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Office of
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2020
foster care report

Fiscal year 2019 - 2020
(July 1, 2019 - June 30, 2020)

contents

focus on quality

Some of the main priorities of DHS is to ensure children and youth are placed as close to home as possible and with somebody they know when placement of a child is necessary. I am proud to say our work continues to show positive trends in these areas. We are also committed to moving our evaluation process from solely a compliance model to an integrated quality and outcomes measurement process.

Our commitment to improvement and transparency informed the publication of this report. The baseline report provides a roadmap for foster care providers to prioritize key areas for service quality improvements. The new process is driven by research, includes quality indicators, and draws from multiple data sources and perspectives.

We're grateful for support from Casey Family Programs, a national leader in child welfare practice and policy, and the Policy Lab at Children's Hospital of Philadelphia, who worked with DHS to ensure a sound methodology and rigorous scoring process.

We are committed to working collaboratively with our provider community to improve and strengthen our services to children in out-of-home placement.

In service,

Kimberly Ali
Commissioner,
City of Philadelphia Department of Human Services

about the report

This report summarizes key findings about Philadelphia's foster care and kinship care provider landscape for Fiscal Year 2020 (July 1, 2019 – June 30, 2020). Foster care and kinship care are types of family-based care for children who cannot live with their families and need temporary out-of-home care. Kinship care refers to care by extended family, which includes caregivers who are biologically related to the child (e.g., an aunt or grandparent) and those who are not biologically related but play a caregiving role, such as someone in the child's religious community or a close family friend. Foster care is also home-based but typically with a caregiver who was previously unknown to the child. Foster and kinship parents are collectively referred to as "Resource Parents." Throughout this report, we will refer to "foster care agencies" or "provider agencies" to mean agencies that provide both foster and kinship services.

What is the relationship between a foster care agency and DHS?

Foster care agencies are licensed by Pennsylvania's Department of Human Services.

The **Philadelphia Department of Human Services (DHS)** enters into contracts with foster care agencies to provide resource homes for children in need of out-of-home placement services. DHS monitors providers on an ongoing basis for quality and compliance.

What is the relationship between a foster care agency and a CUA caseworker?

Foster care agencies are responsible for maintaining safe and supportive resource homes for children in need of out-of-home care while Community Umbrella Agency (CUA) caseworkers are responsible for the safety, permanency, and well-being of children receiving DHS services. Foster Care agencies are responsible for certifying Resource Parents to ensure that they are properly trained, matching Resource Parents with children in need of an out-of-home placement, and communicating with CUA caseworkers.

CUA caseworkers are employees of agencies hired by DHS to work with families in a specific geographical area of Philadelphia. They support children and their families for the duration of the children's time in DHS care regardless of service or placement location whereas a foster care agency supports the Resource Parents regardless of which children are in their home.

DHS evaluated 32 providers that were responsible for delivering foster and/or kinship services to over 6,000 children in Fiscal Year 2020. DHS assessed each provider on multiple datapoints, including:

- Provider Narrative on agency practices and protocols
- Resource Parent Files
- Staffing Files
- Administrative Data on Placement Stability

Some data sources were not applicable for a particular provider due to provider size, mid-year contract start and termination dates, and eligibility of Resource Parent/staff for file review. Additionally, the stay-at-home orders implemented in mid-March due to the COVID-19 pandemic further affected DHS' access to data. For more information about DHS practices, including evaluation during the pandemic, see the callout box on the next page as well as the appendix.

COVID-19 Pandemic and Caring for Children in Placement

With the onset of the global coronavirus pandemic in early 2020, DHS staff worked diligently to ensure children and families remained safe. This included coordinated efforts with providers, the advocate community, and other stakeholders to secure necessary supports and resources. In addition to enhanced safety measures and supports, DHS continued to focus on maintaining high levels of quality care.

In addition to the precautions taken for ensuring the safety and well-being of children and families, DHS evaluations staff pivoted to conducting virtual evaluations. DHS continued to use the same evaluation tools for providers and made minor adjustments to accommodate the virtual process, including restricting reviewed files to only those for children who were placed prior to the pandemic. For additional information on modifications to the evaluation due to the pandemic, please see the Appendix.

This report has two main sections: a summary of the full foster and kinship care system and individual provider scores.

The system-wide findings are organized into five domains:

- Resource Parent Recruitment, Screening & Certification
- Resource Parent Matching & Placement
- Resource Parent Training, Monitoring & Support
- Staffing
- Placement Stability

While placement stability is calculated strictly through administrative data, the other domains draw from multiple data sources, including provider narratives, Resource Parent files, and staff files. Other data sources, such as findings from Resource Parent surveys, complement evaluation scores and findings but are not tied into providers' scores due to limited data availability for some providers.

