Supporting Grandfamilies as Caregivers in the Opioid Crisis

Presenter: Chuck Klevgaard
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REBECCA: Well, we're at the top of the hour and I want to greet all of you who have joined us for this webinar this morning. Welcome to Supporting Grandfamilies as Caregivers in the Opioid Crisis. Our presenter is Chuck Klevgaard.

This presentation was prepared for the Great Lakes PTTC under a cooperative agreement from the Substance Abuse and Mental Health Services Administration, or SAMHSA. The opinions expressed in this webinar are the views of the speakers and do not reflect the official position of the Department of Health and Human Services. The PTTC believes that words matter and uses affirming language in all activities.

We have a few housekeeping items for you. If you have technical issues, please individually message Rebecca Buller, Jen Winslow, or Alyssa Chwala in the Chat section at the bottom of your screen, and we will be happy to assist you. If captions or live transcript would be helpful, please use your Zoom toolbar near the bottom of your screen to enable by going into the More section, select Captions and Show Captions.

Questions for the speaker can be put into the Q&A section at the bottom of your screen. That's the Q&A, not the Chat. It helps us make sure we don't lose your question, and we will interrupt here and there at the first half of the presentation. The second half, there will be a Q&A toward the end, and so we'll hold some things till then.

You will be directed to a link which will take you to a short survey at the end of this presentation, and we would really appreciate it if you could fill it out. It takes about three minutes and it helps us continue to provide trainings like this one. Certificates of attendance will be sent out via email to all who attended the full session, and it can take up to two weeks to receive those certificates.

If you'd like to know more about what we're doing or information on upcoming events, please see our social media pages. And finally, I'd like to introduce our presenter. Chuck Klevgaard is a nationally recognized expert in substance-misuse prevention, public health, and school-based health. Drawing on his experience in collective impact and prevention-focused partnerships, he builds the capacity of states, tribes, schools, communities, and cities to use evidence-based substance misuse prevention and intervention strategies.

He specializes in behavioral health support, training and technical assistance, and evidence-based alcohol, opioid, and substance misuse programs and policies. Nationwide, he provides trainings to prevent opioid overdose, including working with first responders to administer naloxone. As a consultant to Great Lakes PTTC, Klevgaard provides training and technical assistance to substance misuse prevention entities within the Great Lakes region, which includes Illinois, Indiana, Minnesota, Wisconsin, Michigan, and Ohio.

Klevgaard is a Certified Senior Prevention Specialist through the Illinois Certification Board and holds a BSW from the Minnesota State University Moorhead. I'll turn things over to Chuck at this time.

CHUCK KLEVGAARD: Right. Thank you, Rebecca, and welcome all to Supporting Grandfamilies. I am excited to be here with you all. This is a topic that is near and dear to so many folks, sort of looking at both two indicators, I think, this morning or afternoon, depending on where you are, that this is really a key topic for us, both timely and too late, I think. Not too late, I think it's something that, again, is sort of overdue might be a better way of thinking about it. I think that folks who are willing to, A, sort of show up and dedicate their time to this, and folks doing it over their lunch hour, I'm impressed and encouraged by folks taking the time today to do this.

So quick intro. So where we are in the world in the opioid crisis is that we are now sort of having done two decades of addressing issues with opioids, sort of moving through the phases of prescription drugs to opioids, to heroin and fentanyl, and now poly substance overdose. We don't see an easy way out of this. I think we were certainly seeing some encouraging indicators that overdose may, in fact, have been leveling off prior to the pandemic, and then saw some of the worst rates and numbers of deaths during the months over, through the pandemic, and now as we come out of it, and sort of know that we're in this for significant long haul.

So even though we're two decades in, still very little attention has been paid to children, who are often sort of described as the sort of vulnerable, the most vulnerable witnesses of the opioid crisis, as being children. I would add grandparents to that, given that the sort of understanding that one of the things that happens so many places across the country, that parents, in fact, are dealing with opioid use disorders are parents that we're seeing significant numbers of folks, again, who are parents who are unable to care for their children for a variety of reasons, including incarceration or addressing their substance use disorder, opioid use disorder, or in fact, have died or have experienced a fatal overdose, and their children are then entering into child welfare or foster care systems or in many cases, a third of the time, dealing with kinship care or grandparents that are stepping up to be primary caregivers of children who've been impacted in those very significant ways across the country.

So some quick thoughts about our objectives. We're going to look at some trends and I'm going to give you lots of numbers, mostly from the standpoint of giving you talking points so that as you think about your own agency, your coalition, your state, wherever you are, to do some analysis of what's happening with children and grandfamilies where you live so that you have a sense of why this is significant, what are some of these numbers, what are some of the trends, how to talk about these issues. You will definitely have some clear talking points about what's happening, what's trending, and why this is key.

You'll also have some ability to talk about the issues around sort of navigating relationships and the impact that this has both on children and on their caregivers. Finally, we're going to spend a good chunk of time in the last third of this webinar today looking at strategies for building skills, looking at systems, thinking about all of the different ways that we can find promising programs that buffer the stressors that are on these children and on their grandparents who've assumed that role as caregivers. So you'll have all that sense to talk about what's happening, what makes it important and critical to understand this, as well as sort of what can we do about it. We'll spend a little bit of time in each of those buckets this morning with you all.

So starting with sort of the issue of birth, I think that a lot of the discussion about children and the impact of opioids sort of starts with younger children. And I want to begin slightly before that and then move through sort of what we know about some of that trend. So drug overdoses, as I mentioned a moment ago, really continue to be high. So just looking at provisional data from last year, the CDC reported 109,000 people died from overdose in the 12-month period ending in March of 2022. So those annual overdose records continue to be high, and 2/3 of those overdoses still involve an opioid and most places around the country.

So many people who misuse, again, remember, are parents, so there is some data that we can point to that help us understand that, as a result of those issues with folks with opioid use disorders being parents, that overdose data, we can look at the fact that an infant is born with opioid exposure every 15 minutes. And that, again, looks at hospital data where that birth has happened at a hospital. We see increases in mothers that have opioid use disorders. There's better data that's being kept now so that we can see from the moment of birth and prior to, that the issues of NAS present significant challenges for children right as they enter the world.

So the other thing we know from some of that sort of data that we're collecting that helps us understand the impact of mothers is that four times as many women have an opioid use disorder as compared to 20 years ago. So you might suggest that there's always been women with addiction issues that are giving birth in hospitals. We know that that's increasing.

So along with that increase, we see children living with a parent with an opioid use disorder has increased 30% between 2002 and 2017 in one study we looked at. Also, children living with a parent who misuses heroin specifically has increased by 200% in that same time frame. So all of that sort of suggests to us that the numbers are increasing in lots of ways with regard to the issues that we want to talk about this morning.

So enter grandparents. Important to say, before we dive into some numbers there about grandparents, historically grandparents have always stepped up and played a significant role when parents are unable to take care for their children. Grandparents play roles in so many ways, from the literature that's clear. We're going to do a deeper dive this morning to look at some of what we know about that, but we'll definitely spend some time focusing on the grandparents themselves this morning, so again, that long history of caregiver responsibilities.

Researcher Hayslip has published the first comprehensive review on grandparents raising grandchildren in 2017, which is, again, we'll quote some literature and you'll be given all of that. Some of you got it as you registered as sort of a handout that cites all this literature so you don't have to take notes today. So this tells us that about 7.9 million children are living with grandparents or other relatives. Again, that's sort of a huge number.
And drilling down a little bit, about almost 3 million of those children are living in what's called skipped generation. Now, what that means is that there's no biological parent present. So in that case, the parent is no longer involved, and that maybe as a result of death or incarceration or otherwise unable to care for their children. But know that those numbers are huge with regard to what we know. And Annie Casey Foundation Kids Count data looks at that pretty regularly. This data comes from 2020.

