DCF 56 Advisory Council Meeting
August 21, 2024
12:00 – 2:00 p.m.
VIRTUAL Meeting
https://dcfwi.zoom.us/j/87123579139?pwd=Uk9lNFczTjNYQkJ1dUdkVHpIN3o3UT09

DCF Staff			
Name	**Present**	**Name**	**Present**
Shannon Braden		**Elaine Pridgen**	
Emily Erickson		**Jennifer Sailer**	
Dana Johnson	x	**Britny Isaacs**	x
Shelby McCulley		**Kristie Buwalda**	x
Allison Fern	x	**Taylor Gilbertson**	
Rachel Nilli		**Lauren Washington**	
Dustin Hinze	x		

Steering Committee Members **(not required to be in attendance for this meeting)**				
Member	**Present**	**Nominating Organization**	**Agency Employed**	**Area of Expertise**
Lisa Broll		Wisconsin County Human Services Association (WCHSA)	Walworth County Department of Human Services	Ongoing Child Welfare and Foster Care
Emily Coddington		Wisconsin Association of Family and Child Agencies (WAFCA)	Wisconsin Association of Family and Child Agencies (WAFCA)	Child Welfare
Jill Collins		Division of Milwaukee Child Protective Services (DMCPS)	Division of Milwaukee Child Protective Services (DMCPS)	Ongoing Child Welfare and Foster Care
Deanna Collins		Forest County Potawatomi Tribe	Forest County Potawatomi Tribe	Ongoing Child Welfare and Foster Care
Brent Ruehlow	Excused	WCHSA	Jefferson County Department of Health and Human Services	Ongoing Child Welfare and Foster Care
Machelle Shipman		WAFCA	ANU Family Services	Private Child Placing Agency

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Advisory Council Members				
Member	**Present**	**Nominating Organization**	**Agency Employed**	**Area of Expertise**
Kristen Agenten	x	Public Adoptions	Children's Wisconsin	Foster Care and Adoptions
Patty Baker	x	Wisconsin Child Welfare Professional Development System (WCWPDS)	Wisconsin Child Welfare Professional Development System (WCWPDS)	Child Welfare Training
Cassandra Eggert		WCHSA	Outagamie County Human Services Department	Ongoing Child Welfare and Foster Care
Laura Goba	x	WAFCA	Children's Wisconsin	Private Child Placing Agency
Katlyn Graebner	x	WCHSA	Green County Health and Human Services	Ongoing Child Welfare and Foster Care
Kate Gravel	x	WCHSA	Dane County Health and Human Services	Ongoing Child Welfare and Foster Care
Laura Halonen-Schultz	x	DMCPS	Wellpoint	Congregate Care Facilities and Services
Allison Higgins	x	WAFCA	Foundations for Healthy Transitional Living	Private Child Placing Agency
Julie Kay		Forest County Potawatomi Tribe	Forest County Potawatomi Tribe	Ongoing Child Welfare and Foster Care
Andrea Leaman	x	DMCPS	Children's Wisconsin	Ongoing Child Welfare and Foster Care
Michelle Jones Lim	x	WCHSA	Waukesha County Health and Human Services	Ongoing Child Welfare and Foster Care
Tracy Schumacher	x	WCHSA	Forest County Human Services	Ongoing Child Welfare and Foster Care
Brittany Shellenberger	x	WCHSA	Winnebago County Health and Human Services	Ongoing Child Welfare and Foster Care
Julie Zidek	x	Public Adoptions	Lutheran Social Services	Foster Care and Adoptions

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AGENDA

(12:00-12:05) I. Call to Order, Welcome

DCF provided an overview of the National Organizations [Kin-Specific Foster Home Approval: Recommended Standards of National Organizations v1.0 - Google Docs](#)

Highlighted the two different pathways to licensing, relative/like-kin and non-relative.

Q: DCF provided overview of a potential Kinship Caregiver Assessment-Form. Requested feedback pertaining to questions on pages 9 and 10.

Are some of the questions duplicative in nature based on the IA process?

Response: Belief that a second review of some of the duplicative process may be good, due to IA professionals may not capture all information due to the amount of IA work at the time of assessment or removal of a child from the home.

Like the format of the form and less intimidating. Short questions. Big boxes.

Q: If I was an IA professional had a 'safety lens' would be it be difficult to ask questions pertaining to financial stability, that might be held against a relative/like-kin foster parent, which would result in non-placement or licensure? Are the questions and determining these elements a role to be played by an IA professional?

Response: Accept families where they are at is a big shift in how we were licensing families, especially relatives. Feels like too much information needs to be gathered and may be too soon to help the family with resources during the IA process. Will the family simply indicate they can meet the child's needs (financially) even if they are unable – due to potential consequences of being placed with a non-relative.

