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| **PROCESS DESCRIPTION**  **Objectives of Kin Caregiver Calls:**   * Act as an additional touch point to ensure kin caregivers have received all required supports * Identify and track any unmet needs * Collect feedback to identify trends around the priority needs of kin caregivers   **Instructions:**   * **Step 1 | Selecting the caller**: Calls should be completed by an individual not directly involved in the case (e.g., a supervisor, health liaison officer, etc.). This allows the caregiver to feel more comfortable providing feedback on the support they have received from their caseworker. * **Step 2 | Identifying caregivers to call**: Review information for all kinship placements made in the previous month and reach out to caregivers by phone after approximately 30 days have passed. * **Step 3 | Reach out to caregivers**: The caller should go through the full conversation guide with each caregiver and allow time for caregivers to raise additional questions or concerns. The caller should fill in the [**spreadsheet**](https://govlab.hks.harvard.edu/sites/hwpi.harvard.edu/files/govlabs/files/30-day_kin_caregiver_check-in_calls.xlsx?m=1712677816)with caregiver responses and flag any unmet needs or additional steps to take. The caller should try to reach the caregiver multiple times and leave a message or text if they do not get a response. * **Step 4 | Follow up**: The caller should pass on any relevant feedback and information on unmet needs to the caseworker. Keep any issues noted in the spreadsheet until they are resolved. The caller should follow up with caseworkers to ensure that all actions have been taken.   **Tracking trends:**  The [**caregiver call spreadsheet**](https://govlab.hks.harvard.edu/sites/hwpi.harvard.edu/files/govlabs/files/30-day_kin_caregiver_check-in_calls.xlsx?m=1712677816) contains important information on the experience of kin caregivers. Managers may wish to review the spreadsheet on a quarterly basis to identify:   * Priority areas of unmet need for kin caregivers * Processes or services which kin caregivers may struggle to navigate * Feedback on the support and communication kin caregivers receive from caseworkers |

**CALL SCRIPT**

*[Note: The questions can be adjusted to reference* *additional services or local providers]*

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| **Name of kin caregiver:** | | **Date of call:** |
| *Introduction:*   * *My name is [NAME], I work as the [ROLE] with the Michigan Department of Health & Human Services.* *I’m calling as I know you have recently taken placement of [CHILD(REN)’S NAME(S)].* * *We realize that the first month of placement is often overwhelming. There is often a lot to do and lots of* *new information provided to new caregivers.* * *I wanted to make sure you have been getting access to the support you need and to check if there are any areas where you need* *additional support.* * *I’m going to ask a few questions about the support you and the child have been provided.* | | |
| **Introductory question** | | |
| **How is the placement going? Have there been any issues that you want** **additional support with?** | | |
| Notes: | | |
| **Child supports** | | |
| **Were you provided with up-to-date information on the child, including medical, mental health, and/or behavioral needs at the time of placement? Were you provided any prescribed medication?** | | |
| Information received?  Yes  No | Prescribed medication received?  Yes  No  N/A | |
| Notes: | | |
| **If you have requested or advocated for services for the child(ren), has the caseworker set up those services?** | | |
| Yes  No  N/A | | |
| Notes: | | |
| **What services are the child(ren) receiving? Are there** **additional supports/services needed?** | | |
| Counseling  CMH Wraparound  Supportive Visitation  Tutoring  Physical Therapy  Early On  Other service(s) being received: | | |
| Are additional services needed? | | |
| Notes: | | |
| **Were you provided with a copy of the child’s medical passport within the first** **14 days of placement?** | | |
| Yes  No | | |
| **Did you hear from a specialist or health liaison officer (HLO) within the first** **10 days of placement with instructions on scheduling** **initial medical exams? If so, could you easily schedule the appointment?** | | |
| Contacted by HLO within the first 10 days?  Yes  No | Were appointments scheduled?  Yes  No | |
| Notes: | | |
| **Are you able to support the child's culture/heritage/religious beliefs? Do you need any** **additional** **supports?** | | |
| Notes: | | |
| **Caregiver supports** | | |
| **Is the communication from your caseworker adequate? Has your caseworker returned your calls/text messages by the end of the next business day?** | | |
| Adequate communication overall?  Yes  No | Timely responses?  Yes  No | |
| Notes: | | |
| **Were you invited to the FTM/TDM?** *(If needed – explain that an FTM is a family team meeting with the family members and the staff involved in the case. Family members are encouraged to* *come and be involved in the decision-making process)**.* | | |
| Yes  No | | |
| Notes: | | |
| **Are you aware of the Kinship Caregiver Navigator Program or the Kinship Care Resource Center?** *(If needed – explain that the navigator program will allow them to speak to a specific kinship care navigator, who is a kin caregiver themselves. They can provide support to navigate the system and answer questions they may have).*  *[To contact a Kinship Navigator, call 517-355-9600 or 1-800-535-1218 between the hours 9 a.m.-4 p.m., Monday-Friday. Information on the Center can be found here:* [About the Kinship Care Resource Center | Kinship Care Resource Center (msu.edu)](https://kinship.msu.edu/About-the-Kinship-Care-Resource-Center)] | | |
| Yes  No | | |
| Notes: | | |
| **Financial supports** | | |
| **Have you had any issues receiving foster care payments?** | | |
| Yes  No | | |
| Notes: | | |
| **Have there been any issues with signing up for daycare, food stamps, or WIC?** | | |
| Yes  No | | |
| Notes: | | |
| **Legal supports** | | |
| **Do you have or want access to legal advice / support?** *For example, navigating permanency options such as guardianship or adoption?* | | |
| Yes  No | | |
| Notes: | | |
| **Other concerns** | | |
| Do you have any other issues or feedback? | | |
| Notes: | | |