So again, the term used, if you're not talking about skipped generation, often is kinship care is another term to get familiar with as you're looking at understanding these issues. Kinship care has a couple different definitions. The one that I think is most common is kinship care is referred to as full-time care, nurturing, protecting a child by relatives. Now, relatives in that same sense might be a member of a tribe or clan. It might be godparents, stepparents, other adults who have a family relationship to a child is often what we're seeing, both in data and in literature referring to kinship care. So as those dramatic increases have happened in the last two slides, all the way along, very few, as I mentioned, few curricula have emerged or few evidence-based programs have really been rigorously studied to look directly at the impacts on children and grandparents, or grandfamilies in this case.

So what we know then, for the most part, most grandparents around the country and what resources exist are still largely not prepared to deal with all of the myriad of issues that the children experience in growing up in homes where there's substance misuse, including opioid use disorders. So they don't

have all they need. They rarely have all the resources that they need to really understand how to play that role, not only as a grandparent meeting the basic needs of these children, but to overall secure the development of these children in light of that trauma so that they have a greater sense of success of long-term well-being. So that's the sort of basic intro about entering grandparents.

So in 2017, during the last administration, the opioid crisis was declared a public health emergency. And there's a couple of really good talking points here that I think are valuable for us as preventionists to get comfortable with. So one of the reasons that happened in 2017 is the sheer numbers of folks that are impacted across public health systems.

Again, sort of looking at the overdose rates and deaths that I talked about a minute ago, most of those deaths, again, being opioid-related. Looking at sort of the numbers of individuals per 100,000 is something that, again, CDC looked at the time of folks that are overdose deaths. 15 individuals per 100,000 at the time of 2017 certainly put it in the framework of a public health emergency.

The other thing that folks consider is looking at its impact across sectors. I would challenge anybody on this call today to think about a sector that's not been impacted by the opioid crisis. So we're talking today about child welfare and foster care systems, but think about every single sector. Education has been impacted dramatically. Criminal justice systems, health and human services systems, every sector has significant both economic and workforce issues that are significantly impacted. That also qualifies this as a public health emergency in significant ways.

So just giving folks some examples, I started today with that NAS example of looking at birth-related issues. We know from some recent research that children exposed to opioids may, in fact, need special education services, preschool, early school age. Infants with this diagnosis, there's certainly better data, more research that's coming in about that, but that system alone, you're thinking about the costs and resources associated with special education and the number of children now coming into, pouring into educational systems with these issues is significant.

So the other couple issues, I would say, before leaving this public health issue, one of the things that's key and I think important to talk about wherever you are is to understand how this issue historically has impacted folks disproportionately. It's certainly a social justice issue in many respects, in that we know that with regard to race and Hispanic origin, for example, American Indian, Alaska Native, Hispanic, and Black grandfamilies are all disproportionately represented in foster care and child welfare systems compared with other—

REBECCA: Chuck, so you know, you're frozen. You might want to turn off your picture.

CHUCK KLEVGAARD: --determinants of health, know that, again, where you're at, looking at Mexican-American grandparents living below poverty, for example, twice as likely to become caregivers of their children.
Now, this is complicated and deals with a whole host of demographics. So for example, looking at the issues of rural challenges with grandfamilies, we know that one of the intersecting issues there is that it's difficult to make a living in rural communities. So compounding that with an opioid use disorder and poverty rates and challenges with regard to education, being able to make a living, even if you're successful and productive as an individual, you may not be able to afford to raise your family in some rural parts of our country, sadly.

So know that rural challenges present even one more layer for folks with regard to that. So think about it through the lens of public health, but also look at the sort of whole host of other issues with regard to populations. Those that are historically marginalized show up again and again in these same numbers, but also look at other demographics, like rural versus urban kinds of issues with regard to public health challenges.

So let me get a sense of where we are. As we get started today, we're going to pull up our first poll and just get a sense of where you all are with your knowledge or experience with regard to that issue of understanding kinship care or prevention with grandfamilies. Do you have a lot of experience and knowledge doing that? Do you have some, a little bit, or none?
I'm going to give you some-- folks, as you're doing that, just know that varies greatly depending on where you are. In some parts of the country, there's been a lot of attention to this issue. In other parts of the country, their systems have been so overwhelmed and then again compounded with compassion fatigue, a lot of systems are just racing to keep up with placement of children that are impacted in the same way. Or dealing with, again, sort of both compassion and resource fatigue may have prevented folks from being able to proactively look at these issues.

Cool. Let's take a quick snapshot of where we are. So there's a handful of us today-- yay-- lots of experience in education, thinking about knowledge about how to do prevention with this group. Some folks with some, again, great news sort of looking at that issue of understanding. We have roughly about half the folks on the call either have some or a lot of experience here. That's awesome.

The rest of us, again, a little or none, know that today you will leave this with some background and some great sort of talking points as well as some ways to do some homework where you live. I think that homework is so important to do locally, to understand systems in your county and your town within agencies, within systems where you live, all critical to understanding. So

thank you for taking part. This gives us a good sense. So half of us have some good experience, half of us have less so and are ready to learn from soup to nuts.

So starting with children, and again, we're going to look at it through both lenses today. We're going to look at children that are impacted from opioids, and then we'll look specifically at caregivers. So starting with children, there's a lot of evidence in a lot of literature looking at children who have a parent with either a substance use disorder or opioid use disorder specifically, greater likelihood of experiencing maltreatment both in the form of abuse or neglect, more likely to experience witnessing intimate partner violence or being exposed to dangerous living situations, or even associates of parents who might be using presenting danger or challenge or trauma in their life.

One of the ways of thinking about this is looking at it through the lens of Adverse Childhood Experiences, or ACEs. That's, again, been around in the field of prevention for a long time, for over a decade of understanding the way that we could consider ACEs as being one of the indicators of risk. In addition to all of the research about risk and protective factors, many preventionists have added an understanding and assessment of ACEs to the way that they think about needs of children in their communities.

So basically, ACEs are events or circumstances that may be traumatic to children in the first 18 years of life. They're often categorized in three buckets. So ACEs might be experiencing violence, such as abuse, neglect, or intimate partner violence as being the first bucket. The second one, a cluster of sort of experiences around work with family members, mental health, substance abuse problems. So having a parent someone in the family who's struggling with those issues has a cluster of questions around ACEs experiences.

Finally, instability in relationships through parental separation or incarceration, or in this case loss of a parent completely through overdose would all classify. So you're hearing those buckets as all presenting some red flags for children in this situation. So while ACEs are common and that regardless of where we are and how we grow up, we know that a lot of folks have ACEs, we know that in the absence of support, they can create lasting harm. So we're going to look at this as a foundation for thinking about children today, but we're also going to add to, what else do we know about children with regard to-- in addition to ACEs, what else puts them at risk with regard to both sort of adjustment generally but also, with regard to substance misuse, and risk for substance-use disorders, or going on to develop their own opioid-use disorders. All of that frame for prevention today will happen along the way.