The provider-specific section displays each provider's overall rating: optimal, fair, or needs improvement.[1] The overall rating is an aggregate calculation of each provider's domain scores.

Fiscal Year 2020 Score Rating

86 – 100%: Optimal	● ● ●
71 – 85%: Fair	● ●
70% – Below: Needs Improvement	●

Providers that were not eligible for all data sources (e.g., no placement stability data due to a small sample size) are grouped separately.

[1] *This year's three-point scale is based on DHS' work with national experts. Starting in Fiscal Year 2021, providers will be evaluated on a four-point scale to align with performance standards for other non-Community Umbrella Agency services.*

ongoing accountability

DHS reviews all foster care providers at least annually and performs additional evaluations on an as needed basis if there are safety concerns. Evaluations that identify safety issues or areas of concern trigger a Plan of Improvement process, which the provider must complete in a timely manner. DHS monitors the progress of a provider's Plan of Improvement. When providers do not make progress based on their evaluation results and Plans of Improvement, DHS has a graduated accountability response that ranges from closing intake for a particular provider, providing targeted technical assistance, conducting an organizational assessment, and ultimately contract termination.

DHS is committed to working with its provider community to improve the quality of services and continue enhancing its evaluation processes. Based on this evaluation, DHS will:

- **Provide ongoing technical assistance to providers.** This includes conducting organizational assessments of provider care and management practices as well as general technical assistance related to practice.
- **Facilitate connections to training on trauma-informed care** to help strengthen provider capacity.
- **Convene providers** on a regular basis to provide policy and practice updates and opportunities for dialogue and engagement.
- **Encourage peer mentoring among provider agencies** to share best practices across agencies.
- **Refine the evaluation tools and processes** based on lessons learned in FY20.

A provider's rating informs DHS response.

Rating	DHS Response
Optimal	A provider with this rating meets expectations for quality measures and exceeds expectations related to compliance during the evaluation process.
Fair	A provider with this rating meets some compliance expectations during the evaluation process and needs improvement to demonstrate quality. DHS provides recommendations and identifies additional technical assistance.
Needs Improvement	A provider with this rating needs to improve significantly in compliance and quality. DHS conducts follow up monitoring, makes recommendations on improvement priorities, and identifies areas for technical assistance. Depending on the areas identified for improvement, DHS may conduct an organizational assessment. If a provider is unable to demonstrate improvements over a 6-12 month period after the evaluation, DHS leadership will determine the provider's ability to continue contracting with DHS to provide foster care services.

what we learned

Strengths

Three quarters (75%) of providers performed at a high (optimal) level. Of the 32 provider agencies, 24 had optimal ratings while 7 provider agencies (22%) had fair ratings. One provider agency (3%) received a rating of needs improvement.

Resource Parent recruitment, screening, and certification was a strength for many providers, however, findings related to Resource Parents working with reunification resources were mixed with some positive practices but additional work needing to be done to ensure Resource Parents prioritized working with birth families.

Providers had high staff training scores. Provider narratives and staff case file reviews revealed that majorities of providers required pre-service and ongoing training for staff and regularly monitored staff performance. One area for improvement was monitoring contact between Resource Parent Support Workers and caseworkers.

Areas for Growth

Providers had mixed Resource Parent matching & placement scores with narrative scores tending to be stronger than file review scores. While almost all providers' Resource Parent Support Workers completed visits and individualized plans for youth in specialized behavioral health placements, only a slight majority of providers indicated that they considered children's identities when placing children in a home.

Majorities of providers received favorable scores on training, but many still had room for growth. For example, some agencies provided trauma-informed training, but others need to improve their support of children's identities and behavioral and developmental needs. Additionally, results from the evaluation indicate that many agencies provided adequate support to Resource Parents, but Resource Parent survey results indicate that agencies could provide more support in the areas of health and safety (including mental health for parents and children), the DHS process (including knowing the reunification and adoption processes), and culture (including hair care and navigating language barriers).

