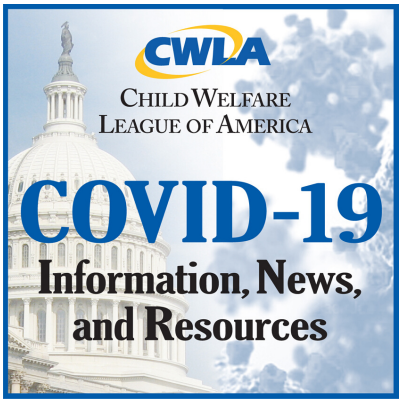
SUMMER 2020 ▪ VOLUME 1, NO.1

CHILD WELFARE EXCELLENCE

Best Practice Newsletter



Visit our COVID-19 webpage for resources and information

www.cwla.org

@CWLAupdates

@CWLAofficial

@CWLAofficial

INSIDE OF THE ISSUE

UNPRECENTED TIMES FOR CHILD WELFARE

Dear Colleague,

It is our pleasure to welcome you to our inaugural issue of *Child Welfare Excellence*, CWLA's Best Practice quarterly newsletter.

At the beginning of the year, CWLA was planning for its 100th Anniversary and annual conference along with advancing federal policy and improving practices for children, parents, and families. In the early spring, the U.S. was hit with the coronavirus pandemic, prompting the postponement and eventual cancellation of our annual conference, the imposing of stay-at-home orders across the nation, children and families struggling to meet their basic needs, and child welfare organizations reshuffling practices to serve children and families who are the most vulnerable.

Unlike other sectors, child welfare never closed its doors and, in response, developed swift actions to ensure the safety and well-being of the most vulnerable children. While the shift in day-to-day operations have differed by state, area of focus, and organizations, CWLA is pleased to share some of the COVID-19 practices that have been developed and implemented during the pandemic.

In subsequent issues of this newsletter, you can expect a variety of practice-relevant information about children, families, communities, and states; latest initiatives; announcements of events and opportunities; features; and much more.

We look forward to working with you as we meet the challenges and explore the opportunities that lie ahead.

Julie Collins and Shaquita Ogletree
Practice Excellence Team

Maine's COVID-19 Hiring and Training Practice

Lisa Bullard and Julia Simmons, Maine's Office of Child and Family Services

Recruitment:

The COVID-19 pandemic has required the State of Maine, Office of Child and Family Services (OCFS) to quickly adapt the way we do initial interviews for child protection caseworkers and onboard new staff. Typically, Maine OCFS uses a panel interview model based on research and designed to elicit information related to core competencies from each candidate to help determine potential fit and readiness to work in the demanding, fast-paced profession of child welfare. Prospective candidates are invited to interview in the office closest to their physical location with a team of supervisors from that office. Out-of-state candidates participate in video interviews with a recruitment and retention specialist.

With the majority of OCFS staff now working remotely, we quickly shifted panel interviews to video conferencing using Zoom and Skype. The recruitment and retention specialist now assumes responsibility for interviewing all candidates. After successful completion of the panel interview, the candidates' names are forwarded to the district office for second interviews with supervisors who have CPS caseworker vacancies. Switching the initial interview over to one person has allowed OCFS to connect with and schedule candidates quickly. This has provided reassurance to candidates that the State of Maine is hiring and moving quickly to interview for and fill positions despite the ongoing pandemic. OCFS will continue with this model until our supervisory staff are back in their offices and ready to begin panel interviewing in their respective offices.

Training:

When the OCFS directive was issued that staff were to work remotely, the OCFS Policy and Training Team was in the middle of a four-week Foundations training for new child protection caseworkers. This competency-based training is designed to promote ongoing learning and skills development for new caseworkers, as well as enhance their professional development to provide quality services to the children and families of Maine.

The Foundations training is delivered in a classroom setting and involves both large group and small group activities. Within two work days, the Policy and Training Team developed a plan to effectively utilize technology to deliver the interactive classroom training through Zoom. The trainers met this deadline, moving all foundation training components into a virtual learning environment, while ensuring the integrity of the training materials were not compromised and new caseworkers acquired the information necessary to do their job.