So one of the things we know, that these adversities are increasing. So a couple of studies have been helpful to understand, OK, so not only are ACEs present with children in child welfare in general, but also with children dealing with opioid use disorders with parents. In one study, about 50% of adolescent

grandchildren have experienced four or more ACEs, so again, a significant number of them. That's, again, sort of a threshold in that ACEs literature, where you're at risk for a whole host of other kinds of outcomes, including health outcomes, behavioral health outcomes, substance misuse risk dramatically sort of escalating when you're talking about four or more. Finally, another study looked at 75% of grandchildren having some type of trauma. So some of this literature comes from looking at surveys with grandfamilies themselves or grandparents themselves reporting these kinds of issues. Now, all of this sort of, again, layering in, why is this significant. It's significant for substance misuse risk.

It's also significant for the relationship that grandchildren have with grandparents. All of that, grandparents report in lots of surveys and literature that these issues make it harder for children to relate to grandparents to trust other people, including that custodial grandparent relationship. So they enter with some issues with regard to their ability to trust and relate in broad sense of the word.

So lots of buckets we're going to move into thinking about impact on children. And again, there's different ways of slicing this, so I want to give you some talking points that you can use, depending on who you're talking to and where you're going, what matters to you, and what will matter to the folks that you want to bring into this conversation.

The very first one we talked about is accidental opioid poisoning. So we early on that poison control has been keeping track of this issue for us. There's kind of been a two-fold increase in pediatric hospitalization for opioid poisoning, so we know that children being exposed to having opioids in the home presents a risk for accidental poisoning in significant numbers, again, 200,000 poison control center reports in one year.

The other issue that's showing up in the literature more and more is that for medication-assisted treatment, buprenorphine, methadone being in the home may also present some risk for accidental poisoning for children, so again, those numbers showing up more frequently [INAUDIBLE] with regard to exposure in a diff-- and it shows up frequently in the literature, both for folks who are using actively as well as folks that may be in treatment, presenting some risk for accidental opioid poisoning.

Lots of buckets on the impacts on parenting, so I'll give you some ways to think about it and [INAUDIBLE]. A lot of what is in the literature might be referred to, parents struggling with emotional dysregulation. And what that means is their own ability to regulate emotions or to have appropriate responses to stressors in their life is challenged or compromised. Getting very angry, having mood swings, having inappropriate level or response emotionally to a situation is something that a lot of folks show up in the literature for parents that are dealing with opioid issues of their own.

Lots of literature on parent-child attachment kinds of issues, there again, sort of a vital component the ability to experience that kind of attachment. Some literature pointing to the sort of focus of a drug using parent that might be drug seeking behavior as being distracted from their children as being less engaged in that same way, all of that affecting sort of adult relationships sort of moving on. Overall, in family environment stuff, lots of stuff there in terms of understanding the impact on children.

A lot of what would concern us as preventionists might be the way to look at it through the lens of social norms, particularly at adolescence, can shape the environment or context that defines their acceptability of drug use, meaning if they're around folks who are using a particular family member or a parent that's using, their sort of experience with that impacts their own relationship and norms to the acceptability of it. So families in which children witness drug use or drug-related behavior directly, meaning they see it happening, absolute impact on perception that drug use can be normative, thought to be, again, not only acceptable, but just part of life, all things that would raise big red flags for us in the field of prevention.

Finally, the literature that's strongest about the damage that's done to the greatest degree is when parents facilitate drug use by their children. And there aren't a lot of studies there. There's some sort of looking at more significant and dramatic impact when that happens. So exposing your kids to your own use, dangerous. Lots of risk and actually facilitating use with your kids, even more dangerous with regard to your risk as well as the normative behavior. And then introducing early first use, obviously, when you're talking about heroin or an opioid, early first use present significant risk with regard to substance use disorder, the development of more significant, escalated trajectory of problems.

Family dissolution, lots of literature about that, sort of looking at the number of children in foster care and tracking those folks, looking at, again, issues from maltreatment to trauma starting to increase back in 2012. So it's not new. One of the things that's important to acknowledge is that one of the challenges with regard to family dissolution is intergenerational use.

So say a parent experiences a fatal overdose, the natural thought would be, again, that sort of kinship opportunity for a grandparent to assume. Lots of folks in treatment with substance use disorders or opioid use disorders talk about the fact that their parents had substance use or opioid issues. So if there's an intergenerational issue here, obviously, we don't have the option of placing a child with a grandparent when there's been generations of heroin use or opioid use. So know that that's absolutely an issue that confounds the field with regard to child welfare and foster care, is having to make sure they understand the intergenerational issues that might present family dissolution challenges.

So adolescent issues, again, there's lots of literature there that I think is key for us with regard to thinking about the issues, what we know about risk. We know that about 4% of adolescents report using prescription opioids. That's 14,000 young people in the last year, 14,000 specifically talking about heroin, about 800,000 using opioids more broadly. So increases in adolescent opioid use disorders showing up around the country is a concern. Some of that related to this sort of intergenerational issue and exposure to opioids by parents is key.

So early identification really still not happening for adolescents in a lot of places. Doing programs like SBIRT in primary care may be something that's growing in some parts of the country, but still not meeting the need of doing the early identification for adolescents with opioid or substance-use disorders. Looking at the role of parental treatment, it's kind of a mixed bag in the literature, looking at the issues of understanding that having children may be a motivation for mothers to go into treatment. It may also be some challenges with regard to the system itself creating issues.

About a quarter of drug courts a few years ago would not allow pregnant women to be treated with buprenorphine or methadone, so there are some system barriers with regard to pregnancy that may, in fact, motivate women to avoid going into treatment or getting help, because they may in fact not have access to drug courts and be able to go into MAT for example. So there's kind of a mixed bag of research there, but important to understand locally what's happening with that.

Finally, a lot of literature about cross-system collaboration and the impacts on children. I mentioned earlier about the limitations and barriers to access for treatment or all kinds of services in rural areas showing up in that literature, of putting additional stressors on children as well as grandfamilies.

Lots of parents with opioid use disorders have co-occurring psychiatric or medical conditions. Similarly, depending on where you are, you might live in an area that you have barriers to access to psychiatric or medical. And we know from the literature, if you don't treat all three, the likelihood of you being successful with any one of them is lessened, meaning if you have a medical condition and you're using, you're likely not following treatment suggestions, procedures. And similarly, if you are trying to enter recovery with a substance use issue and you have a confounding medical issue or behavioral health issue that's not being treated, the likelihood of you being successful in recovery is significantly diminished. So lots of that, lots of catching up with the court system of understanding that families with opioid use disorders with children have co-occurring issues that have to be addressed with regard to the way that they impact the successive parent and the children.

Finally, let's move into some looking at some issues with regard to impact on relationships themselves. This also has significant impact for us in the field of prevention in some ways that I'll highlight for you. Again, we've made the case that opioid dependence, parent-child relationships is really key, and that it, in fact, impacts all kinds of issues. A lot of what we would think of as sort of parent-child relationship issues, health issues are impacted in that literature.

This last bullet is the one I want to focus on for a moment, and it's relationship to prevention goals. A lot in the literature about children showing greater what we would call disorganized attachment. And what that means broken down is that when a baby or child has developed a disorganized attachment, their caregiver hasn't created a safe, secure base for them to confidently return to. So what the result for a lot of children in that scenario is-- so, you see, hearing an opioid-using parent may, in fact, be significantly inconsistent or, again, have that emotional dysregulation we talk about, and have wild mood swings, and anger, and emotional responses that are out of proportion. So that sort of insecurity can create this relationship of both loving and fearing a parent at the same time, so one of the outcomes of disorganized attachment, of this sort of love and fear happening simultaneously.

