Department of
Human Services
C I T Y   O F   P H I L A D E L P H I A

2022 Foster Care Report

Contents

About the Report

This report summarizes key performance findings for Philadelphia's foster care and kinship care providers. It covers fiscal year 2022: July 1, 2021 – June 30, 2022. The Foster Care Report examines how provider agencies recruit, train, keep, and support Resource Parents. It has two main sections:

1. a summary of the kinship and foster care system,
2. individual provider scores.

Sometimes it may not be safe for children to live with their family of origin; thus, they need temporary out-of-home care. When this happens, foster care and kinship care are the two types of family and home-based care available.

Kinship care refers to care by the child's extended family or a caretaker who is known to the child. Examples of extended family may include aunts, uncles, or grandparents. Those who are not biologically related can also play a caregiving role; this can include someone in the child's religious community or a close family friend. Foster care is also a home-based service, yet foster care caregivers are usually unknown to the child and the child's family. Kinship and foster parents are both referred to as "Resource Parents."

In this report, we use the term "foster care providers" to refer to agencies who facilitate kinship or foster care services.

What is the relationship between foster care providers and DHS?

Foster care providers are licensed by Pennsylvania's Department of Human Services. The Philadelphia Department of Human Services (DHS) contracts with foster care providers 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 foster care providers and CUA caseworkers?

Foster care providers are responsible for maintaining safe and supportive resource homes for children in need of out-of-home care. Community Umbrella Agency (CUA) caseworkers are responsible for the safety, permanency, and well-being of children receiving DHS services. Foster care providers 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 provider supports the Resource Parents regardless of which children are in their home.

Focus on Quality

To ensure the safety and well-being of children under the care of the city of Philadelphia, in 2022 the Philadelphia Department of Human Services (DHS) is continuing to refocus oversight of Foster Care Providers in Philadelphia towards high-quality service delivery, along with existing accountability procedures in the realm of regulatory compliance. This focus on quality alongside compliance is in line with the goals of Philadelphia's Improving Outcomes for Children (IOC).

DHS is improving the use of our regular oversight and evaluation procedures to support providers in the mission to providing high quality services which ensure the safety and well-being of children and youth who are living with foster or kinship families. DHS uses rigorous methods to assess this. DHS reviews all data sources using a series of indicators which are grouped into practice domains. Both domains and indicators are weighted to emphasize key areas of practice. This tool allows DHS to calculate performance scores by domain and overall, which reflect the priorities of Philadelphia's goals of Improving Outcomes for Children (IOC).

Through applying these methods we've learned overall that our providers perform well in measures of compliance- almost across the board practice standards which have been established to protect the rights of children and ensure safety are well-adhered to. Providers screen and recruit resource families well and consistently, they meet training and supervision requirements, and they are in compliance with matching and placement procedures.

On the other hand, we've also learned that foster care providers need more robust support from DHS to implement high-quality practices. This means that trainings can be improved to better meet the needs of children and youth living with Resource Parents, and the capacity of Resource Parent Support Workers (RPSWs) to better provide day to day monitoring and support of resource families must increase. These quality practices contribute to minimizing placement disruptions for children and youth in care and, in line with Philadelphia's goals of Improving Outcomes for Children play a factor in the path towards permanency[1].

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[1] If children must be removed from their home of origin, we work to reunify the family as soon as it is safe to do so. When reunification is not possible, adoption or permanent legal custodianship may help the child or youth find a permanent home.

Evaluation 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 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 practice standards and also includes quality indicators tied to best practices. The measures include four domains: Resource Parent Recruitment, Screening & Certification; Resource Parent Matching and Placement; Resource Parent Training, Monitoring & Support; and Staffing.

What the data sources are included in the evaluation?

The Fiscal Year 2022 report includes data from 25 provider narratives, 124 staff files, and 122 Resource Parent files. 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.

> **Caring for Children in Placement Amidst a Global Pandemic**
>
> Since the pandemic began, DHS staff has worked to ensure family safety. The department uses enhanced safety measures to maintain high levels of quality care and relies on important community partnerships. DHS support includes coordinated efforts with providers, advocates, and stakeholders.
>
> In Fiscal Year 2022, DHS evaluations staff conducted virtual evaluations. This change began in the last quarter of fiscal year 2020 and has continued into Fiscal Year 2022. The evaluation tools for providers did not change, but minor adjustments have been made to accommodate the virtual process. Read more about the pandemic-related modifications in the Appendix.

A Closer Look at Our Process

DHS evaluates foster care providers on an annual basis. Providers are rated optimal, fair, needs improvement, or unsatisfactory based on their scores by domain and overall. See page 14 for a list of providers and their individual ratings. Providers with limited data sources and small sample size are grouped separately.

For this report, DHS assessed each provider using multiple data sources, including:

- **122 Resource Parent files** containing individual certification, training, and placement information. Resource Parent files are assessed using both quality and compliance indicators.
- **124 Staffing files** containing individual certification, education /experience, training, and supervision information. Staffing files are assessed using both quality and compliance indicators.
- **25 Provider narratives** on agency practices in Resource Parent recruiting, screening, matching/ placement, and training. Provider narratives also contributes to the evaluation of staff training and supervision practices. Provider narratives provide additional information on whether the structures and processes established by the providers are robust or need further development.
- **Resource Parent surveys**[2] complement evaluation scores and findings, they are not yet tied into scores though they provide important context regarding Resource Parent experience.

