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2021 foster care report

Fiscal Year 2021
(July 1, 2020 - June 30, 2021)

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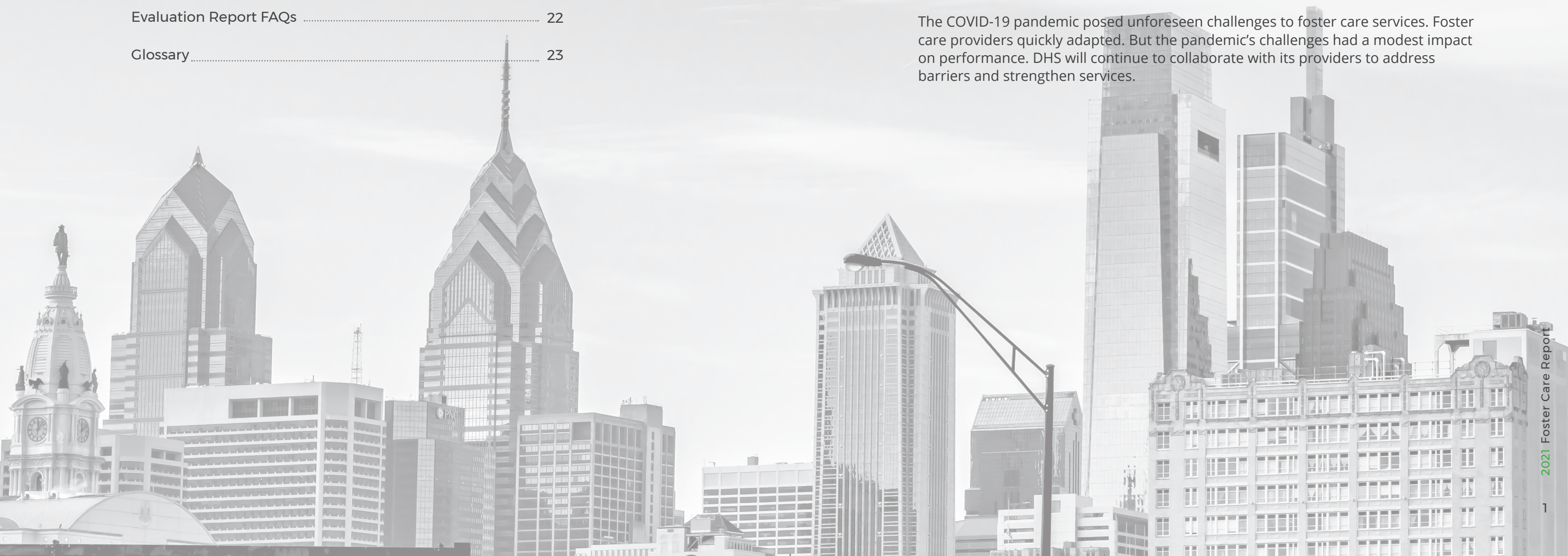
focus on quality

The Philadelphia Department of Human Services (DHS) works to ensure that children and families are safe and cared for in their homes and communities. However, when a safety risk cannot be mitigated, a child may be placed outside of the home. In these cases, the priority is to place children with family members who live close to the child’s home of origin.

Transparency and improving quality are priority areas addressed in the 2021 Foster Care Report. This publication follows the baseline 2020 Foster Care Report. It provides a roadmap for foster care providers to improve services. The research-driven process uses quality indicators. And it draws from many data sources and perspectives.

At DHS, we use a rigorous methodology to assess providers. It was developed with support from Casey Family Programs, a national leader in child welfare practice and policy, and the Policy Lab at Children’s Hospital of Philadelphia. We are grateful for their support.

The COVID-19 pandemic posed unforeseen challenges to foster care services. Foster care providers quickly adapted. But the pandemic’s challenges had a modest impact on performance. DHS will continue to collaborate with its providers to address barriers and strengthen services.



about the report

This report summarizes key findings of Philadelphia’s provider landscape. It focuses on foster care and kinship care providers. It covers fiscal year 2021. That time range is July 1, 2020 – June 30, 2021.

Sometimes children cannot live with their families. Thus, they need temporary out-of-home care. When this happens, family-based care is available. Foster care and kinship care are two types of family and home-based care.

Kinship care refers to care by extended family or someone who is known to the child. This includes aunts, uncles, or grandparents. Those who are not biologically related can also play a caregiving role. This includes someone in the child’s religious community or a close family friend. Foster care is also home based. Yet foster care caregivers are usually unknown to the child and the child’s family. At DHS, we refer to kinship and foster parents as “resource parents.”