Now, that in the literature is really clear that as we move into adulthood with that issue of disorganized attachment, far significant risk associated with not just mental health issues, but specifically with substance misuse and substance use disorders. So untreated or unidentified disorganized attachment issues significantly increase the likelihood that this is somebody who will experience substance use themselves or substance use disorders. So these relationships are important to pay attention to in different ways in the literature. Again, it's sort of wrapping up that piece of it.

Let's move into the areas of caregivers themselves and do the same thing, sort of look at some buckets to pay attention to that give you some talking points. Really complicated mental health-- mental and health issues, behavioral health sort of needs. So keeping in mind that children may be entering the home of a grandparent as a caregiver with trauma that they've experienced, but they may have also had a whole host of unmet needs, whether it regard to a stable schedule, food insecurity, financial insecurity, no focus on education or no expectation to do homework. So think of a whole myriad of things that are different in a child's life as they come into a caregiver who's going to pay attention to them in completely different ways.

So lots of complicated sort of stuff happens immediately upon that sort of new relationship that we're assuming as a caregiver versus simply a grandparent, who's been an unconditional love giver, who's now assuming a role of caregiver or even discipliner is a very different transition to make for folks and it's complicated. A quarter of grandparents, again, sort of report that issue of abuse or neglect that they know about has happened. Lots of additional mental health issues with children showing up in those placements,

everything from what might be post-traumatic stress disorder-type symptoms to ADD to autism spectrum disorder, anxiety and depression. So you think of all of those things in significantly higher numbers than kids not having experienced that sort of disruption in their life.

Cumulative traumatic events associated with health and well-being, sort of the whole cluster of them. So it's rare that there's just one or two of those, that they often, again, they travel in clusters for kids, so in that same sense. So important to acknowledge, too, that despite the importance of grandchildren in being in their lives, most grandparents sort of see it as great satisfaction with wanting to protect a vulnerable child, but see the, again, physical and emotional challenges with caregiving to be overwhelming at a time where they might be dealing with, as a grandparent, their own aging parents may still be alive and they may be playing a significant role.

So say this grandparent is 50 or 60, and they have a parent who is 70 or 80 and they're dealing with caring the primary caregiver for their own parents and their adult children as well as their adult children's children. So they may be dealing with three generations of caregiving at once. That's pretty common, to be dealing with at least one other generation there.

So at the same time, they're coping with their own grief. And that grief and adjustment is significant in their own life. So if we're talking about a fatal overdose, that overdose death happened with their child, their adult child. So they're taking on this responsibility at the same time they're juggling caring for their own family, their own parent, their own spouse relationship, their own retirement may have been started, as well as the fact that they're now coping with this issue of becoming a caregiver.

So lots of financial challenges, overwhelmingly folks talk about. Many are still in the workforce. More than half of grandfamilies are still in some ways in the workforce. But again, just as many are well into their way of retirement with little or no notice that they're going to become a caregiver. So they may have already downsized their home. They may have relinquished transportation. They may have changed their situation so that they can handle being on a fixed income. So financial challenges are substantial, and most grandfamilies report significant challenges with regard to the resources it takes to take on that role.

So finally, custody and foster care is complicated and confusing. Overwhelmingly, grandparents and grandfamilies talk about the challenges associated with figuring out, do they want to pursue custody. What's happening? If this has been a non fatal overdose that resulted in incarceration, do they need to go the route of foster care? And again, remember that many come into the system formally through the foster care or child welfare system, but an unknown number of grandfamilies out there have

just taken on this role informally, and again, in part because custody and foster care is both confusing, challenging, and expensive to navigate. So overwhelmingly, the literature clear, this last bullet, many subvert their own needs, which isn't a healthy thing at all for grandfamilies to do. We know that the more you give up your own goals in life, the more likely that you will compromise your ability to be a healthy caregiver. So in a nutshell, that ties up this morning section to look at children, relationships, and grandparents impact kinds of issues.

And now we want to move into an interactive part of today. So we're going to use a Padlet in just a moment, which is basically just an interactive discussion board. We're going to use it today to capture some thoughts on some key issues about grandparents as caregivers.

So the way that you'll participate today is that, in the chat, there's going to be a link it just showed up from Jennifer. You're going to click on that link. It's going to take you to a Padlet. And once there, we'll give you some additional instructions.

Now, when we conclude that Padlet, you'll stay in the Zoom meeting with us. We'll just resume the presentation once we're done with that. So from here, go ahead and click on the link that Jennifer just posted on that Padlet link. All right. And you should now be seeing on your screen a lovely blue mountain background with four questions. I see folks loading in, lots of folks still coming in. So I'm going to give folks a few moments to get fully loaded into this Padlet today.

And again, so for those of you, if you're anxious, it's going to be an anonymous process. You'll be able to participate interactively with us. You can post or publish comments, and I'll show you how to do that in just a moment, once the majority of folks are in here.

But also know that, again, if you want to-- there'll be other ways that you can participate. You don't have to post comments yourselves, and we can do this in any number of ways. So asking my tech team on the top, seeing the number of folks coming in, is it accurate that we have fewer folks in the Padlet? Or do we have any way of knowing if folks are mostly in here or not?

PRESENTER: There's not a great way of knowing, Chuck. But hey, look, someone just put a comment in the chat, there in the comments.

CHUCK KLEVGAARD: Well, let me give you that instruction then. I'm seeing, again, folks that-- as you're here. So on the left, the first question we want to start with is, roles of grandparents in your life. What are some of the ways in which you acknowledge the roles that a grandparent played in your own life? And again, the way that you can do that is a little plus underneath that column. And you click on that plus, it's going to bring up a window. And then

the first cursor will click into an area called Subject. And you can type something in there, such as unconditional love, in that case. And then you can at the top of that, hit that button that says Publish, and it will publish your comment.

Cool. Seeing lots of folks doing this now. Awesome. They're rolling in really fast.

Now, what you can also do, if you're watching and participating in this Padlet today, there's a little heart in the bottom of each of these categories. And you can click on that heart and say, I agree with that one. Love me and support my parents. My grandparents passed away when I was six. If other folks have lost somebody, you can click on that.

Grandparents raised me, sort of looking at-- and again, to the right of that, of the first box there, there's a little scroll bar. So you can scroll down and up. Parents worked. You can talk about looking at all the different roles that grandparents have played in people's lives. Overwhelmingly-- wow, lots of folks posting.

So let me say, I think everyone in the room-- and this has been my experience recently because I started asking this question-- knows somebody who's parent has been involved in a situation where a grandparent had to assume a role for some period of their childhood. So it's a fairly common experience in our lives.

As we move into this next area, what are some possible benefits of grandparents as caregivers? Navigating family issues. Keeping children in the family and familiar, great one. Wisdom, really cool.

Another possible benefit of knowledge of resources, keeping young at heart. I love that comment. The benefits to grandparents themselves of feeling purposeful, productive, and young at heart keeping them active. Lots of great literature about how important that is as a benefit for grandparents themselves.

Cultural connections sustained. The values and traditions of culture, whether that be American Indian and Alaska Native culture, or other kinds of cultural issues, all really key that grandparents can carry that forward into the next generation.

Substance misuse benefit specifically, now looking at those. Wisdom and lessons story. Breaking family cycle, absolutely. Opportunity for evidence-based programs. Safety in the environment. Looking at resources.
Again, lots of comments about buffering ACEs. Changing stigma, traditional wisdom, morals, and values. So huge implications for us in prevention.