An updated New Caseworker Checklist was also developed that outlines the expectations for ongoing training and field work that the caseworker will participate in to ensure continuous learning occurs and successful transition into the field. Maine OCFS has moved several trainings to remote delivery, including an ethics training that is required for licensure, to help support OCFS Child Welfare staff during this challenging time.

Lessons for Success:

- Be open to a variety of remote learning opportunities and ways to share information.
- Be creative in designing curriculum that allows for group and individual learning. Think outside the box.
- Establish ground rules for virtual trainings: stay engaged and avoid multi-tasking, use online tools to participate (raise your hand), and keep lines muted unless asking or responding to a question.
- Recognize that being on a computer all day can be challenging. Allow flexibility in the length of trainings sessions, take breaks, utilize break-out rooms within the training to allow for small group discussions, and encourage people to use the chat function.
- Include community stakeholders in the development and revision of remote learning activities and delivery of the training, when possible.
- Seek feedback from staff. Ask them to share their ideas regarding the training format what worked and what was difficult.

Providing Foster Care Services in a COVID-19 Environment

William Reay, OMNI Inventive Care

During this rapidly changing time of COVID-19, in which an organization is required to safely serve youth in foster care, foster parents and their family, the public, and organizational staff, Omaha-based Omni Inventive Care has been developing and implementing evidence-informed management protection practices.

Beginning in late January, leaders within Omni began reviewing the professional literature from Wuhan, China, as well as the emerging research literature in the United States and Europe. In addition, these same leaders began the difficult process of taking that literature and building various practice protocols to continue service provision while simultaneously updating those protocols and acquiring personal protective equipment from foreign companies. Virtually no U.S. company had the equipment necessary to protect persons from viral spread.

The approach that was used and continues to be used is rather straightforward, including the procuring of both surgical quality paper masks, N95 and NK95 respirator masks, protective face shields, disposable gloves and gowns, hand sanitizer, sanitizing solutions, portable air purifying systems, negative air fans, and quick-tests for positive/negative/and antibodies associated with COVID-19.

From scouring the Chinese literature to reviewing the reports from New York, Omni also has developed a protocol for persons who test positive who are not sufficiently sick to require hospitalization but need supplemental oxygen treatment in their home. It should be noted that the leadership of Omni worked around the clock for several weeks to procure sufficient numbers of protective equipment and once having that, built protocols and had protocols reviewed by a biocontainment unit at a university before implementation.

Currently, Omni has active protocols for foster care parents and youth they are caring for who become sick youth; who leave foster care, return, did not maintain social distancing, and need to be quarantined; youth who have tested positive; and situations in which a foster parent is sick and needs to go to the hospital for treatment. We are currently preparing another protocol for home visitations regardless of infection status (symptomatic vs. asymptomatic) that should be operative now.

I never thought I would need to develop a public health response within a behavioral health organization. There is much political conflict infused into this public health crisis, and it is vitally important to stay current with the latest research that is independent from arguments to either open our social systems or keep them closed. Neither is tenable for any length of time for obvious reasons. At this point in the pandemic, it is possible to continue services with a keen eye toward the science, and what it indicates for social systems to reemerge into the new tentative normal, while reasonably managing the risk of exposure.

BEST PRACTICE STANDARD

CWLA's National Blueprint asserts that each community, entity, individual, and system should recognize that collaborative and cooperative relationships are essential to creating and sustaining the supports and services needed by children, youth, and families.

What COVID-19 Means for Survivors of Domestic Violence

Shellie Taggart, Quality Improvement Center on Domestic Violence in Child Welfare, Futures Without Violence

Since shelter-in-place restrictions began, we have seen evidence of how COVID-19 has affected child and adult survivors of family violence. The National Domestic Violence Hotline received 5,300 calls between mid-March and early May from people who reported that their partners were exploiting the pandemic to further abuse and control them (Abrahamson, 2020). Reports included abusive partners perpetuating misinformation about COVID-19 and escalating isolation tactics, as well as preventing survivors from accessing health care and from going to work (Abrahamson, 2020). In March 2020, for the first time in the National Sexual Assault Line's 25-year history, half of the callers were minors and 79 percent of them lived with their perpetrator (RAINN, 2020). At the same time, many child welfare agencies reported alarming decreases in reports of child maltreatment, while some emergency rooms reported increases in cases of severe child abuse (Schmidt & Natanson, 2020; Winton, 2020; PBS NewsHour, 2020; Stewart, 2020). **Continued on page 4**

What COVID-19 Means for Survivors of Domestic Violence continued...

