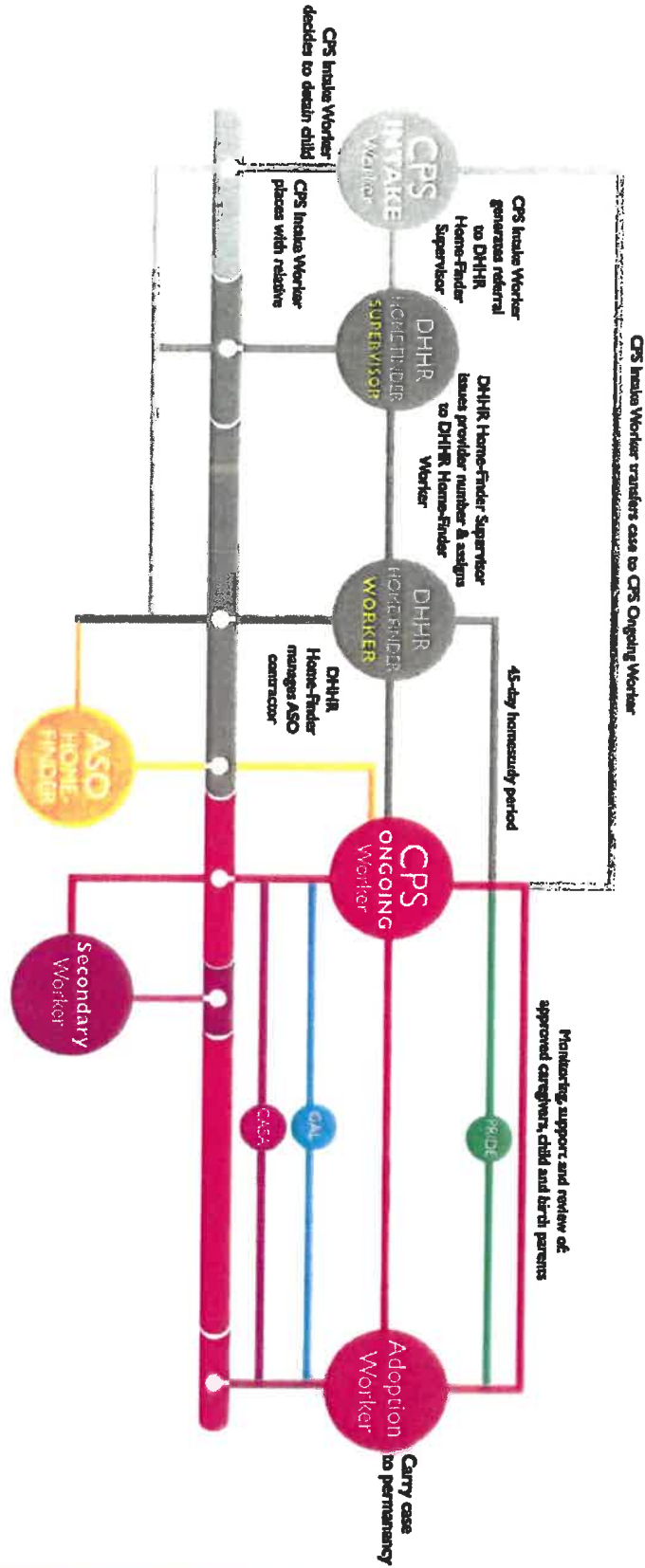
**TIMETABLE FOR CHILD WELFARE REFORM STRATEGIES PILOT**