Placement stability is an area for growth with 80% of providers needing improvement. Placement stability varied widely by provider and population with some providers receiving optimal scores for one sub-population and needs improvement ratings for other populations. On average, of the youth who were in care in FY20, those in care for less time (i.e., began placement in 2019 or 2020) had more placement instability than youth who were in care for longer periods of time (i.e., entered placement in 2018 or earlier).

a closer look at our process

Following the new evaluation process, DHS assessed each provider on multiple datapoints, including:

- **Provider Narrative** on agency practices and protocols
- **Resource Parent Files** containing individual certification, training, and placement information
- **Staffing Files** containing individual certification, training, and supervision information
- **Administrative Data** on Placement Stability (i.e., the number of placement moves children experience while receiving foster care services)

Some data sources were not applicable for a particular provider due to provider size, mid-year contract start and termination dates, and eligibility of Resource Parent/staff for file review. Additionally, the stay-at-home orders implemented in mid-March due to the COVID-19 pandemic further affected DHS' access to data. All agencies' evaluations included at least one data point, and three quarters (75%) had data from all data sources. Additionally, 17 providers had Resource Parent surveys, which were included in DHS' analysis but were not factored into providers' agency scores.[2]

Three quarters (75%) of providers performed at a high (optimal) level. Of the 32 provider agencies, 24 had optimal ratings while 7 provider agencies (22%) had fair ratings. One provider agency (3%) received a rating of needs improvement. Performance within each domain varied among providers, and additional detail on each domain is provided below.

[2]239 resource parents started the survey, but not all resource parents completed the survey or answered every question. Response totals are included in the text when referencing specific survey questions.

Resource Parent Recruitment, Screening & Certification

Resource Parent recruitment, screening, and certification was a strength for many providers. This domain was assessed using narratives from 29 providers and by reviewing 15 providers' Resource Parent files. All 29 providers received optimal scores on their provider narrative, and 27 of 29 (93%) received optimal scores on their Resource Parent files. In particular, the narrative and Resource Parent files revealed that most providers screened Resource Parent candidates to ensure they were open to training and skill development. Conversely, data from the narratives revealed that providers could improve upon their screening and recruitment process to ensure that their pool of Resource Parents reflects the need and diversity of the children they served.

Findings related to Resource Parents working with reunification resources were mixed. While the 29 provider narratives indicated that providers had solid practices in place to ensure that Resource Parent candidates were willing to work with reunification resources to support permanency, and 66% received fair scores for ensuring parents engage with birth parents, nearly half (48%) of the 220 Resource Parents surveyed indicated that working with a child's biological parents was not a priority, and 46% stated that they did not get help from the provider agency when working with birth families.

Resource Parent Matching & Placement

Providers had mixed Resource Parent matching & placement with 29 providers' narrative scores tending to be stronger than the 20 providers' Resource Parent file review scores. Just over half (55%) of the providers achieved optimal scores on their Resource Parent file reviews compared to 45% of providers receiving optimal scores on their provider narrative. An additional 10 providers (34%) receiving fair narrative scores. Additionally, a strong majority (87%, n=195) of surveyed Resource Parents indicated that the children in their care were a good match for their family.

Providers considered a number of priorities when matching a child and a home, though only a slight majority included children's identities. Twenty-nine provider narratives and 20 providers' Resource Parent files were measured in this category. According to provider narratives, nearly all providers (90%) prioritized the child's degree of medical and behavioral needs when matching a child with a home, and 86% considered geography such as school and neighborhood. Nearly two thirds (66%) considered the child's culture including identity, language, and/or religion, but only a third (34%) considered LGBTQ identity. Resource Parent files revealed similar trends—65% of providers had optimal scores related to the provider's consideration of the child's special needs or circumstances, but 45% received needs improvement ratings for considering the child's cultural, religious, sexual, or gender identities.

Almost all providers' Resource Parent Support Workers completed visits and individualized plans for youth in specialized behavioral health placements. Twenty providers' Resource Parent files were measured in this category. Only two providers (10%, N=20) did not meet the criteria for developing and implementing individualized crisis response plans and Resource Parent support plans in collaboration with Resource Parents and Community Umbrella Agency (CUA) case management staff. Just over two thirds (68%, n=13) of providers' Resource Parent Support Workers also conducted initial in-person visits with Resource Parents within the appropriate timeframe.

Resource Parent Training, Monitoring & Support

Majorities of providers received favorable scores on training, but many still had room for growth. Twenty-nine providers' narratives and 25 providers' Resource Parent files were measured in this domain. While two thirds (66%, n=19) of provider agencies received optimal scores on their Resource Parent training and monitoring narrative, only a quarter (28%, n=8) received optimal scores for Resource Parent training in their Resource Parent files, and nearly half (44%, n=12) received optimal scores for their narrative on monitoring and support. A third (34%, n=10) of providers rated as needing improvement in Resource Parent training in their narrative and Resource Parent files, and 26% (n=7) needed improvement on their narrative around monitoring and support.