So continue to post in that one because, again, I think, as we thought about offering this to you all, we thought, I want to make sure this feels relevant to you in prevention. And we know that overwhelmingly lots of implications for the work that we might do with children and grandfamilies, having implications to increase buffers, as they're being called here today, or protective factors or reducing risk factors directly, all really critical both for substance use and mental health benefits.

Awesome. Continue to type now, all the way in this last column, if you have thoughts about, go ahead and publish your comments about mental-health benefits. Learning to cope. With the idea of emotional regulation, we talked about dysregulation, but the idea of teaching children sort of social and emotional learning impacts, of opportunities to deal with that as a buffer for children in these situations, is amazing, in terms of both mental health and overall stability, success in educational ways that also then could impact that issue. Cool.

So let me say, overwhelmingly, huge thank you to you all for participating in this or being brave enough to publish your comments here. So again, take a moment right now before we leave, look at those things that you agree with the most, and click on those. So like those things that you think are most important.

So take one more moment. Go back and look at the things you agree with the most, and click the Like heart. So there's the heart at the bottom of each of those little white boxes. If you agree that you think that's really important, now let's get a sense of a poll. Which of these things are most important? So now like the things that you agree with the most.

Awesome. Again, this is super, incredibly valuable to us as a sense of not only what we know that you're aware of, but sort of institutional knowledge from the field, sort of a huge survey of the prevention field about why are grandparents important, what are the benefits, and why does it matter to behavioral health and substance misuse prevention in such significant ways. All right.

We are going to go right back to the presentation. So technical team, are we seeing my screen again? Thumbs up?

PRESENTER: We are. All good.

CHUCK KLEVGAARD: Again, thanks, everybody. We're going to save that Padlet and send it to you. I think that that, for me, is a really rich sense of how timely this issue is, how important it is, how it touches our heart, and how it matters to us in the field.

So let me give me a few more talking points before we leave this issue of benefits and give you some things to think about with regard to specific, what do we know from the literature. So grandparents positively influence grandchildren in a whole host of ways, in particular looking at the issues. And some of this showed up in the Padlet, everything from role models to nurturance, love, and support, to helping grandchildren think about the direction their lives are headed. Oftentimes grandchildren are more comfortable talking to a grandparent than they are their own parent about their thoughts about what they want to do with their career, their life, their decisions about relationships, about their own feelings about their parents themselves are all real sources of information.

Some of you also highlighted this, that grandparents may be the carriers of culture in that sense. Values and traditions are often reinforced much more significantly in that relationship between grandparents and grandchildren. What we know empirically is that when you talk about kinship care, a child who's placed with a relative who cares about them, that there's lower rates of placement disruption, fewer times where they're reentering foster care. Higher rates of reunification can happen when there's a relative involved, versus a foster care placement, of non-relative.

Threats to well-being and behavioral health and health concerns are reduced when there's a relative in that situation. Some of you acknowledged fewer school changes, better behavioral health outcomes. Maintaining relationships with siblings, family, and the community that they're familiar with, all critical protective buffers for children that are far more likely to be leveraged in a kinship relationship.

Lots of sort of parents in that situation are willing to adopt. So again, we know from the literature that in foster care placements, there's a period of time and an average duration, far more likely when it's been a relative or grandparent, that that ends up being long term until the person leaves home when they're 18 or that an adoption is likely to take place, far more likely when there's a kinship placement. So know that that's, again, all the talking points that you all hinted at so well in that Padlet. You seemed to know the majority of those things already, either intuitively from your experience as prevention, or now from the literature that we'll share with you.

So one of the ways that I think is valuable to present to your agency, your coalition, your community, your colleagues is to think about this not just from a risk and protective factor framework, but to think about it as stressors and buffers because the literature that I'm talking about today isn't a risk factor for just reducing substance misuse risk or substance use disorder risk factors. We're looking at risks for all kinds of disruption and health and mental health issues. And as well, the positive outcomes aren't just an outcome associated with less likelihood of using, they're outcomes with the stability of placement,

for example, or the success of a relationship in a foster care situation or lessening trauma.

So present people the buckets we just talked about. So for example, with regard to stressors rather than risk factors, there are a whole host of behavioral health stressors on children here on the left. Talked about trauma and ACEs. Talk about the trauma what we know from the displacement itself, meaning being taken out of the home, put in a new home. We talked about a whole host of issues about what that's like with regard to adjustment of the new relationship and the trauma associated with that, as well as the adjustment to the new situation, the redefinition of relationships, the likelihood of trying to figure out how to navigate a new community, a new role with a grandparent.

Now, on the grandparents' side themselves, a lot of the basic needs are key to point out in communities, everything from, again, from looking at the issues of financial needs, which we talk about most folks reporting, as well as issues with regard to custody support or even legal assistance. So if those are the outside stressors, I want to add one more thing before we look at buffers in the middle. Those orange dotted lines sort of serve as a way of identifying some potential barriers that are there. So access to prevention, early intervention, and services are these dotted lines. That's what's sort of unsure that there.

So access is this dotted line, but also what's there as a potential barrier in that sense is the notion of stigma. So in a lot of places in the literature I mentioned this morning, that stigma shows up with regard to access and willingness to seek care, or in some ways stigma impacts the feelings that grandparents have or the shame associated with having to take on care for a child of one of their adult children who has been involved with opioid use. So know that stigma shame and access to care are some of those dotted lines in this model.

So in the middle then, we think about buffers. Lots of literature about the ways in which we can buffer ACEs, both preventing the accumulation of ACEs, as well as reducing the likelihood of negative impact of ACEs themselves. So again, there's sort of two buckets of research there about resilience and trauma and ACEs, lots of it looking at reducing the number of ACEs that we accumulate, but also a lot of literature about, so you're 18 and you have four ACEs, how do we build resilience and skills that buffers the impact of those aces in your life.

Lots of relational programs, which we'll highlight in just a moment, showing that the ways in which we can buffer the impact of displacement by helping folks work directly on relationships. Lots of adjustment issues, everything from parenting to mentoring kinds of approaches can serve as buffers to that adjustment issue.

Finally, on the grandparents' side, lots of needs for resources. So overwhelming, huge buckets of resources that we're talking about, everything from financial to whether that be diapers to understanding schedules or access to school resources to knowing about algebra, so big buckets of resources there. And then lots of needs around support, for legal support, and then training. And that training can be in the form of supporting grandparents with dealing with the trauma of a child that they're taking on a caregiver. They're not psychologists, they're not clinicians with regard to substance misuse or substance treatment. So training as parents dealing with navigating their own grief and the relationship that they're now taking on are all important to think about as buffers with regard to the stressors on grandfamilies themselves, as well as sort of importance of support for grandfamilies in a broader sense.

Now, the greatest amount of research has been done on the way that we combine this whole model of looking at this in its entirety as a collective to say that we can't just pick one of these, that the greater likelihood we'll have in supporting the stability and success of these families is to think about wraparound services, meaning that if we offer services only to the child and not the grandfamily, the likelihood of that success being there is diminished. Or if we only offer legal support to the grandfamilies and don't deal with some of the adjustment issues of the child or dealing with the trauma of both sides, we're not successful, so looking at wraparound services that look at this whole framework together.

Now, this isn't an all-inclusive, everything that you might consider. To me, it's a graphic that at least puts some of the bigger buckets that show up in the literature in one place so that you can see them all together to say, what is comprehensive planning look like for children in grandfamilies. It looks minimally at addressing these issues.

So finally, we're into strategies. That's the last third of our conversation today. We're going to talk about what do we know about strategies and how to find them. So we're going to look at five buckets of strategies talking about wraparound services, what are examples, where can you locate them, looking at relational programs, and again, looking at the issue of how do I deal directly with navigating that changing relationship.