Tasks	Detailed Description	Timetable
<b>Overarching Goal:</b> Pilot of new relative/kinship care policy and practice	Create a plan and proof of concept for the pilot of the practice model, training and supervision in Kanawha County. The pilot will have identified goals, data points and timelines.	Builds on all tasks below
<b>Phase One - Discovery: 3 Months</b>		
<b>Task A</b> Data Discovery and Fiscal Analysis	<b>Analysis:</b> Collect, inspect and categorize data (inclusive of fiscal) that impacts relative/kinship approval and permanency to inform training, technical assistance and coaching. (Note: Also contributes to case capacity)	2 months overall
<b>Task B</b> Development of Practice Standards	<b>Planning:</b> Strategize and standardization of written directive/policy into practice standards and/or policy as defined by DHHR.	2-3 months concurrent with Task A
<b>Task C</b> Establishing a Gold Standard Process (GSP)* for licensing/approval subsequent conversion to the adoption unit	<b>Planning:</b> Business map homestudy and other casework model processes inclusive of procedure, staffing and benchmarks to develop Gold Standard process(es) and checklist(s).  <i>*GSP refers to the engagement processes of approving kinship families within designated timeframes organized by benchmarks. These timeframes and benchmarks are then measured for accuracy and punctuality via corresponding outcomes.</i>	2-3 months concurrent with Task A
<b>Task D</b> Enhancing the relative/kinship care practice model	<b>Refinement of Work:</b> Falling into the general categories of observation and advisement on governance and operating procedure, tactical support via coaching, professional development through training, addressing regional and/or job description specifications to training and coaching, and any offerings required by DHHR.  <i>Note: This is inclusive of the environmental scan information obtained previously.</i>	2 months post completion of Task C
<b>Phase Two - Application: 3 Months</b>		
<b>Task E</b> Pre-training, In-service training and Professional Development	<b>Training:</b> Conduct training to provide instruction on the use of the Gold Standard practice in relative/kinship approval.  To provide the organizational philosophy and framework, integrate the Kin2You™ values training as a pre-course to the Gold Standard practice training. This provides the basis for a values-based model of care.  As with any values-based model, the goal is to for the provider to achieve efficiencies in meeting the needs of the client which results in greater family (the client) satisfaction.	3 months post Task D