In this report, we interchange “foster care” and “provider” agencies. These terms refer to agencies that provide kinship and foster care services.

The Foster Care Report examines how provider agencies recruit, train, keep, and support resource parents. It has two main sections. The first is a summary of the kinship and foster care system. The second is individual provider scores.

Caring for Children in Placement Amidst a Global Pandemic

Since the pandemic began, DHS staff has worked to ensure family safety. The department used enhanced safety measures to maintain high levels of quality care. But we didn’t do it alone. DHS support included coordinated efforts with providers, advocates, and stakeholders.

DHS evaluations staff conducted virtual evaluations. This change began in the last quarter of fiscal year 2020. It also affected all evaluations in fiscal year 2021. The evaluation tools for providers did not change. But we made minor adjustments to accommodate the virtual process. There is more information on pandemic-related modifications in the Appendix.

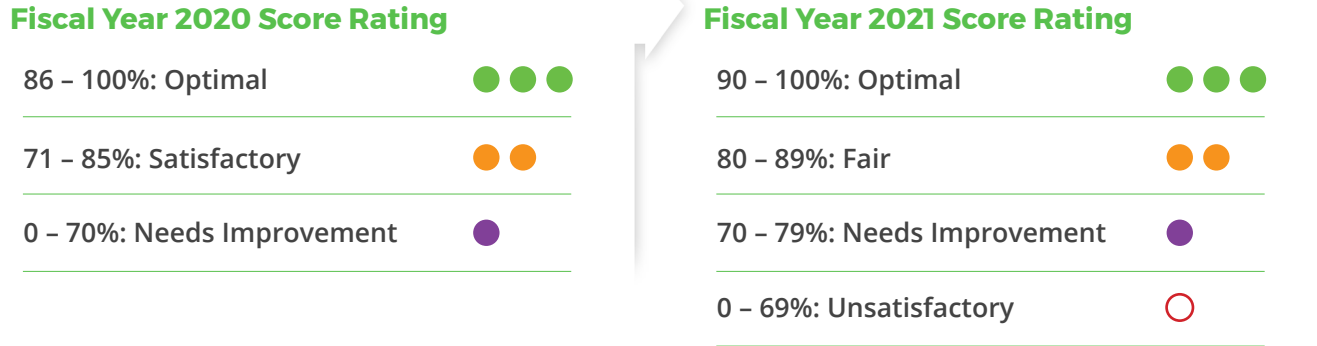
Five domains make up the system-wide findings:

- **Resource Parent Recruitment, Screening & Certification**, including resource parent household and respite setting, parent certification and approval, screening for child needs, training, working with birth families, and resource parent safety and life skills training.
- **Resource Parent Matching & Placement**, including consideration of a child’s placement needs, sharing essential information with resource parents, and providing specialized behavioral health placement supports.
- **Resource Parent Training, Monitoring & Support**, including participation in training, Community Umbrella Agency (CUA) and Resource Parent Support Worker (RPSW) visits and reporting, RPSW support, and documentation of case activities.
- **Staffing**, which assesses performance in staff supervision and timely background checks and certifications.
- **Placement Stability**, looks at placement moves per 1,000 days of care.

Administrative data calculate placement stability. The other domains draw from many data sources. These sources may be provider narratives, resource parent files, and staff files. Resource parent surveys are another source. These can complement evaluation scores and findings. Yet, they are not tied into scores due to limited data from some providers.

This year, DHS added a fourth rating level. The ratings are Optimal, Fair, Needs Improvement, or Unsatisfactory. The ratings are based on scores by domain and overall.

This differs from last year’s ratings. Those ratings were on a three-point scale. The change is to better differentiate performance levels among providers. A comparison of the different rating scales is below.



This report groups providers that were not eligible for all data sources. This may include providers who did not have placement stability data due to the small sample size.





ongoing accountability

DHS annually reviews all foster care providers. We also perform more evaluations on an as-needed basis if there are safety concerns. Safety concerns trigger a Plan of Improvement (POI) process. Providers must complete this process on time. DHS monitors the progress.