Unsure if IA professionals are the most equipped to have ongoing conversations about potential licensing requirements with families.

Family will likely not know what they need in the middle of a crisis. IA professional may not know the right information about licensing, being eligible for supportive services, unless they have previous experience in foster care or kinship licensing. Follow up regarding these issues will need to be a team effort with foster care or kinship coordinators.

Q: Might it be a shift to consider foster care coordinators (FCC's) becoming a support role, in the field, to assist with licensing eligibility and benefit eligibility alongside IA professionals?

Response: Do not feel we should/could shift roles in some jurisdictions due to workload or there might be concerns about having to be 'on-call' during emergency placements. FCC's are the experts in licensing and perhaps the goal is to change how FCC's and Kinship Care Coordinators (KCC's) complete licensing for relatives/like-kin in a shorter time frame (30 days if possible).

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FCC's/KCC's would/should help the families get the resources they need and not the IA or ongoing staff.

Q: When placements occur what documents do FCC staff need the most from caregivers to begin licensing?

Response: Legal Names and aliases. Relatives/Like-kin don't always use their legal name and are often known by aliases or nicknames. The current Kinship Caregiver Assessment does not ask about this information, and it is recommended that confirmation of names be obtained through a licensing application. Driver's License or other forms of identification would be helpful for both the spelling on applications, confirmation of the person's identity, and for background checks to be completed.

Q: AC had a question if the goal is to license in a day?

Response from DCF: It is not expected that licensing occurs in one day, but that the licensing process should start upon initial visit to the home (and/or placement) and licensed as quickly as possible.

Q: How would the work change as DCF may not dictate to local agencies how and who is responsible for the licensing of relative/like-kin caregivers (leaving the decision up to local agency discretion)?

Response: Sometimes relatives want to discuss the case/try to gain an understanding of the CPS process vs. go through all of the steps of licensing. It is difficult to get through the process when those questions are at the front of relatives' minds. The education of the CPS process is helpful for relatives, what they can expect of the licensing/placing agencies, available resources, and child development. What their values are as a caregiver, what strengths that they have and areas in which they may need assistance from the licensing/placing agencies.

Mentioned that the ICPC stepparent assessment is more concise, and could we model relative/like-kin licensing after that process?

Q: Is the National Organizations Kin Caregiver Assessment be completed by the child welfare professional or by the caregiver?

Response: The intent is that the professional to complete and there is a Question Bank that can be utilized so that the assessment/interview that occurs feels more like a conversation rather than having to review the full 46-page assessment (flipping through pages, etc.).

Response: Families can sometimes not be invested in the licensing process but are invested in having placement and supporting the caregiving of a relative child. The licensing paperwork is burdensome for many. Some relatives need resources to be able to support the placement of a child. It is always recommended to make the licensing and assessment process to be less invasive. We should consider what do agencies *need to know* vs. *want to know* to place children or licensing a home. In review, recommendation includes examining what can be omitted in our assessments that are not directly tied to safety. For examples, do the background checks and an ACE (adverse childhood experiences) assessment help in discovering a caregivers prior

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history (specifically related to trauma). *Is this needed or is it extra information unrequired to be a licensed caregiver for a relative child?* This new process would save time in asking questions about hobbies, pets, and potentially other non-safety related questions.

Some relatives may not have high level details about their relative child and agencies are requesting the relative caregiver care for them, sometimes without financial or service supports.

Financial supports or burdens like child support, Food Share, school supplies etc., can place a burden on the relative to provide to children. Agencies assess what the family needs on an ongoing basis and some needs may change based on the season (school starting, summer daycare, etc).

The longer the licensing process takes the more it impacts time to permanence and potential financial implications for caregivers, until they are licensed.

Q: What elements/activities/tasks of the licensing process do you think is valuable? What really needs to be known so the child can be safe and cared for?

Response: Previous assessment used in the licensing process was only three pages in length, more concise, and was prior to the SAFE Questionnaire implementation. We discussed the ICPC stepparent assessment at this time.

Flexibility is needed in the process to find the best way to complete the assessment, both in how people answer questions, the provider's time, to expedite the process. Technology can assist by using I-Pad or other equipment, to expedite the child welfare professional data entry, rather than paper copies of assessment.

Concerned that the length of the assessment is too long (46 pages). Some family members may be illiterate, or the assessment has CPS jargon, therefore a conversational would be more helpful. Could use questions as a baseline when conducting a walkthrough of the home.