We're going to look at child and caregiver programs that aren't necessarily wraparound, but looking at combining the ways of offering supportive services to both sides of that model. And we're looking specifically at caregiver training. What's out there? What's evidence-based with regard to caregiver training kinds of programming? And then child-focused, what are some specific things we can do for the child in that situation that addresses all of those issues on the left, everything from trauma to ACEs to adjustment and displacement, all of that.

So all of those things we just mentioned, quick poll. What those are you familiar with or that are happening in your community? So we'll do another quick poll of getting a sense of what do you already know about evidence-based practices with regard to any of these.

Are you already doing wraparound services where you live? Do you have training programs for grandfamilies? Are you doing support groups for grandfamilies or foster parents more broadly that also benefit grandfamilies? Do you have mentoring programs? What's offered where you live? Awesome. Seeing lots of folks identifying child-focused programming. That's interesting, curious, and encouraging to me at the same time. I am-- as a result of doing the background research here, of seeing the importance of that comprehensive approach, but overwhelmingly, the message has been clear that children are that silent, vulnerable witness in the opioid crisis, and that not enough attention has been placed on children. So we know that I think they are, in fact, the most vulnerable population in today's conversation. But I like the idea that we're talking about training programs and support groups for grandfamilies in your communities as well.

Mentoring in both ways, so we're seeing, again, in the literature and we'll talk and give you some examples in a moment about mentoring for grandparents, grandfamilies, but mentoring for the children as well. And that might help deal with both the trauma and the adjustment of that displacement that's happened, can happen all the way around.

Well, let's stop the poll there and acknowledge that lots of child-focused programs, but again, also a good assortment of training and support groups, with about a third of communities reporting that we do wraparound services. Now, they might be wraparound services in general, as part of our model of child welfare where you live. So it may take some homework to figure out if those wraparound services are inclusive of grandfamilies.

So remembering that many of the grand families that we're aware of aren't formally in the system. Some are in child welfare and in foster care, and some are informally taking on their role and still require and need some help, so finding ways to do that with both groups of informal and formally involved families in that system. Cool. So thank you so much for taking this poll. And again, this is both encouraging and gives us some ways to spend the next 20 minutes together with you all in that sense.

So wraparound services is a way of thinking about that whole comprehensive model that I mentioned a moment ago. There's a lot of research about the sort of multimodal approach, a no wrong door approach, the ways that human services, youth services, child welfare, and foster care all sort of recognize everything from the financial insecurity to food insecurity to the need for support to both sides of that model. So the more folks understand that multimodal, no wrong door approach, and wrapping services around

somebody, regardless of where they showed up for service, is really in the literature as what makes that protective. Sort of creating that connection to benefits and legal assistance has showed up in the literature as being important. So making sure, again, that we're asking about all of those different pieces, and when somebody enters that system at any time. So wraparound services specifically aimed at folks both formally and informally coming in the system are really key.

A lot of evidence for kinship navigator programs. And what this means is studied in the literature and the examples of evidence-based practices, a single point of entry for connecting to housing, health service, financial, and legal, looking at, again, assisting caregivers and learning about finding and using programs and services for caregiving in all of those different aspects. So kinship navigator programs have been around a long time. They're pretty well known in child welfare and foster care systems. Lots of states have really comprehensive websites and programs. This is Washington state, for example. And again, we're going to give you lots of examples in the PowerPoint that you'll get. If you have it already these links are live for you, so you can go explore what a state website looks like.

This one has loads of resources, both for preventionists, for folks who work in child welfare, foster care, social services, as well as directly for grandparents or foster parents, all the different links to where how to find a support group where I am, how to get involved in and find free legal assistance. So these kinds of navigator sites make it easier as that single point of entry for being able to get everything you need. So you might not even know that you can go to this site and find out about where you're going to get food. So one-stop shop is the key there with regard to wraparound single point of entry navigator is kind of the ways to look for those kinds of programs.

Lots of evidence about relational specific kinds of strategies aimed at the relationship between the caregiver and the child. Attachment sort of biobehavioral catch-up, ABC programs, Parent-Child Interaction Therapy, PCIT, or even parent-child psychotherapy. Now, the good news is that these can do a lot of help and build a lot of competencies and skills with that relationship. Obviously, like any other selective indicated kind of program, they're expensive, they're harder to have a significant reach into a population. They are important as a way of thinking about that aspect of the plan, of making sure that there are these kinds of programs in place.

So finding ways to build on what you already have. So say you're in a community in Wisconsin, and we already use The Incredible Years all over our school district. So know that there are adaptations of existing evidence-based programs for substance misuse or social skills, or even SEL, that have been focused on adaptations for child welfare. So in this case, here's The Incredible Years, and here's an example of how to read about and locate an adaptation of that evidence-based program for child welfare. And in this case,

we're talking about for foster care, for parents who in this case might be grandfamilies. So you can find adaptations in that same way.

Lots of that third bucket of looking at direct caregiver and child. And now, these kinds of programs might be aimed at the caregiver and the child, but not specifically on their relationship and not the full wraparound of everything, but sort of kinship care connection is what shows up in the literature. So this primarily deals with some of what's on that right side of that model and a little bit of what's on the left. But again, not a full wraparound of everything from legal to financial to food to trauma.

So examples of kinship care, here's an example of a website that offers an entire tool kit to its counties across the state on dealing with kinship care. So again, everything from flyers and brochures that they can use to raise awareness about the issues, to presentations to links to programs and services that exist, identify and navigate different county-level contacts for services. So kind of a one-stop shop for kinship care that deals with both sides of the issue of looking at children as well as grandparents and grandfamilies in that sense.

Lots of evidence for caregiver training. These programs have been around for decades. So programs like KEEP is something that's been pretty familiar. So it's likely that if those of you start looking in your state, your county, your town, there may be, in fact, folks already implementing Keeping Foster Parents Trained and Supported, a program called KEEP. It's been an evidence-based program focused on caregiver training for a long period of time.

Let me introduce to you showing the first evidence-based clearinghouse that we'll talk about and acknowledge today. So there are lots of different ways to find programs, and they're different than the ways we traditionally as preventionists look for registries. You're going to look for registries that are more focused on child welfare, foster care.

California Evidence-Based Clearinghouse is a great one because it's searchable in lots of different ways. You can filter by looking at different issues. You can enter topic areas. You can also do keyword searches in this one. And you're going to find programs like Keeping Foster and Kin Parents Supported and Trained.

You can also look for some of the other key words that I've thrown out there. You can look for programs specifically that are evidence-based. Now, in this case, you also see a relevance of rating and relevance, both promising research evidence. You can click on that and see what they mean by that, sort of where it showed up in the literature. It may have been in a peer-reviewed journal, it may have been replicated. It may meet some of the criteria that you like for evidence-based programs and it may not in that same way.

Lots of programs for children specifically, so things like Playgroup has been around a long time, or Cognitive Behavioral Therapy. Trauma-focused CBT has been around and used with foster children in different settings, shown with some success to produce lots of outcomes with regard to things like adjustment, internalized versus externalized emotions, lots of ways in which children begin to emotionally regulate more effectively so that they can be successful in school and manage relationships and manage emotions. So cognitive behavioral therapies is a great example of child-focused kinds of strategies.

Similarly, you can go to that same website and look for those trauma treatment kinds of interventions. SPARCS is an example of one, Structured Psychotherapy for Adolescents Responding to Chronic Stresses. It's a mouthful. It's an example of an evidence-based program that's, again, specifically focused on children as the population.