Sometimes, providers do not make progress on their evaluation results. And sometimes, they do not make progress on their POIs. When this happens, DHS acts. This may include closing intake or providing targeted technical help. Other actions can be conducting an organizational assessment or terminating the contract. 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:

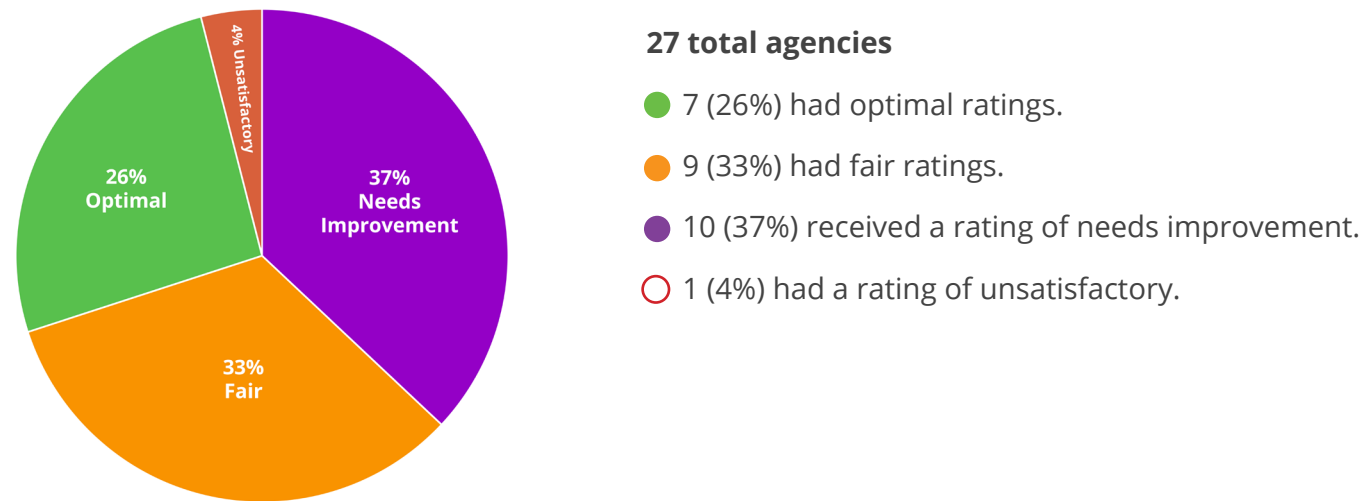
- **Provide ongoing technical assistance to providers.** This includes conducting organizational assessments of provider care and management practices. It also includes general technical assistance related to practice.
- **Facilitate connections to training on trauma-informed care** to help strengthen 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.** Look at lessons learned in fiscal year 2021.

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 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.
 Unsatisfactory	A provider with this rating needs to make substantial improvements across most compliance and quality measures. Performance levels indicate organizational disfunction with an immediate need for corrective actions and technical assistance. DHS may temporarily close intake. DHS will conduct an organizational assessment, and 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

More than half of provider agencies received either optimal or fair ratings this year. Performance within each domain varied among providers. More detail on each domain is in the Appendix.



DHS added a fourth rating level this fiscal year. This is to better differentiate performance levels among providers.

We adjusted this year’s scores to last year’s method. There was a slight decrease in provider scores in fiscal year 2021. Fifty-six percent of providers had overall scores at 90 percent or above. In fiscal year 2020, 63 percent of providers had overall scores of 90 percent or above.

Low scores in the Resource Parent Training, Monitoring & Support domain likely drove this decrease. The pandemic affected these areas of practice. Providers with adequate practice in these areas dropped from 75 percent to 58 percent.

Strengths

All providers received either fair or optimal ratings in Resource Parent Recruitment, Screening & Certification.

All providers approved and certified all adults living in the resource home before placing children. They all also screened the resource parent for their openness to a range of child needs. Like last year, we found mixed findings for resource parents working with birth families. There were some positive practices. One area of growth for most providers is to focus on the connection between resources parents and birth families.

Resource Parent Matching & Placement was a strength for many providers.

We surveyed resource parents. A majority stated that the children in their care were a good match for their family. There is an area of improvement. It is to involve birth parents in the matching process. And consulting them about their cultural, religious, or other specific needs. Providers reported that most placement referrals did not contain this information. Or the placements were the results of an emergency.

Areas for Growth

Providers can improve the monitoring and support of resource parents.

Twenty-seven percent of provider agencies received fair or optimal scores in their resource parent file reviews. There are ways to improve monitoring and support of resource parents. RPSWs should ensure that resource parents connect to positive opportunities for the child. This includes extracurricular growth. And encouraging the youth to maintain religious or home community ties. This will improve the monitoring and support of resource parents.

Additionally, provider agencies need to improve engagement and coaching. They can work with resource parents on how to best affirm children’s identities. And how to support behavioral and developmental needs.

Providers can be more intentional in the content and quality of resource parent training.

According to provider narratives, only about 11 percent received a score of either optimal or fair in the training domain. Even though provider agencies use different training strategies, there is room for growth. This includes improving the content of the training. And better identify training needs based on parent voice and current practice. Providers can incorporate more stories of actual youth and birth families into training sessions. And they can use parent voice or outcome data to identify training needs.