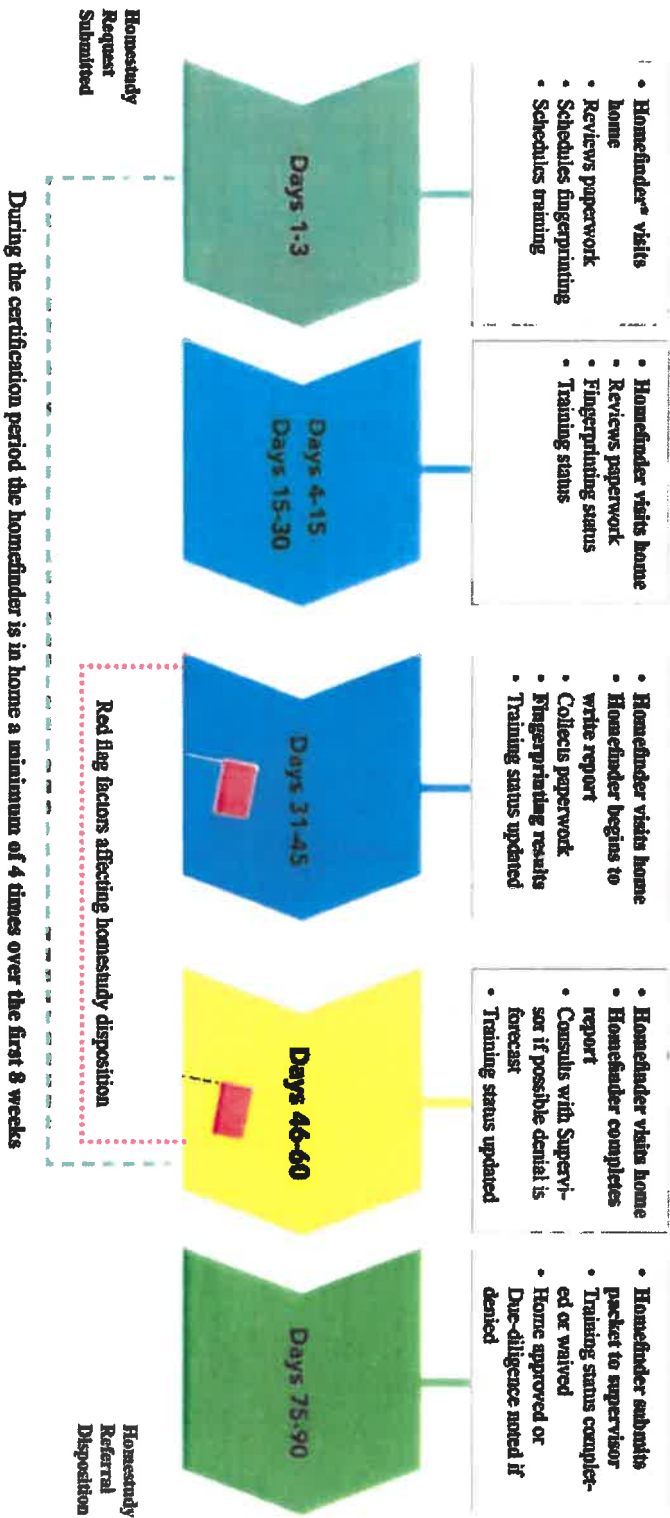
Appendix A

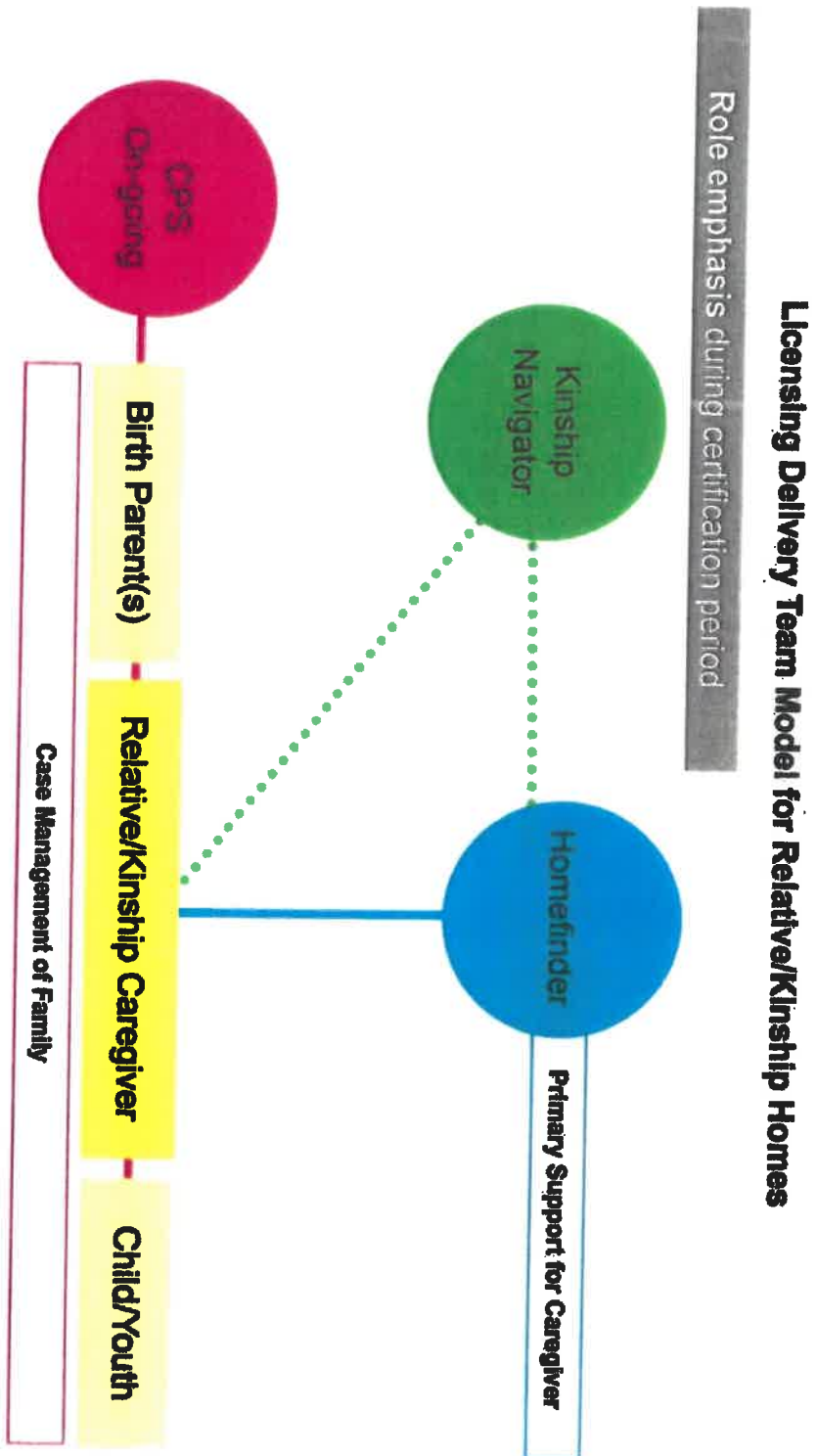
Tasks	Detailed Description	Timetable
<p><b>Task F</b> Develop and revise material collateral in the form of examples and/or templates</p>	<p><b>Refinement of Work:</b> Materials needed to support the enhanced relative/kinship care practice model inclusive of forms, checklists, training materials/content and coaching plans produced in either appropriate paper and/or digital formats related to the use of a relative/kinship care practice model.</p>	<p>3 months concurrent with Task E</p>
<p><b>Task G</b> Review and revise relative/kinship training curriculum</p>	<p><b>Refinement of Work:</b> A comprehensive and targeted curriculum review to map for the correspondence between the homestudy case management processes and DHHR policy with the relative/kinship caregiver</p>	<p>3 months concurrent with Task E</p>
<p><b>Task H</b> Review and revise staff training (pre-service, in-service and professional development)</p>	<p><b>Refinement of Work:</b> Curriculum mapping as a needs assessment to identify the alignment of learning expectations, work need and the process for continued improvement in meeting the workforce needs of DHHR staff.</p> <p>Assessment of the training for consistency and progression within, between and across DHHR position.</p> <p>This will take two levels of review. The first is comprehensive which considers the training across the entire system. The second level is more targeted and examines how specific policies are being trained in relation to process. Here, the response to a more defined need, such as a kinship care response, is explored.</p> <p>Typically this process leads to the adoption of new or updated resources and/or materials.</p>	<p>3 months concurrent with Task E</p>