DHS reviews all data sources using a series of indicators. These indicators are in turn grouped into practice domains. See Figure 1 below for domain descriptions. See the Appendix for the domains for each data source, the number of indicators included, and a description of the indicators within the domains.

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.

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[2] 237 Resource Parents from 23 providers completed the survey, but not all Resource Parents answered every question.

Four domains make up system-wide findings for the kinship and foster care system:

Figure 1: FY22 Foster Care Evaluation Domain Descriptions

Domain 1: Resource Parent Recruitment, Screening & Certification	Provider's ability to assess the Resource Parent household and respite setting, obtain parent certification and approval, screen for child needs, work with birth families, and provide Resource Parent safety and life skills training.
Domain 2: Resource Parent Matching & Placement	Provider's ability to consider a child's placement needs, share essential information with Resource Parents, and provide specialized behavioral health placement supports.
Domain 3: Resource Parent Training, Monitoring & Support	Provider's ability to implement trainings, participate in Community Umbrella Agency (CUA) and Resource Parent Support Workers (RPSWs) visits and reporting, support RPSWs, and document case activities.
Domain 4: Staffing	Provider's performance in staff supervision and timely background checks and certifications.
Special Focus: Needs and Diversity of Children	• Several indicators per domain address meeting the diverse needs of children and families regarding their culture, language, race, ethnicity, religion, and identity. Indicators across all domains examine the performance of providers in meeting these needs.

Findings by domain are informed by more than one data source and presented below. In each domain, there are several indicators which address meeting the diverse needs of children and families, especially in relation to culture, language, race, ethnicity, religion, and identity, informed by testimony of children, youth, and families with lived experience. In this report, these indicators are presented separately as an area of priority focus for DHS, though their scores are incorporated into individual domains. Please see the Needs and Diversity of Children section for those findings.

Ongoing Accountability

DHS reviews all foster care providers annually and on an as-needed basis if there are safety concerns. Safety concerns trigger a Plan of Improvement (POI) process. Providers complete the POI process and DHS monitors the results.

Sometimes, providers do not make progress on their evaluation results or on their POIs. When this happens, DHS may close intake, provide focused technical help, conduct an organizational assessment, or terminate the contract depending on the severity of the concern. DHS is committed to working with the provider community to improve the quality of services and to continue enhancing the evaluation processes. Specifically, DHS:

- **Provides ongoing technical assistance to providers.** This includes general technical assistance related to practice.
- **Facilitates connections to training on trauma-informed care** to help strengthen provider capacity.
- **Convenes providers on a regular basis** to provide policy and practice updates and opportunities for dialogue and engagement.
- **Encourages peer mentoring among provider agencies** to share best practices across agencies.
- **Refines the evaluation tools and processes**. Look at lessons learned in fiscal year 2022.

A provider's rating informs DHS' response.

Table 1. Foster Care Provider Rating

Rating	Score	Significance	DHS Response
Optimal	90% - 100%	A provider with this rating meets expectations for required practice standards and ensuring high quality of care and service.	No additional follow up is needed.
Fair	80% - 89%	A provider with this rating meets some expectations for required practice standards and needing improvement for ensuring high quality of care and service.	DHS provides recommendations and additional technical assistance and requires a plan of improvement for the areas in need of improvement based on the scores.
Needs Improvement	70% - 79%	A provider with this rating needs to improve in both meeting the practice standards and providing high quality of care and service.	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	0% - 69%	A provider with this rating needs to make substantial improvements to meet the practice standards and provide high quality of care and services. Performance levels indicate organizational disfunction with an immediate need for corrective actions and technical assistance.	DHS may temporarily not allow providers to take on any new children. 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

In Fiscal Year 2022, improving on last year, almost all provider agencies (n=24) received either optimal or fair ratings. Additionally, no provider received an unsatisfactory rating. Performance within each domain varied among providers, though certain high-level trends emerged as strengths of the system, as well as areas of growth.

Figure 2: FY22 Foster Care Provider Ratings
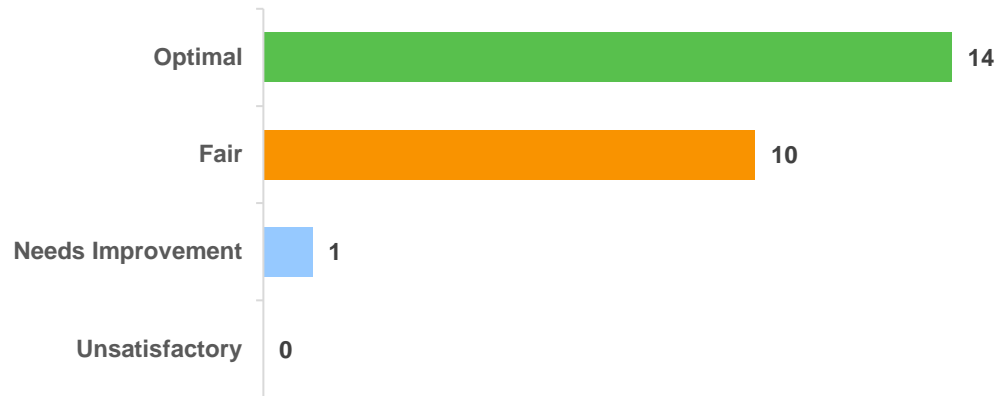
Strengths