Providers employed different strategies for training Resource Parents and assessing their knowledge. Twenty-nine providers were measured in this domain. Providers' narratives revealed that most (83%) provided choices to Resource Parents about optional trainings, and over two thirds (69%) provided individualized training supports, while about a third (38%) learned about training needs through surveys, questionnaires, or polls. About a third of the providers used defined, evidence-based or informed curriculum for pre-service (34%) and ongoing training (31%) needs, and approximately three quarters used tests or quizzes to assess pre-service training needs (72%) and post-training transfer of learning (76%).

Of the 217 Resource Parents surveyed, a majority felt that the training opportunities helped them meet the needs of the children in their care (79%) and also reported that they could apply what they learned in their trainings to their role as a Resource Parent (83%). Almost all Resource Parents (96%, n=209) reported feeling confident that they could meet the needs of children in their care.

Some, but not all, agencies provided trauma-informed training. Twenty-nine providers' narratives and 25 providers' Resource Parent files were measured in this domain. Over three quarters (79%) of providers' narratives indicated that they had "trauma-informed caregiving and vicarious trauma training" as a pre-service training requirement, and almost two thirds (62%) had this as ongoing training and development as well. Of the 25 providers with eligible Resource Parent files, 60% received optimal (48%) or fair (12%) scores for completion of trauma-informed coursework. Additionally, at least 82% (n=162) Resource Parent survey respondents indicated that they received trauma-informed training.[3]

Many providers provided adequate support to Resource Parents, but room for improvement remains. Twenty-nine providers' narratives were measured for this category. Nearly 4 out of 5 providers (79%) received fair scores for Resource Parent Support Workers monitoring Resource Parents' quality of care. This finding was echoed in the Resource Parent survey with three quarters (78%, n=174) of Resource Parents indicating that Resource Parent Support Workers listened to their concerns, 74% (n=175) indicated that the provider responded to questions and requests in a timely way, and 70% (n=156) indicating that they felt supported by the provider agency. However, 8% of surveyed Resource Parents indicated that they did not feel supported by the Provider agency, and 21% of providers were rated as needing improvement in their provider narrative for ensuring that Resource Parents feel supported.

Providers can improve in supporting children's identities. Twenty-five providers' Resource Parent files were measured in this category. While almost all (96%, n=24) providers received optimal scores for supporting LGBTQ

[3]The percentage of Resource Parents who indicated that they received trauma-informed training is approximate because respondents may have left this section blank either because they skipped the question or because they did not receive the training.

youth in Resource Parent files, two thirds (68%) were rated as needing improvement when it came to Resource Parent Support Workers working with Resource Parents to encourage a child to maintain continuity with her/his religious or home community. Additionally, while over half (54%, n=119) of the Resource Parents surveyed indicated that they were given information about children's culture, religion, or identity, 57% (n=124) stated that the provider agency did not provide support to help maintain the child's culture, religion, or identity.

Providers can also improve in supporting children's behavioral and developmental needs. Twenty-five providers' Resource Parent files were measured in this category. Over half of the providers received needs improvement ratings on Resource Parent files when it came to supporting Resource Parents in understanding the child's physical or mental health needs (60%) and following up on attending scheduled preventive and follow-up medical, dental, and therapy appointments (52%). Resource Parent survey results painted a similar though slightly more positive picture with majorities indicating that they were kept up to date about children's behavioral needs (71%, n=158), educational needs (65%, n=146), and developmental needs (62%, n=138).

Staffing

Providers had high staffing scores; 25 of 29 agencies (86%) received optimal scores on their staffing provider narrative, and 23 out of 31 agencies (74%) received optimal scores on their staff file reviews.

Majorities of providers require pre-service and continuing training for staff, including trauma-informed practice, but few offer training opportunities with other stakeholder groups. According to provider narratives, 97% of providers require ongoing training, and 79% required pre-service training before working with families. The vast majority (86%) provided training related to trauma-informed practice and almost half (45%) provided cultural-competence training for staff. Additionally, three quarters (76%) of providers indicated that all staff member training is trauma-informed, not just the trauma-specific training. Less common practices were individualized training to meet the needs of Resource Parents (21%), joint trainings with Resource Parents (34%), and joint trainings with caseworkers (0%).

Providers monitored staff performance through supervision, assessments, and field observations. To ensure transfer of learning and ongoing support, data from provider narratives (N=29) indicated that agencies used quizzes and questionnaires (62%), field observations (52%), and supervision (62%). Over half (59%) also solicited feedback from staff via surveys.