Placement stability improved from last year but there is still room for growth.

We scored twenty providers agencies on at least one of the three placement stability measures. Fifty percent received either an optimal or fair score. This is a substantive improvement from last year’s 20 percent. But placement stability varied by provider and population. Some providers received optimal scores for one subpopulation. And then they scored needs improvement ratings for other populations. We looked at youth who were in care in fiscal year 2021. On average, those in care for less time (i.e., began placement in 2020 or 2021) had less placement stability than youth who were in care for longer periods of time (i.e., entered placement in 2019 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 in resource parent recruiting, screening, matching and placement, and training. It also evaluates staff training and supervision practices.
- **Resource parent files** containing individual certification, training, and placement information.
- **Staffing files** containing individual certification, education and experience, training, and supervision information.
- **Administrative Data** on placement stability (i.e., the number of placement moves children experience while receiving foster care services).

Many of the findings are informed by more than one data source, such as file reviews (resource parents and staff) and structured provider narratives. Resource parent and staffing files focus on quality and compliance indicators. Provider narratives provide additional information on whether the structures and processes established by the provider are robust or need further development. Findings in the next section specify how different data sources were utilized.

Some data sources were not applicable for a 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 March 2020 due to the pandemic further affected DHS’ access to data. All agencies’ evaluations included at least one data point, and most agencies (74 percent) had data from all data sources. Additionally, 24 providers had resource parent surveys, which were included in DHS’ analysis but were not factored into providers’ agency scores.¹

Domain: Resource Parent Recruitment, Screening & Certification

Like last year, all providers received either optimal or fair ratings in this domain, even though COVID-19 has impacted the ability of providers to recruit and train new resource parents.

- All 26 providers received either optimal or fair scores, and 24 of 26 (92 percent) had optimal scores from the resource parent file reviews. Most providers screened resource parent candidates to ensure they were open to training and skill development.
- Additional information from provider narratives showed that even though provider agencies performed well in terms of quality and compliance practices, their processes were not robust enough. Only 6 (22 percent) provider agencies received optimal ratings on the provider narrative section for this domain. For example, providers can improve their screening and recruitment process to ensure that their prospective resource parents reflect the needs and diversity of the children they serve.

¹ The survey was filled out by 308 resource parents. Not all resource parents answered every question. Response totals are included in the text when referencing specific survey questions.

Like last year, findings related to resource parents working with birth families were mixed.

- Provider narratives indicated solid practices in place to provide prospective resource parents with information about the goals of foster care and their role in reunification with birth parents during the screening and recruitment phase.
- However, nearly half (43 percent) of the 286 resource parent respondents from the survey indicated that working with a child’s biological parents was not a priority, and more than half (51 percent) stated that they did not get help from the provider agency when working with birth families.

Providers can improve their screening and recruitment processes to ensure that the pool of resource parents reflects the needs and diversity of the children served.

- According to the provider narratives, 23 provider agencies (88 percent) had recruitment plans that involved relationships with local resource and community organizations other than the CUAs. Only 7 of 26 providers (27 percent) coordinated with the CUAs to develop recruitment strategies based on the needs of the region.
- In addition, the resource parent respondents indicated that almost two-thirds (64 percent, N=227) of the resource parents did not get help from the provider agency to maintain the culture, religion, or identity of the child(ren) in their care.

Domain: Resource Parent Matching & Placement

Compared to last year, providers had stronger resource parent matching and placement findings from the file reviews and survey responses.

- All but five providers (81 percent) achieved optimal scores for matching and placement in resource parent files, and a strong majority (82 percent, N=235) of surveyed resource parents indicated that the children in their care were a good match for their family.
- However, provider narratives indicated that the matching and placement processes have room for improvement. Only about one-third (35 percent) received optimal scores on their provider narratives in this domain, and over half of the providers (52 percent) had unsatisfactory ratings. For example, an area for improvement is the need to apply a variety of strategies during the matching process, such as conducting team meetings with resource parents shortly before and after placement to discuss the child’s permanency and well-being needs.

Providers considered several priorities when matching a child and a home, and a slight majority included a child’s identity. This is an improvement from last year.

- Eighty-eight percent of providers had optimal scores related to the provider’s consideration of the child’s special needs or circumstances, and 85 percent received optimal ratings for considering the child’s cultural, religious, sexual, or gender identities, which is an improvement from last year.
- Similarly, according to provider narratives, almost all providers (96 percent) prioritized geography such as school and neighborhood when matching a child with a home. Most providers (88 percent) considered the child’s medical and behavioral needs. Nearly two-thirds (65 percent) considered the child’s culture, including identity, language, and/or religion. Compared to last year, more providers (62 percent) considered LGBTQ identity when matching a child with a home.