Appreciated the questions in the references section as it makes the caregiver and the agencies think about items they normally do not consider, such as work schedules, other care items needed, and allows them to take time to process how they will fulfill these requirements. Additionally, having the assessment completed and a copy provided to the caregivers will allow them to reference it as needed.

Q: Thoughts on Children's Needs Section of the Assessment tool?

Response: Relatives may not always know their relative child very well. Child welfare professional should help link the relatives to services. Appreciated the National Organizations providing examples of the questions or examples that assist in what they should be highlighting and seeking answers; thought provoking for both caregivers and professionals.

It is helpful to know that we focus on what are the basic needs for immediate placement and the rest are follow up questions for further assistance during the licensing process.

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Q: Having a particular health conditions is not a reason to deny placement. How would we assist staff in not holding health conditions against a caregiver (i.e. age, physical conditions, mental, etc.) when determining what is 'appropriate' for the care of a child?

Response: This is more difficult when we have a child we know will likely not return home and are young. Families generally develop contingency plans for when something health related may occur for a caregiver. Some relatives will decide they are not the best long-term placement option due to health concerns. This also depends on the age of the child and/or their needs (comparing to the age/ability of a caregiver). Professionals talk to family about how placement will impact their ability and technical assistance should be mindful of word choices in these discussions.

Remove some of the arbitrary placement time frames for when things need to be completed, assisted, etc.

Q: How can we communicate to agencies that they need to support the family in condition of the home section. (p. 29)

Response: What will the funding source be to assist in obtaining items or making a home suitable for the placement of a child?

Q: Question about Tobacco, Alcohol, and Marijuana under Hazardous Substance?

Response: Has DCF provided guidance regarding the marijuana use in foster homes and particularly related to relatives? DCF has not provided guidance regarding THC as it is considered an illegal substance. It is recommended that determination is left to local jurisdictions.

Q: If language in rule is to change regarding bedroom requirements (hypothetically), how can we gather consensus on children not needing a "bedroom"?

Response: Have DCF share this is the new norm and we are supporting this change in practice. This needs to be conducted in a variety of ways (conferences, memos, statewide meetings, etc.). Bedroom square footage space is one of the most commonly understood rules so this will need repetition; that space is no longer a determining factor to consider a placement or ask for an exception. This may be a separate requirement for relatives and like-kin vs. non-relatives.

Q: When we think about community partners, how do we communicate that relatives can be just as safe and prepared as non-relative foster parents, and every effort should be made for the first placement of a child be with people a child knows and loves?

Response: Child welfare is not meant to find the "best" home for children, but rather a home that is safe to live in while their original home of origin works to become safe for their return. Data shows that children usually return to their family of origin, including after they sometimes depart foster care after turning the age of majority. It will be helpful to lean into the fact that people can change from when they may have been involved in the child welfare system, and now are interested in being a relative caregiving resource for their relative child. It will be helpful to allow CWPs opportunities to ask questions and in different venues. The mindset shift will take time. It

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may also be helpful to help guide ideas of 'good' vs. 'bad' parenting and mitigating these viewpoints. We may want to qualify this by asking what is absolutely necessary vs. things that are not required for the safety and well-being of a child. We assess for safety and give them the tools and support to be the best parent they can be.

DCF UPDATES:

Working on a communication strategy: Permanency Collaborative meeting the first Thursday of each month is an area where topics will be presented to begin the mind shift. Out of Home Care Virtual Office Hours (2x monthly). Advisory Council members are encouraged to take these questions and ask their partners how best to explain changes in DCF 56 to constituencies. Feedback on potential reactions of Foster (Non-Relative) Parents with these changes.

QUESTIONS FOR IMPLEMENTATION

When you think about implementation of changes to DCF 56 Non-Relative Rule and the new DCF 56 Relative/Like-Kin licensing pathway we can consider how best to implement the rule for the smoothest transition for all partners impacted by the child welfare system. Here are questions for you to consider:

1) How would you like to receive the changes of rule at your agency or on your team?
2) What responsibilities will change for each role at your agency and how do we best prepare the workforce for these changes? (Initial Assessment/Ongoing/Foster Care Coordinator, etc.)
3) What concerns do you feel we will receive about the rule changes?
4) What comms deliverables do you need to be successful in supporting your work on the AC and in implementation? (i.e. desk guides, live technical assistance training, etc.)
5) What does your agency need to be successful in sharing the changes with internal and external partners?
6) Which community partners need to be informed and how should they be informed? (i.e. School Personnel – training, GALs – Conference(?) What role do you wish to play in that process? What role should DCF play?
7) What other implementation ideas, concerns, or overall thoughts do you have to contribute to our discussion today?

ADJOURN

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