Providers monitored for contact between Resource Parent Support Workers and caseworkers, but providers could provide additional oversight. Nearly two thirds of providers' narratives (66%, n=19) noted that Resource Parent Support Workers have contact information for caseworkers of the children in the resource home and 59% logged consistent communication between the Resource Parent Support Worker and caseworkers, but only one provider had joint meetings with Resource Parent Support Workers and caseworkers at the beginning of a placement. Similarly, only a quarter attended teaming meetings with caseworkers and other primary case contacts (24%) or attended caseworkers' quality visits in the resource home (28%).

Placement Stability[4]

Placement stability is an area for growth, with 80% of providers needing improvement. Twenty-five providers were scored on at least one of the three placement stability measures.[5] Of those providers, five provider agencies (20%) received an optimal score, none received a fair score, and 20 received a needs improvement score.

Placement stability varied widely by provider and population. For example, while one provider had an average of 1.2 moves per 1,000 days among short stayers (under 12 months), another provider average 10 moves per provider.[6] There was also variation within providers; one provider had a needs improvement score for short-stayer stability, an optimal score for mid-stayer stability, and a fair score for long-stayer stability.

On average, youth who were in care for less time had more placement instability than youth who were in care for longer periods of time. Youth who had been in care for less than 12 months had an average of 3.5 placement moves per every 1,000 days. In comparison, youth who were in care for 12-24 months had an average of 1.8 placement moves per every 1,000 days, and youth in care for more than two years had an average of 1.1 placement moves per every 1,000 days.

[4]DHS used Fiscal Year 2020 administrative data to calculate placement stability rates based on placement moves per 1,000 days of care. This rate was calculated for three different populations: youth who had been in care for less than 12 months as of June 30, 2020 ("short stayers"), youth who were in care for 12-24 months ("mid-stayers"), and youth who were in care for two or more years ("long stayers"
Only providers that served at least 10 youth within each population (i.e., short, mid-, or long-stayers) were included in the analysis.

[5]Some providers were excluded from placement stability measures due to small sample size.

[6]Placement stability is calculated by summing all placement moves, dividing by the sum of all days in placement, and multiplying by 1,000. This calculation allows us to compare across providers even if individual youth have not stayed 1,000 days each.

methodology

DHS partnered with Casey Family Programs and CHOP PolicyLab to develop an evidence-informed evaluation process with tools that measure both quality and compliance for foster care and kinship care services. The evaluation process draws on data from multiple sources, including overarching policies and practice as documented in provider narratives, the implementation of those policies and practices based on individual Resource Parent and staff files, and outcomes data collected through DHS' case management system.

This section provides information on the different data sources, evaluation domains, and indicators that DHS used to evaluate providers. Additional details about the items on each tool, scoring samples from each tool, tool weighting, and information about how the COVID-19 pandemic impacted evaluation procedures are provided in the Appendix.

Data Sources

The foster care and kinship care evaluation process utilized four primary data sources:

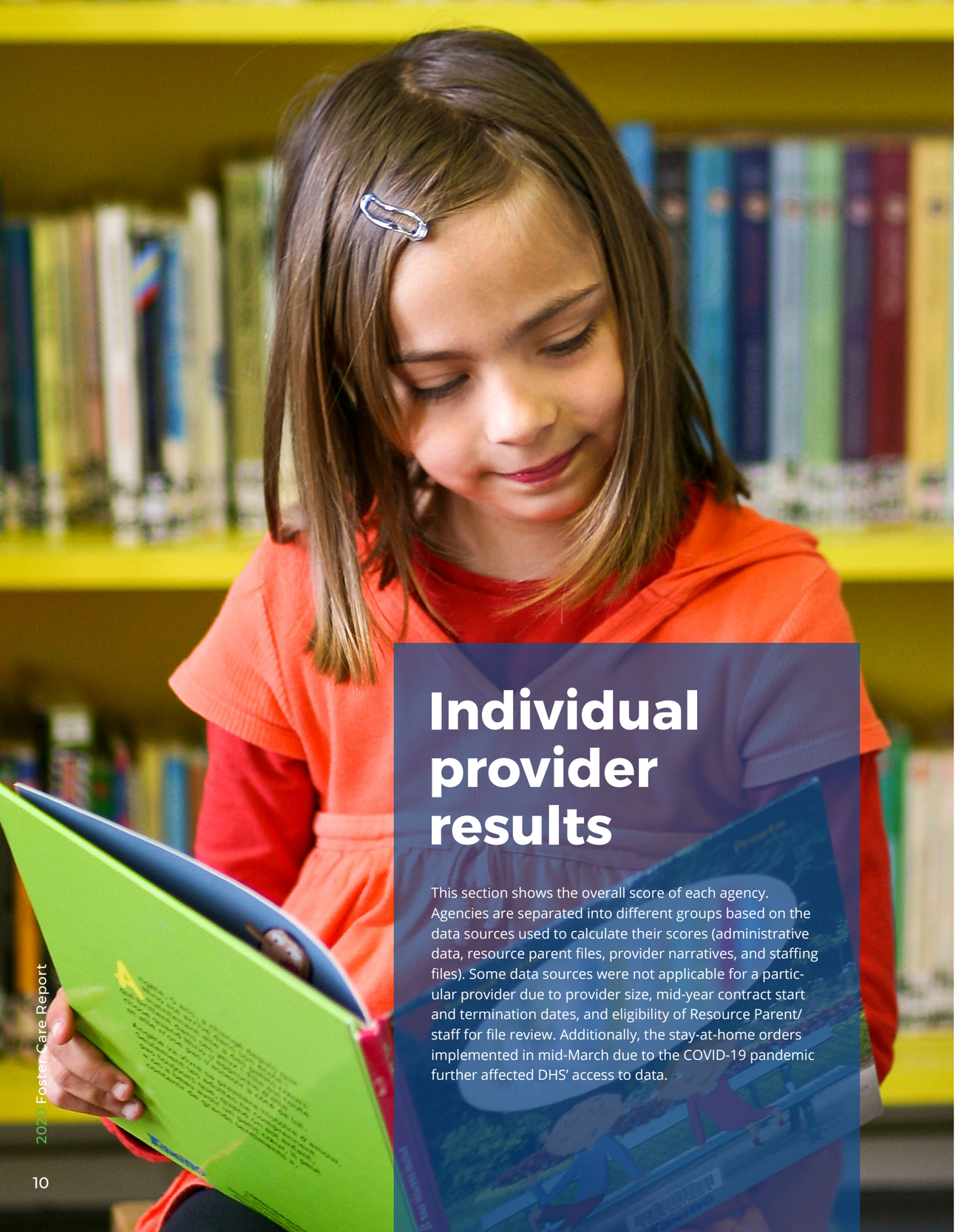
1. DHS administrative data on placement stability
2. Provider narratives about practices and policies
3. Resource Parent files
4. Staff files

DHS reviewed all four data sources for evidence of compliance and quality using a series of indicators. These indicators were in turn grouped into practice domains. The table below shows the domains for each tool, the number of indicators included in the tool, and a description of the indicators within the domains.

Table 1. Domains and Indicators by Tool

Tool	Domain	Number of indicators	Indicators Reviewed
DHS	Placement Stability	**3**	Placement moves per 1,000 days of care, separated by youths' time in care (<12, 12-24, 24+ months)
Resource Parent File	Recruitment, Screening & Certification	**9**	Resource Parent/adults in household/respite parent certification and approval; screening for child needs, training, and bio-family work; Resource Parent safety and life skills training
	Matching & Placement	**8**	Consideration of child's placement needs (special circumstances, proximity to home, personal identities, language), sharing essential information with Resource Parents, Specialized Behavioral Health placement supports
	Training	**27**	Participation in trainings (hours and content areas), Community Umbrella Agency and Resource Parent Support Worker visits and reporting, Resource Parent Support Worker support, documentation of case activities (i.e., Single Case Plan, previous services, teamings, clothing inventory)
Provider Narrative	Resource Parent Recruitment, Screening & Certification	**4**	Screening process to ensure openness to training, special populations, working with bio-parents, Resource Parent diversity
	Resource Parent Matching & Placement	**2**	Considerations for family-child matching, steps during placement to ensure permanency and well-being
	Resource Parent Training	**4**	Pre-service training, ongoing training, transfer of learning
	Resource Parent Monitoring & Support	**5**	Addressing concerns, bio-parent engagement, Resource Parent support, respite process
	Staff Training & Supervision	**6**	New and ongoing training, transfer of learning, staff support, retention strategies, trauma-informed care, Community Umbrella Agency communication
Staff Files	Staff	**17**	Supervision and timely background checks and certifications, including child abuse certifications, medical clearances, age, education, driver's license

DHS weighted results from each of the tools and data sources differently to emphasize key areas of practice and to take into account the number of indicators on each tool. For additional details on scoring, weights, points, and rubrics, please see the Appendix.