Like last year, providers’ RPSWs performed well in developing and implementing individualized plans for youth in specialized behavioral health placements.

- Based on the resource parent files, most providers (88 percent) received optimal ratings in developing and implementing the individualized Crisis Response Plan. Approximately the same amount (85 percent) had optimal ratings in developing and implementing the Resource Parent Support Plan. However, over one-third (35 percent) did not meet the requirement of conducting initial in-person or virtual visits with resource parents within the appropriate timeframe.

Domain: Resource Parent Training, Monitoring & Support

Most providers received favorable scores on training, but many struggled with providing ongoing monitoring and support to resource parents.

- Four out of five (85 percent) provider agencies received either optimal or fair on their resource parent training file review scores. For example, almost all provider agencies evaluated resource parents on an annual basis for re-certification and ensured that resource parents attended reasonable and prudent parent training.
- However, only slightly over a quarter (27 percent) of provider agencies received either fair or optimal scores in their resource parent monitoring and support file reviews. One of the areas for improvement is that RPSWs need to ensure that resource parents encourage the child or youth to maintain continuity with their religious or home community through local activities or cultural events.
- According to provider narratives, about one in ten (11 percent) received either fair or optimal in resource parent training. This indicates that even though providers had solid practices in ensuring that resource parents were trained, they did not have strong processes in place for pre-service training requirements and ongoing training. In addition, only about a quarter (22 percent) received optimal scores in their resource parent monitoring and support narratives, which is consistent with the scores from the resource parent files.

Provider agencies employed different strategies for training resource parents. It was identified that there is room to improve the content and quality of the training and to better identify training needs based on parent voice.

- Provider narratives (N=26) found that most agencies (N=26) addressed the following pre-service training requirements: cultural competency, trauma-informed caregiving, vicarious trauma (81 percent), explaining the role of the resource parent in reunification, and expectations for relationships with birth parents (80 percent). However, only 2 providers (8 percent) incorporated stories about actual youth or birth families and provided local information on the population of children served.
- Most providers (85 percent) had individualized training and development based on the needs of the resource parent or youth. However, less than half of the providers (38 percent) had joint in-service trainings for resource parents and RPSWs. Six providers (23 percent) had defined evidence-based or evidence-informed curricula. Same as pre-service training, only 2 provider agencies (8 percent) incorporated stories about actual youth or birth families and provided local information on the population of children served.

- Additionally, while most providers identified and addressed resource parent training and development needs through case notes, observations (88 percent), and individualized training supports (85 percent), less than half (42 percent) identified the needs from surveys, questionnaires, or polls, and only 4 providers (15 percent) identified needs from outcomes data.

Most agencies provided trauma-informed training.

- Of the 26 providers with eligible resource parent files, 64 percent received optimal scores and 4 percent received fair scores for completing trauma-informed coursework. Additionally, at least 79 percent of the (N=243) resource parents who responded to the question indicated that they received trauma-informed training.²
- According to provider narratives (N=26), compared to last year, more providers had trauma-informed training. Over three-quarters (81 percent) of provider narratives indicated that they had “trauma-informed caregiving and vicarious trauma training” as a pre-service training requirement, and over three-quarters (77 percent) had this as ongoing training and development as well.
- Of the resource parents who responded to the survey questions, a majority felt that the training opportunities helped them meet the needs of the children in their care (74 percent, N=282). They also reported that they could apply what they learned in their training to their role as a resource parent (80 percent, N=283). Almost all resource parents (95 percent, N=285) reported feeling confident that they could meet the needs of children in their care.

Slightly more than half (58 percent) of foster care agencies provided adequate monitoring and support to resource parents, compared to 75 percent last year.

The pandemic had an impact on this practice area. Throughout fiscal year 2022, DHS actively worked with providers to improve resource parent monitoring and support.

- Based on the resource parent file reviews, almost half (42 percent) of all providers received unsatisfactory scores in their monitoring of resource parents’ quality of care, which was mostly associated with areas of supporting children’s identities and behavioral and developmental needs.
- Among the resource parents who responded to the survey questions, more than half stated that they felt supported by the provider agencies (64 percent, N=287), and that RPSW’s listened to their concerns (69 percent, N=286). However, over one in three resource parents responded that the provider did not respond to questions and requests in a timely manner (34 percent, N=303).

Like last year, providers need to improve their support of children’s identities.

- Most (92 percent) providers received optimal scores for supporting LGBTQ youth in resource parent files. Only 15 percent were rated as optimal when it came to RPSWs working with resource parents to encourage a child to maintain continuity with their religious or home community.