So finally, looking at the issue of ACEs, lots of really good ways of looking at sort of meta-analyses, systematic reviews of evidence-based practices that either do those two things, either reduce the accumulation of ACEs or prevent them, or serve as buffers to folks who've already accumulated ACEs. So thinking about children in the opioid crisis through this lens is absolutely a great place to start. If we don't know anything else about children and opioids, looking for evidence-based programs in this space is much easier to do. Again, there's some links in the handout about some evidence-based programs, again, big, systematic reviews, meta-analyses of evidence-based programs to reduce or prevent ACEs.

Fostering Healthy Futures is just an example of one of the programs you might find. You can search, again, that clearinghouse I mentioned earlier for-- you can use a keyword search in this case. And you can look for adverse childhood experiences as a keyword search, and you can see 12 programs come up under that filter of looking at ways to think about programs for children.

Healthy Futures is another one that's a way of looking at it. So this is one of the first ones that showed up in that quick search that we just did using that filter. Lots of ways to look for different keyword searches. And again, sort of want to go through here so we can get to the Q&A.

Tons of evidence about mentoring programs, remember, on both sides of that model, so mentoring programs for children to deal with adjustment and relationships, but also mentoring for grandfamilies, grandparents themselves, and finding those kinds of programs, again, looking in registry, specifically looking at the issue of kinship, congregate care, looking for mentors as structured relationships between a child and an older individuals for the child, or mentoring relationships for somebody who's experienced in the foster care

world, who's helping somebody navigate that transition into that relationships on the grandparent side. Again, you can search these registries for mentoring programs. 32 programs come up in that case. You can look for them and, again, filter them in lots of different ways. You can search for mentoring programs for youth, mentoring programs specifically designed for foster care, in this case.

Here's an example of one in Boston called Silver Lining Mentoring, which is a specific program that's implemented within foster care systems. So it has both the focus, the training, the relationships, and the sort of approach and framework to working with mentoring with children who are in foster care. In particular, they've had such a concentrated expertise and they have a track record with opioid-impacted children in foster care placement in a very specific way. It's called Silver Lining. So you can find these within that registry and find evidence for them.

So finally, I want to talk a little bit about who to work for and partnerships. So obviously, this is-- for preventionists, this may be new to your coalition, your agency, your organization. So starting with what's happening in your state, I'm going to show you some quick ways to look at and look up what's happening where you live, both in your state child welfare system, foster care setting, as well as what other folks are doing in your county is a really important piece of homework to start with and think about relationships there, of discovering what's happening and how you can support that work locally. And it may be even just letting folks making sure that coalitions organizations, agencies in your town know about the resources that are already out there.

Figuring out some way of doing a gap analysis locally, using that framework that I offered you earlier is something that folks are doing. Thinking about child welfare, but also thinking about community health centers that serve parents, grandparents, serve older adults may have services that are already in place for folks. They're certainly good candidates to launch and house programming for grandfamilies within community health centers, human services, youth services, lots of folks.

So type in the chat. Where else would you go? So for those of you who've thought about navigating this, where else would you start, in terms of thinking about who to partner with this? Prevention folks may not have the capacity and readiness right in their coalition to start this work, so we need to begin to think about who to do this with.

After school programs, great. Faith-based partners, juvenile justice, thinking about health departments, absolutely. Those are great ways to think about-- public libraries, and especially in smaller towns and rural areas, thinking about the ways to work with churches. Offices of aging, senior centers, great places to start.

Big Brothers Big Sisters, folks already doing mentoring, really important ways to think about getting started. Child advocacy programs, all wonderful, absolutely great places to go.

So let me, with the time we have left, to show you a couple of websites I want to highlight real quickly, and then we'll come back and do some Q&A in just a moment. I'm just going to show you three, and we're going to do it relatively quickly. So Grandfamilies is a great place to start because you can look for fact sheets that are for your state. So in this case, I can click on my state, whether that's Wisconsin, and it's going to take me to a fact sheet that's not only going to bring up all kinds of very specific data about Wisconsin and grandfamilies, it's going to bring up some important resources, both at the state and locally, programs that are happening and in place, how to learn more about support for programs that include all different parts of that. So grand plan-- that's a really important place to think about starting in that case. A second website would be to look at census data, and the reason why that's valuable is because they've reorganized the way they've done census data. I just want to ask quickly, Rebecca, have we shifted to Grandparents As Caregivers website? Are you seeing that on my screen-- on your screen?

REBECCA: Yes.

CHUCK KLEVGAARD: Cool. So Census has now sort of made it easier to find information about grandparents as caregivers or kinship care. I'm scrolling down just a little so that you can see there's numbers here. And you're looking specifically at kinship, not just foster care, because you want to look at situations and numbers where grandparents or relatives are the sole or primary caregiver.

You can break this down by clicking on State. You can click on your state. Say that's Connecticut. You can get data. Once I have data for Connecticut, I can even put my county in there and get data for my county. So know that, again, you can look at different levels. You can look at it through different passes and find a really easy way to get some numbers that give you an idea of, if you're writing a proposal or need to convince people that this is here in River City, you can do that with this data source.

And then the last one, I love Kids Count data sources, and again, because you can navigate them in lots of different ways. And in this case, you can do that for the nation, but you can also look by state, as we did. You can see trends with regard to foster care. Again, look at both, look at foster care, but remember to look at kinship care because that's the situation that we're most wanting to look at.

If we uncheck all of our states here and just put one state in here, so we have Alaska, we can look at a number of years and see what's trending in terms of the numbers. In that case, we can look at number or percent. I think in some

cases it's helpful to look at numbers of folks so we get a sense of the scale of things locally where you are.

So that's a quick snapshot. The Child Welfare Gateway is another place to look for partnerships, laws, centers, how states are organized. We won't go there because I want to make sure we have time for a Q&A.

REBECCA: All right. Well, we do have a few questions. Let's start with, have you seen a lot of supportive services for kin care providers that are not involved with DSS or foster care?

CHUCK KLEVGAARD: I would say less so. But here's what I would say that's encouraging. A lot of states have organized the way that they're dealing with opioid settlement dollars, whether that be McKinsey, Purdue Pharma, any host of sort of opioid settlements, so that they're dispersed to communities with evidence-based practices and it goes directly to a county or it goes to a regional prevention entity or it goes to a township, and it's formula-based. Now, in those cases, I'm seeing more and more programs focused on children that are impacted by opioid programming or grandfamily-specific kind of programming that's done in collaboration with child welfare and support, foster care, but it's initiated through a different community entity because funding is now becoming available to folks in such different ways. So now there's opioid-specific money coming both federally, but also now these settlement organizations that states are now dispersing directly, and they're asking them to deal with opioid abatement kinds of initiatives, where they're dealing with do something that's prevention, do something that expands access to treatment. But most of the states that have seen that have organized settlement dollars given directly to communities or coalitions or counties have a requirement for prevention, which is cool. And it's a long answer to your question, so yes, a little bit, and more and more.

REBECCA: Another question, any resources on addressing Positive Childhood Experiences, PCEs, as well, especially with grandparents raising children?

CHUCK KLEVGAARD: Yeah, that's a great idea. I did not include it, but that's a fantastic sort of addition. Anything that looks at-- I love that idea of thinking about which protective factors might be more salient in this case to focus evidence-based programs that we build skills, competencies. Again, we talk about SEL, Social and Emotional Learning, kinds of programs, but the sort of positive experiences and increasing those as along with all of these other things. That would be a great thing to add to that model.