Individual provider results

This section shows the overall score of each agency. Agencies are separated into different groups based on the data sources used to calculate their scores (administrative data, resource parent files, provider narratives, and staffing files). Some data sources were not applicable for a particular provider due to provider size, mid-year contract start and termination dates, and eligibility of Resource Parent/staff for file review. Additionally, the stay-at-home orders implemented in mid-March due to the COVID-19 pandemic further affected DHS' access to data.

individual provider results

All Data

86 – 100%: Optimal ●●● 71 – 85%: Fair ●● 70% – Below: Needs Improvement ●

Agency Name	Overall Score
A Second Chance	●●●
Bethanna	●●●
Bethany	●●●
Carson Valley	●●●
Catholic Social Services[7]	●●●
Children's Choice	●●●
Concern[8]	●●●
Delta	●●●
Gemma	●●●
JJC	●●●
NET	●●●
New Foundations	●●●
Northern Children's Services	●●●
PAMentor	●●●
Pradera	●●●
Progressive Life	●●●
Turning Points for Children	●●●
Concilio	●●
Elwyn	●●
First Choice	●●
Friendship House	●●
JFCS[9]	●●
Tabor	●●
Devereux	●

All Data Except Stability Scores

Agency Name	Overall Score
ATA	●●●
Children's Home of Easton	●●●
Pressley Ridge[10]	●●●
Salvation Army[10]	●●●

Resource Parent Files and Narrative Only

Agency Name	Overall Score
Merakey	●●

Staffing Tool Only

Agency Name	Overall Score
Children's Home of Reading	●●●
Children's Home of York	●●●
Methodist[11]	●●●

[7]DHS closed intake for Catholic Social Services in March 2018, however some children continue to be served through Catholic Social Services foster care.

[8]Concern's stability score was based on youth who were in care for 24+ months only; they served fewer than 10 short- and mid-staying youth in FY20.

[9]JFCS closed prior to the end of Fiscal Year 2020.

[10]This provider did not have applicable information for the Resource Parent Monitoring and Support section of the Provider Narrative. This section was not factored into the provider's score.

[11]Methodist had a stability score for youth in care for 24+ months; they served fewer than 10 short- and mid-staying youth in FY20.

appendix

Tool Weighting & Points

DHS weighted results from each of the tools and data sources differently to emphasize key areas of practice and to consider the number of indicators on each tool. To do this, DHS assigned each tool and domain a series of points, which are shown in the table below.

Table 2. Point Distribution by Domain and Tool

Tool	Domain	Points	Points per Tool
DHS Administrative Data	Placement Stability	16.5	16.5
Resource Parent File	Recruitment, Screening & Certification	18	61
	Matching & Placement	16	
	Training	27	
Provider Narrative	Resource Parent Recruitment, Screening & Certification	8	39
	Resource Parent Matching & Placement	6	
	Resource Parent Training	4	
	Resource Parent Monitoring & Support	15	
	Staff Training & Supervision	6	
Staff Files	Staff	51	51
TOTAL			167.5

Higher point values are associated with higher impacts on the overall score. A breakdown of how each tool contributes to a provider's overall score is shown in the figure below.

Figure 1. Point Distribution (%) by Tool

Resource Parent Files	**36%**
Staff Files	**31%**
Provider Narrative	**23%**
Placement Stability	**10%**

Providers accrued points based on performance in each domain. For example, a provider that received a perfect score in Resource Parent Recruitment, Screening, and Certification would receive 18 points, whereas a provider that received a score of 50% would achieve a fraction of the possible points. Providers that received a zero in a given domain would not receive any points. After evaluating all tools, DHS calculated the overall score by dividing total points accrued by total points possible and assigning a rating based on the following thresholds:

Table 3. Overall Score Thresholds[12]

Rating	Score Range
Optimal	**86-100%**
Fair	**71-85%**
Needs Improvement	**0-70%**

Tools that were not applicable for a particular provider were removed from the overall score calculation. For example, a provider that was too small to be evaluated for placement stability (worth 16.5 points) was evaluated out of 151 points, which is the number of points possible from the Resource Parent Files, Provider Narrative, and Staff Files. Therefore, being ineligible for a tool did not benefit or harm a provider's score.

[12]*The rating language used for the domains and the overall score is distinct from the language used on individual tools. As shown in the sample scale items on the pages below, the individual tools use "Well Developed", "Developing," and "Needs Improvement" for scoring items on individual files and narratives. These scores are then aggregated into domain and overall scores, which use the "optimal," "fair," and "needs improvement" categories.*

Placement Stability

To calculate placement stability for each agency, DHS used the following combination of former and current Child and Family Services Review (CFSR) measures:

1. Of all children in foster care during FY20 who were in care for less than 12 months (as of the last day of FY20), what is the rate of placement moves per 1,000 days of care?
2. Of all children in foster care during FY20 who were in care for at least 12 months but less than 24 months (as of the last day of FY20), what is the rate of placement moves per 1,000 days of care?
3. Of all children in foster care during FY20 who were in care for at least 24 months (as of the last day of FY20), what is the rate of placement moves per 1,000 days?