² 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.

- Additionally, while over half (56 percent, N=285) of the resource parents responded that they received information about a child’s culture, religion, or identity, 64 percent, (N=277) stated that the provider did not provide support to help maintain the child’s culture, religion, or identity.

Providers can also improve their support of children’s behavioral and developmental needs.

- Like last year, almost half of providers received unsatisfactory ratings on resource parent files when it came to supporting resource parents in understanding the child’s physical or mental health needs (46 percent) and following up on attending scheduled preventive and follow-up medical, dental, and therapy appointments (35 percent).
- Resource parent survey results (N=283) painted a similar but more positive picture with more than half indicating that they were kept up to date about a child’s medical (63 percent), educational.

Domain: Staffing

Providers had high staffing scores in terms of meeting training and supervision requirements. Improvement is needed in their general program processes, including incorporating various ways to support staff and prevent turnover.

- Twenty-three of 27 agencies (85 percent) received either optimal or fair scores on their staff file reviews; however, 20 out of 27 agencies (74 percent) received unsatisfactory scores on their staffing provider narratives. This reveals that although almost all staff members met the requirements of clearances, education backgrounds, and required trainings, more robust and diverse training strategies can be implemented to support staff retention and ensure staff uses a trauma-informed lens to support resource parents.

Most providers require pre-service and continuing training for staff, including trauma-informed practice. Compared to last year, training opportunities with other stakeholder groups improved.

- According to provider narratives (N=26), 88 percent of providers had training on a continuing and required basis for all staff, and 62 percent required pre-service training with staff before working with families. The vast majority (85 percent) provided training related to trauma-informed practice and a half (50 percent) provided cultural-competence training for staff.
- Additionally, more than three-quarters (85 percent) of providers indicated that staff training is trauma-informed, not just trauma-specific training. Compared to last year, training opportunities with other stakeholder groups improved, including individualized training to meet the needs of resource parents (35 percent vs. 21 percent), joint trainings between RPSWs and resource parents (50 percent vs. 34 percent), and joint trainings between RPSWs and caseworkers (12 percent vs. 0 percent).

Providers monitored staff performance through supervision, assessments, and field observations.

- To gather feedback and monitor staff performance, data from provider narratives (N=26) indicated that agencies used post-training field observation and feedback (73 percent), and quizzes and questionnaires (65 percent) to ensure that they can transfer their learning into practice. Most providers (77 percent) had supervision check-ins to identify staff’s perceptions of supports and additional needs, and over half (69 percent) also solicited feedback from staff via surveys.

Providers monitored the frequency of communication between RPSW and caseworkers, but caseworkers can provide additional oversight.

- Compared to last year, more provider narratives (88 percent) indicated that RPSWs had contact information for caseworkers of the children in the resource home and 65 percent logged consistent communication between the RPSW and caseworkers.
- Additionally, half of the providers attended teaming meetings with caseworkers and other primary contacts and attended caseworkers’ quality visits in the resource home. However, less than a quarter (23 percent) of providers had joint meetings with the RPSWs and caseworkers at the beginning of a placement.

Domain: Placement Stability³

Compared to last year, placement stability improved across providers.

- Twenty providers were scored on at least one of the three placement stability measures.⁴ Of those providers, 10 provider agencies (50 percent) received either an optimal or fair score, which is a substantive improvement from last year (20 percent).

Placement stability varied widely by provider and population.

- For example, while one provider had an average of 0.7 moves per 1,000 days among short stayers (under 12 months), another provider averaged 6.7 moves per 1,000 days.⁵ There was also variation within providers. One provider had an optimal score for short-stayer stability, an unsatisfactory score for mid-stayer stability, and a needs improvement score for long-stayer stability.

On average, youth who were in care for less time had less placement stability 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 2.6 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.

³ DHS used fiscal year 2021 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, 2021 (“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”). Providers must have served at least 10 youth within the respective population (i.e., short, mid-, or long stayers) to be included in the analysis.

⁴ Some providers were excluded from placement stability measures due to the small sample size.

⁵ 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

In 2019, 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 foster care evaluation in this report examines how provider agencies recruit, train, retain, and support resource parents. CUAs are responsible for the day-to-day case management of children in out-of-home placement, and they are evaluated separately through the CUA Scorecard.

The foster care evaluation process draws on data from multiple sources. These include overarching policies and practices 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 COVID-19’s impact on evaluation procedures are provided in the Appendix.