<p><b>Task I</b> Coaching (in coordination with supervision)</p>	<p><b>Refinement of Work:</b> Develop and conduct coaching sessions with the supervisory and management team in response to the use of the Gold Standard practices.</p>	<p>3 months concurrent with Task E</p>
<p><b>Phase Three - Pilot: 6 Months</b></p>		
<p><b>Task J</b> Pilot Begins</p>	<p><b>Monitor</b> the pilot against the proof of concept. Collaborate on the execution, data analysis and evaluation for the pilot via Quality Assurance.</p>	<p>6 months</p>
<p><b>Task K</b> Reporting and Quality Improvement</p>	<p><b>Pilot:</b> Discuss point-in-time progress with leadership, on a weekly basis, to receive feedback within the scope of data informed practice, training, coaching and TA.</p>	<p>On-going</p>

Appendix B



## *Proposed Central Benchmarks for a 90-Day Licensing Period for Relative/Kinship Homes*





### Services Critical to the Process of Licensing Relatives/Kin

Foundational		Enhanced
Critical Process	Alignment in Current System	
A dedicated worker for relative/kin caregiver	In place: DHHR Homefinder	
Streamlined worker interaction for caregiver	In place: DHHR Homefinder & On-going CPS	
An Identified licensing period under 120 Days	*Proposed: Time and work study for a 90-day model	
Aggressive start-date for Homestudy	*To Advance: Time study for feasibility	
Determination of case capacity for homefinders	*To Advance: Workload Study required	
Benchmarked & standardized licensing process	Propose: Gold Standard Timeline and Checklist	
Relative/kinship specific training curriculum	To Advance: Requires Coordination with SWEC	
Relative/kinship licensing with foster care stipend and/or an enhanced relative rate	To Advance: Requires State Action	
Fiscal analysis of caregiver support, critical staffing, and programming	*Requires fiscal and/or work study analysis	
Enhanced relative/kinship caregiver support via Kinship Navigation	Pilot: In Place: 2 Kinship Navigators in use, *Funding required to expand program	
Border agreements with contiguous states	To Advance: Work Study Required	