The burden of COVID-19 increases for child and adult survivors of family violence who also experience poverty and the multiplicative impacts of structural racism in systems. Due to pre-existing disparities in education and employment, people of color are overrepresented in low-wage, non-essential jobs hit hardest by the current economic downturn (Langston et al., 2020). Long-term financial vulnerabilities of families are likely to result in an increase in domestic violence (National Institute of Justice, 2009), followed by an uptick in child welfare reports by law enforcement (Edwards, 2019) and other informants. Within child welfare, the mechanisms that lead to disproportionate representation of families who are Black and brown,including the pervasive association of poverty with neglect, proceed from intake to termination of parental rights (Milner & Kelly, 2020).

As we work toward the recovery phase of COVID-19, we have a responsibility to collaborate with new partners and to redesign practice, programs, and systems to address underlying conditions and circumstances that leave survivors of domestic violence vulnerable and contribute to poor outcomes for children and families. Promoting protective factors in the lives of survivors is of critical importance. Protective factors help survivors of domestic violence draw upon their personal, family, and community strengths and resources and help them feel more capable of dealing with challenges. With the ongoing impacts of COVID-19 looming, families are in even greater need of support and effective strategies to buffer the negative impacts of excessive stress, chronic poverty, and discrimination.

Protective factors for survivors of domestic violence are:

1. Safer and more stable conditions
2. Social, cultural, and spiritual connections
3. Resilience and a growth mindset
4. Nurturing parent-child interactions
5. Social and emotional abilities

These five evidence-informed protective factors are central to an approach being tested by the Quality Improvement Center on Domestic Violence in Child Welfare to foster collaboration and promote well-being as a pathway to, rather than a corollary of, safety. While child welfare workers, domestic violence advocates, teachers, and others work at individual and family levels to build protective factors, policy-makers and funders must work at institutional and community levels to normalize family support, reduce the burden of COVID-19, and advance racial equity. Strategies include:

- Establishing and compensate diverse youth and family advisory boards, and centering their experiences and needs in redesign efforts;
- Tracking data and acting to address the root causes of disparities in systems of care; anticipating and planning for the differential impact of COVID-19 recovery on families and survivors of color;
- Paying for people who are abusive or violent to obtain services to help them change and support their own healing;
- Partnering with employment support services and housing authorities to ensure families have access to safe and stable housing and employment;
- Establishing connections with food banks and grocery stores to address ongoing food insecurity;
- Expanding health care access;
- Collaborating (which does not equate to making referrals) with domestic violence agencies, schools, faith communities, culturally-specific organizations, and other groups that provide resources and support a family's resilience, sense of connectedness, and awareness that they matter;
- Providing flexible, safe, and affordable child care options that are not limited to those working from 9 am-5 pm.

A shift to methods and models that reduce burden and prevent the disparities that too often coincide with abuse and violence will benefit families today and for generations to come.

1 For more on protective factors for survivors of domestic violence, see https://dvchildwelfare.org/wp-content/uploads/2019/03/FWV-QIC-Protective-Factors-Brief-Final-09-1.pdf

2 The Quality Improvement Center on Domestic Violence in Child Welfare was funded by the Children's Bureau, Administration on Children,Youth, and Families, Administration for Children and Families, U.S. Department for Health and Human Services, under grant # 90CA1850. The content of this article are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

All References can be found at https://www.cwla.org/wp-content/uploads/2020/07/References_BPNSummer2020.pdf

One Managed Care Organization's Practices for Addressing Social Determinants of Health for Child Welfare during the Pandemic

Cheryl Fisher, Centene

As Americans work to adjust to life amid the COVID-19 pandemic, the links between social determinants of health (SDoH), access to health care, and overall physical and behavioral health outcomes become all too clear. Those served by the child welfare system who already have experienced trauma face additional trauma exposure due to SDoH issues such as food insecurity, disruption to their typical school routine, and social isolation. Managed care organizations (MCOs) such as Centene Corporation (Centene) have a responsibility to remove SDoH barriers for their members served by the child welfare system during the pandemic and beyond.