Data Sources

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

- Provider narratives on agency practices and protocols
- Resource parent files
- Staffing files
- Administrative data on placement stability

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

Table 1. Domains and Indicators by Tool

Tool	Domain	Number of indicators	Indicators Reviewed
DHS Administrative Data	Placement Stability	3	Placement moves per 1,000 days of care, separated by youths’ time in care (<12, 12-24, 24+ months)
	Recruitment, Screening & Certification	9	Resource parents/adults in household/ respite setting; resource 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
Resource Parent File	Training	27	Participation in trainings (hours and content areas), CUA and RPSW visits and reporting, RPSW support, documentation of case activities (i.e., Single Case Plan, previous services, teamings, clothing inventory)
	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
Provider Narratives	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, CUA communication
Staff Files	Staff	13	Supervision and timely background checks and certifications, including child abuse certifications, medical clearances, age, education, driver’s license

DHS weighs 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. 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 (provider narratives, resource parent files, staffing files, and administrative data). 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 March 2020 due to the COVID-19 pandemic further affected DHS' access to data.

All Data

90 – 100%: Optimal ●●●● 80 – 89%: Fair ●●● 70% – 79% Needs Improvement ●● 0 – 69%: Unsatisfactory ○

Agency Name	Overall Score
Catholic Social Services	●●●●
Children's Choice	●●●●
Delta	●●●●
New Foundations	●●●●
Pradera	●●●●
Bethanna	●●●
Bethany	●●●
Concern	●●●
Devereux	●●●
Gemma	●●●
Tabor	●●●
Turning Point for Children	●●●
A Second Chance	●●
Carson Valley	●●
Concilio	●●
First Choice	●●
Friendship House	●●
Northern Children's Services	●●
PAMentor	●●
Progressive Life	●●

All Data Except Stability Scores⁶

Agency Name	Overall Score
Juvenile Justice Center (JJC)	●●●●
Pressley Ridge	●●●●
Children's Home of Easton	●●●
NorthEast Treatment Centers (NET)	●●●
Merakey	●●
Assessment & Treatment Alternatives (ATA) ⁷	●●

Provider Narratives and Staff Files Only⁸

Agency Name	Overall Score
Salvation Army	●●

⁶ Provider agencies did not have placement stability scores due to small sample size.
⁷ Due to limited sample size, only one resource parent file and two staff files were reviewed in fiscal year 2021. ATA will provide a POI that clearly outlines the steps to be taken to resolve the issues identified by the evaluation.
⁸ Salvation Army was not evaluated on their resource parent files because this agency had no children in placement at the time of the review. Only staff interviews and provider narratives were completed for this agency. In fiscal year 2021, only two children were placed with Salvation Army.

appendix

Tool Weighting & Points

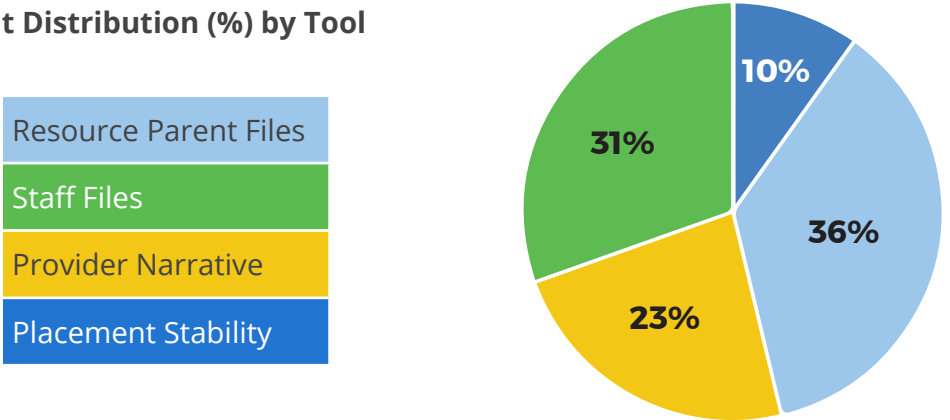
DHS weighed results from each of the tools and data sources differently to emphasize key areas of practice and to consider the number of indicators on each tool. To do this, DHS assigned each tool and domain a series of points, which are shown in the table below.

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 Narratives	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



Providers accrued points based on performance in each domain. For example, a provider that received a perfect score in Resource Parent Recruitment, Screening, & Certification would receive 18 points, whereas a provider that received a score of 50 percent 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

Rating	Score Range
Optimal	90 – 100%
Fair	80 – 89%
Needs Improvement	70 – 79%
Unsatisfactory	0 – 69%

Data sources 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 Narratives, and Staff Files. Therefore, being ineligible for a tool did not benefit or harm a provider’s score.