REBECCA: Yeah. Peggy is suggesting in a chat that the HOPE, H-O-P-E, scale is a great thing to use. And Gail specifically wanted to know about trends in Wisconsin. I think maybe we want to invite Gail to go ahead and look at the resources that are in the slides, and she can pull up all the information

she needs for Wisconsin. That would be-- she'll have more time with it that way.

Bill is asking, how does one approach a family that refuses help because of fear of stigma and DCFS taking the kids in Illinois?

CHUCK KLEVGAARD: Great question. In terms of thinking about the avenues to access care and having care be offered in different segments of the community is something that people do traditionally in rural areas to try to address stigma so that access to information and services is offered through different sectors. So it's not just available in Human Services, which makes people anxious, not just available in child welfare settings, sort of offering services in cultural ways, like through barbershops. We think about the issues of offering fentanyl test strips to folks in counties through barbershops has been able to reach disproportionate populations through cultural avenues.

So I like that as an example, not as a way of accessing services for foster care, but as a way of thinking about it. What are the ways in which folks access care that are trusting relationships that they have, and how to make those services at least advertised and available as a gateway entry points in those places? In faith-based sort of settings is a way of making sure you can disseminate it, at least disseminate information about services that way. Dealing with stigma is huge. And again, we know that stigma is even more pronounced in some rural frontier parts of the world because everybody knows everybody's business. So I think it's a huge barrier for lots of families to access care. I think it's part of why this large number of grandfamilies are still involved informally rather than formally, because of the fear about not just the stigma, but what will happen if I enter? Will I lose custody? And what sort of evaluation of me as a parent will happen? So lots of confusing and frightening stuff, because people don't know about those systems.

REBECCA: Another question. Are there thoughts on how to engage the court system in kinship training? Often the court is a roadblock to keeping children with families through kinship care.

CHUCK KLEVGAARD: Yeah. I think doing some education, finding opportunities to do what we just did. We just spent an hour and a half in, again, a rich discussion that took us all the way from what's happening, why does it matter, to what we can do about it. I think all of those pieces are important for somebody to know the why it matters.

We talked about it through the lens of prevention, but through the lens of criminal justice, the likelihood of successful placement is also something that matters greatly to them. So looking at ways to present the outcomes of kinship care through different sort of lenses, outcomes about success, outcomes about the stability of placement, outcomes about health, recidivism,

crime, lots of positive outcomes about successful placements, and especially enduring placements are things that would be important to frame for them. Not that they don't care about the success of children, but I think they would in part want to look at it through the lens of why does it matter to the court system or to criminal justice or to law enforcement. I think doing some basic education is something we do every day as preventionists. We think about community readiness and using awareness strategies before we launch into big changing the system strategies. So it may be helpful to think about doing some awareness, writing some op eds, doing some presentations around town, around your county on this topic, taking some of this presentation, if you can, and bringing some basic awareness to different sectors.

REBECCA: Great. Thank you. I have another one. I've done a lot of work tied to medical care giving and trying to engage those caregivers. Do you have any ideas on how to specifically engage grandparent caregivers?

CHUCK KLEVGAARD: I would say a couple of places that are great to go. A moment ago, we looked at state websites, and time didn't allow us to drill down, but the New York site has some really great downloadable brochures or flyers that you can put in primary care settings or health care settings that offer basic information. And again, you can put a sticker on them that bridges them to some other service or program that might be there. But they're basic kind of almost like health literacy or trauma literacy or how to get your basic needs met kind of pieces.

So there are flyers and brochures on both New York and Washington's website. Go back and look at those because many of them are designed for different sectors, including health care, looking at both-- the placement of that information in health-care settings serves as a way of educating the health-care provider, as well. Again, it's been less successful in getting audiences with health-care providers because they're very busy, and their schedules often don't allow for professional development from coalition folks or community agencies. But placement of material and adding information that people can hand out at screenings or intakes is another avenue that people have been successful at disseminating information about the impact of grandfamilies and child care issues, but also sort of the information about programming at screening and intake is one of the ways that people do that in health care successfully.

REBECCA: Here's another question that speaks to engagement. We have issues with relatives that are nervous or afraid to reach out for help, even though the resources are available. We've been working on trying to get them more involved but need more input on how to get them to join the support services that are offered. Is there anything of that could help with this?

CHUCK KLEVGAARD: I think when folks are fearful about coming in through formal pathways, one of the things that I hear from the child welfare, foster

care system is that many times they're much more comfortable when a veteran grandfamily approaches them and offers support that way in terms of as an avenue both as a person who can support them in navigating the transition into child care giving with this situation, but also then, once that relationship in place, they can be that sort of carriers of here's some additional services that I think you should know about. So having the entry point be another grandparent who's a veteran is often one of the ways that folks can disseminate information and build that relationship when there's hesitancy to come in formally.

REBECCA: Great. I think we're at the point now where we need to wrap things up. Chuck, do you have any last comments before we have Kris close us out?

CHUCK KLEVGAARD: Only to say thank you, everyone. Please, as always, I'm here in this region, so reach out to me. You have my email. If you have a follow-up question, say, hey, I'm looking for literature about this or I want to find a program on that, email me and I will send you what I can, if I know anything. So thank you.

KRIS: Great. Thank you so much, Chuck. I really appreciate all the information you pulled together for this webinar, and also a huge thank you to all the participants. The chat was a wealth of information as well as through Padlet. All of your input was much appreciated and very helpful.
So just a few announcements before we wrap up to make sure you all are aware of some things coming up. First of all, we have next week coming up, January 26, a presentation by Dr. Jason Kilmer on Communicating Cannabis Science to Communities and Collaborators. This will not be recorded. So if you are interested in this webinar, be sure to carve out some time to be on live.

We have our next in our six-part series on prevention ethics, our Deep Dive Into Prevention Ethics, is on February 2 from 9:00 to 10:00. This also is not recorded. It's a live interactive session with breakout rooms, so be ready to participate and breakout rooms if you sign up for that.

We have just a couple more slots. I think we're down to about four slots for folks from within the Great Lakes region to sign up for the Foundations and Prevention Intensive Training Course. And one we just added a couple of days ago to our website is Planning For the Life Cycle in your Career in Prevention, and we get Chuck back for that one. That's March 7.

A few things that are going to be posted soon, aren't quite on our website yet, but watch for them coming soon is we're going to have a training on social media on March 9 and one podcasting on March 17. If you haven't already, I highly encourage you, if you are a Facebook kind of person, to like and follow our page. This is a way that we are able to share information on a daily basis

with you. So as more information resources come up, we can get them out to you very quickly.

I did just add a post with a link to the Kinship Care Toolkit that Chuck mentioned, so you can find that on our face page Facebook page when you go there. If you are a LinkedIn person, we also have LinkedIn. We just started this recently, so we'd love to get some more followers on LinkedIn, if that's the social media format that you like to use.

And as Rebecca mentioned at the beginning of our webinar, we do have a short evaluation that we hope you will take the time to complete because this is how we get information back to our funding agency about the trainings we've done. So this is the way we can continue to offer free trainings to you. So you'll be automatically connected once we close out the webinar to this page. So if you could take a few minutes to do that, that would be fantastic. And with that, any last comments, Rebecca or Chuck?

REBECCA: No. I think we just want to thank everyone for being here and for taking some time to think about this important topic.

KRIS: Great. Thank you, everyone. Have a fantastic rest of your day. Bye bye.