To calculate the placement stability rate for each agency, DHS used the following calculation:

- Numerators: The total number of placement moves attributed to each provider during FY20 for all children in the denominator
- Denominators: Total consecutive foster care and/or kinship care days as of the last day of FY20 for all three lengths of stay indicated above.

To determine thresholds for what constituted an optimal, fair, and needs improvement score, DHS calculated the stability rate for the entire system, restricted it to agencies serving at least ten children within the fiscal year to limit skewed data due to small sample sizes, and then calculated the quartiles for each stability measure. Scores in the fourth quartile were designated as optimal, while scores in the third quartile were labeled fair, and scores in the first and second quartiles were considered needs improvement.

Evaluation Updates Due to the COVID-19 Pandemic

In order to continue monitoring and evaluating contracted provider agencies during the COVID-19 pandemic, evaluation practices were modified to reflect evaluation tools used prior to the pandemic. Questionnaires and interviews were used as qualitative tools to measure the climate of providers during the pandemic. Additional changes in the evaluation process are described below:

Table 4. Evaluation Updates due to COVID-19 Pandemic

Evaluation Component	Before the Pandemic (July 2019 – March 2020)	During the Pandemic (March 2020 – June 2020)
Sample	Randomized sample	Randomized sample only included cases that were opened prior to the pandemic
Site Visits/ Observations	In-person site visits	Virtual site visits
Interviews with Youth and Staff	In-person interviews	Virtual or telephonic interviews
Evaluations Notification	Twenty-four hours' notice	Five business days' notice for submitting evaluation documents. PMT distributed a checklist of documentation required to complete the evaluation. The agency was responsible for retrieving this information from their files and submitting to PMT
Data Collection	On-site data collection	Electronic data collection preferred. Other ways for agencies to submit data included: email, scan, and videoconference

evaluation report FAQs

Why publish a foster care report?

DHS is committed to transparency and accountability in ensuring the best outcomes for youth in DHS' care. This report provides a baseline to assess foster care provider performance. The report is part of a larger, system-wide performance management strategy designed to enhance provider evaluations and enable DHS and providers to identify effective practices that can be replicated and areas for quality improvement.

Why did DHS redesign foster care evaluations?

DHS is committed to supporting quality programs, and the prior evaluation process was driven largely by compliance. The new process is driven by research, includes quality indicators, and draws from multiple data sources and perspectives. The baseline report provides a roadmap for foster care providers to prioritize key areas for service quality improvements.

What is evaluated in the new process?

The foster care report process measures compliance with state, federal, and local regulations and also includes quality indicators tied to best practices. The measures include five domains: Placement Stability; Resource Parent Recruitment, Screening & Certification; Resource Parent Matching and Placement; Resource Parent Training, Monitoring & Support; and Staffing.

What are the data sources included in the evaluation?

The FY20 report includes data from 29 provider narratives, 291 staff files from 31 agencies, and 131 Resource Parent files from 29 agencies. DHS used administrative data to assess placement stability for 23 providers. While not part of the providers' evaluation scores, DHS also analyzed data from over 200 Resource Parent surveys, which were used to triangulate findings from the provider evaluations.

glossary

CUA

Community Umbrella Agency, responsible for providing case management services to a child and family for the duration of the family's involvement with the Philadelphia Department of Human Services.

Dependent Child

A child whom the court has found to be without proper parental care or control, subsistence, education as required by the law, or other care or control necessary for their physical, mental, or emotional health, or morals.

Family-Based Care

An out-of-home placement with a family as opposed to a congregate living arrangement. This includes kinship and foster care.

Foster Care

A family-based, out-of-home placement with caregivers who were previously unknown to the youth.

Foster Care Provider or Agency

An organization that provides family-based care to children in need of out-of-home care. The agency is responsible for certifying, monitoring, and supporting resource homes and Resource Parents.

Kinship Care

A family-based, out-of-home placement with caregivers who may be already known to the youth. Kin includes caregivers who are biologically related to the child and those who are not biologically related but have acted in caregiving capacities in the past, such as a family friend.

Out-of-Home Care or Out-of-Home Placement

A temporary living arrangement outside of the family home that includes family-based and congregate care.

Resource Parent

A kinship or foster parent providing family-based care to a youth in an out-of-home placement.