Placement Stability

DHS is working with providers to enhance the placement stability indicator. In this report, it was used in the same way as last fiscal year. To calculate placement stability for each agency, DHS used the following combination of former and current Child and Family Services Review measures:

1. Of all children in foster care during fiscal year 2021 who were in care for less than 12 months (as of the last day of fiscal year 2021), what is the rate of placement moves per 1,000 days of care?
2. Of all children in foster care during fiscal year 2021 who were in care for at least 12 months but less than 24 months (as of the last day of fiscal year 2021), what is the rate of placement moves per 1,000 days of care?
3. Of all children in foster care during fiscal year 2021 who were in care for at least 24 months (as of the last day of fiscal year 2021), 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 fiscal year 2021 for all children in the denominator.
- **Denominators:** Total foster care and/or kinship care spell days attributed to each provider during fiscal year 2021 as of the last day of fiscal year 2021 for all three lengths of stay indicated above.

To determine thresholds for what constituted an Optimal, Fair, Needs Improvement, and Unsatisfactory score, DHS used fiscal year 2021 data to calculate 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. To see how providers perform in fiscal year 2021 in comparison to the benchmark established in fiscal year 2020, this report maintains the same thresholds from fiscal year 2020. The tables below show how the threshold of placement stability rates was categorized as Optimal, Fair, Needs Improvement, and Unsatisfactory in comparison to fiscal year 2020.

Table 4. Fiscal Year 2021 Placement Stability Rate Threshold and Ratings

FY21 Ratings	< 12 Months	12-24 Months	> 24 Months
Optimal (1st quartile)	0-2.5	0-1.3	0-0.6
Fair (2nd quartile)	2.5-3.7	1.3-1.5	0.6-0.9
Needs Improvement (3rd quartile)	3.7-4.3	1.5-2.1	0.9-1.4
Unsatisfactory (4th quartile)	>4.3	>2.1	>1.4

Table 5. Fiscal Year 2020 Placement Stability Rate Threshold and Ratings

FY21 Ratings	< 12 Months	12-24 Months	> 24 Months
Optimal (1st quartile)	0-2.5	0-1.3	0-0.6
Fair (2nd quartile)	2.5-3.7	1.3-1.5	0.6-0.9
Unsatisfactory (3rd & 4th quartile)	> 3.7	> 1.5	> 0.9

Evaluation Updates Due to the COVID-19 Pandemic

To continue monitoring and evaluating contracted provider agencies during COVID-19, DHS modified its evaluation practices. Interviews were used as qualitative tools to measure the climate of providers during the pandemic. The evaluation process remained the same as the last quarter of fiscal year 2020. Additional changes in the evaluation process are described below:

Table 6. Evaluation during COVID-19

Evaluation Component	Before the Pandemic	During the Pandemic (March 2020 – June 2020)
Sample	Randomized sample	Randomized samples only included cases that were opened prior to the pandemic.
Site Visits	In-person site visits	Virtual site visits.
Interviews with Staff	In-person interviews	Virtual or telephone interviews.
Evaluations Notification	24 hours’ notice	Five business days’ notice for submitting evaluation documents. DHS distributed a checklist of documentation required to complete the evaluation. The agency was responsible for retrieving this information from their files and submitting it to DHS.
Data Collection	On-site data collection	Electronic data collection is preferred. Other ways for agencies to submit data included: placing information in a secure system, email, or scanning.

evaluation report FAQs

Why is there a need for a foster care report?

DHS is committed to transparency and accountability in ensuring the best outcomes for youth in DHS’ care. This report assesses foster care provider performance. The report is part of a larger, system-wide performance management strategy. It is 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 evaluation process conducted through fiscal year 2019 was driven largely by compliance. The new process, which started in fiscal year 2020, is driven by research, includes quality indicators, and draws from multiple data sources and perspectives. This report provides a roadmap for foster care providers to prioritize key areas for service quality improvements.

What is evaluated in the current process?

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

Which data sources are included in the evaluation?

The fiscal year 2021 report includes data from 26 provider narratives, 129 staff files from 27 agencies, and 102 resource parent files from 26 agencies. DHS used administrative data to assess placement stability for 20 providers. While not part of the providers’ evaluation scores, DHS also analyzed data from over 200 resource parent surveys, which were used to complement findings from the provider evaluations.

glossary

Community Umbrella Agency

Responsible for providing case management services to a child and family for the duration of the family’s involvement with DHS. Frequently referred to as “CUA.”

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.

Spell Day

The amount of time a youth was in foster or kinship care continuously with an agency. When calculating the placement stability rate, this is the total number of days all youth spent time in kinship or foster care with a provider in the fiscal year.

Teamings

Family Team Conferences held by DHS Practice Specialists. They include CUA Case Managers and RPSWs for case planning.