Food Insecurity. The USDA reports that nearly 30 million school-aged children participate in the National School Lunch Program, which offers free or reduced-cost lunches to those who qualify. School closures resulting from of COVID-19 create a real risk for families facing food insecurity. In response, Centene, for example, in partnership with Feeding America®'s network of food banks, is donating one million meals a month for 12 months to help feed communities all over the country.

Education. Schools across the country have moved to a virtual learning environment, which requires each child in the home to have access to the internet and a computer or tablet. The success of this virtual learning experience hinges on the ability of parents and caregivers to provide the necessary levels of technological knowledge and support. This is particularly taxing on parents who are struggling with financial pressures or joblessness. We must address the financial needs of foster, adoptive, and kinship caregivers in an effort to meet their basic needs; MCOs can help with this. For example, Centene provided $50,000 in gift cards to each affiliate health plan to be used for essential health care and educational items, including diapers, over-the-counter medicines, cleaning supplies, and books.

Social Isolation. Social isolation resulting from stay-at-home orders and social distancing practices can exacerbate existing behavioral health conditions such as depression and anxiety. Stay-at-home orders, combined with other socioeconomic stressors associated with COVID-19, increase the risk of unreported child abuse and domestic violence during a time when children are not visible in school or other venues. Centene leveraged a partnership with the Association for Training on Trauma in Children (ATTACh) to provide telephonic support groups to foster and adoptive parents. During this time, ATTACh added a new webinar series, Home But Not Alone, to specifically address social isolation experienced as a result of COVID-19.

Trauma. The child welfare community will feel the effects of traumatic events resulting from COVID-19 for some time to come. Now is time to plan for addressing these issues through appropriate evidence-based interventions. This will require continued access to virtual provider training and telehealth services to ensure sufficient ongoing access to care. States have relaxed regulations around telehealth services, and MCOs must expand access to these services to allow for virtual visits with providers. Centene also is partnering with the Allegheny Health Network and the CARES Institute at Rowan University to fund 25 virtual Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training cohorts, which will expand the number of clinicians trained in this evidence-based model nationally.

Takeaways. As the current situation evolves, it is clear that populations who experience low-income and are vulnerable populations are bearing a disproportionate share of the risk. State health and human service agencies must rely on their contracted MCOs to play a critical role in partnering to address SDoH barriers for those served by the child welfare system. Additionally, public health leaders and policy-makers must keep SDoH issues in mind as we treat those with COVID-19 and plan for the aftermath of this pandemic.

CWLA Upcoming Events

- Wednesday, July 8 at 1:00 pm - 2:30 pm (ET). Webinar - Self-Parenting in the Age of COVID-19.
- Wednesday, July 15, 2020 at 1:00 pm - 2:30 pm (ET). Webinar - They've Seen Fire, They've Seen Rain: Helping Youth Weather the Storms of Grief.
- Wednesday, July 22, 2020 at 1:00 pm - 2:30 pm. Webinar - Creating Positive Relationships: How Parents, Foster Parents, and Agencies Support "Family Time" During the COVID-19 Pandemic.

www.cwla.org/conferences-events/e-learning/

Newsletter Submission Guidelines

Child Welfare Excellence is CWLA's newsletter covering national, state, and local best practice that affect children, youth, and families. By publishing a diverse range of views on a wide array of topics, this newsletter seeks to highlight best practices related to the child welfare field that is raising the bar for children, families, and communities.

Articles, which run 250-500 words, can focus on a new program or initiative that affects children, youth, and families and those who work with them or on their behalf or detail best practice news related to in-depth child welfare issues or events. If you have specific images on hand, please include them with your submission.

All references should be documented according to the Publication Manual of the American Psychological Association (6th ed.), incorporating in-text citations and a list of corresponding references. Please use people-first language (i.e., "children in foster care," not "foster children") in your manuscript.