Providers ensured Resource Parents were recruited, screened, and certified according to practice standards. In line with these standards, providers must:
- Ensure that potential Resource Parents attend trainings on safe infant and toddler care, child development, and youth life skills;
- Use information from multiple sources (such as pre-service orientation, trainings, and family profile interviews), to approve Resource Parents for appropriate fit before placing children in the home and;
- Complete criminal background checks for caretakers before placing children in the home.

These standards are in place to ensure that children and youth in need of care are placed with Resource Parents who are appropriately equipped to provide care. Of the 25 providers, **22 received either optimal or fair scores.**

Procedures for identifying a suitable match for child placements were consistently implemented dependably by providers. According to standards, providers must:
- Conduct a visit to the resource family within the first 48 hours of placement;
- Consider a child's proximity to family of origin, potential special needs, circumstances, and bio-family's primary language when making a placement decision, and;
- Share basic available information essential to the child's safety and welfare with the resource family.

Our goal is to provide children and youth with a home setting that can appropriately address their needs so they can fulfil their potential to thrive while in care. According to the survey to Resource Parents, 78% indicated that the children in their care were a good match for their family. Of the 25 total providers, **23 providers received either optimal or fair scores in matching and placement.**

Staff training and supervision was conducted consistently and appropriately. Consistent with these standards, providers must:
- Conduct Child Abuse, Criminal, and FBI clearance checks on all staff;
- Ensure that employees receive mandated reporter training, and;
- Certify that staff with regular contact with youth receive at least 40 hours of annual training on cultural competency and trauma informed care.

Children and youth in care are entitled to high-quality and competent staff to ensure their safety and well-being. Staff training and supervision is crucial to make sure the adults who oversee the care of system-involved children and youth are competent and capable of providing quality services. Of the 25 providers, **23 received optimal scores on staff file reviews.**

Areas for Growth

Providers reliably implement trainings, though trainings must be improved in terms of the training content and quality to better serve the needs of children and youth.

High-quality training incorporates the stories of system impacted youth and Families of Origin with lived experience into training sessions and use family outcome data or feedback from families to identify training needs. Provider agencies struggled with using parent voice to improve the content of the training and better identify training needs.

Provider agencies continue to struggle to provide the consistent support Resource Parents need in order to ensure quality visits and collaborative teaming meetings.

When resource parents are supported in their day-to-day care of children and youth, they provide better environments where children in care can move towards permanency. Collaboration between CUAs, Providers, RPSWs, Resource Families, and Families of Origin are key to this process. Given the necessity for the presence of CUAs during some of collaborative visits, it presented a challenge for provider agencies to consistently ensure the attendance of Resource Parent Support Workers during these visits, which are intended to provide support to Resource Families. Providers could also increase surveys, townhalls, or feedback sessions designed to receive insight from resource families on the support they need, and other participatory methods which engage members across teams to support children and youth.

Domain Performance

Resource Parent Recruitment, Screening & Certification

Providers have excellent procedures to recruit, screen, and certify potential Resource Families- though more support is needed for Resource Families at this initial stage to provide high-quality services.

- Most providers comply with standards to screen and certify potential Resource Families. [i]
- Providers comply with screening policies which vet for Resource Families willingness to coordinate with Families of Origin; however, Resource Parents report more support is needed to deliver high-quality services. [ii]
- When it comes to high-quality services, screening and recruitment procedures which prioritize collaboration between Families of Origin and Resource Families is key. Providers have significant room to grow in these areas. [iii]

Resource Parent Matching & Placement

Providers have overall strong child-Resource Parent matching & placement practices, though some quality indicators must improve.

- Resource Parents indicated that the children in their care were a good match for their family. [iv]
- Providers must provide more consistent support for resource parents early in the placement process.[v]

Resource Parent Training, Monitoring & Support

Training is consistently implemented by providers, in line with standards and requirements, though high-quality delivery of training and support must advance to ensure that children and youth receive the care they are entitled to.

- Providers consistently ensured Resource Parents attended trainings[vi]
- To best serve children and youth, providers still need to establish a standardized process for high-quality pre-service and ongoing trainings and incorporate more strategies to identify and address those training needs. [vii]

Provider agencies continue to struggle with adequately supporting Resource Parents to ensure quality visits and collaborative teaming meetings.

- Resource Parents who responded to the survey report that agencies need to improve their support for Resource Parents and better listen to their concerns. [viii]

Agencies need to continue incorporating best practices to ensure that Resource Parents 1) engage with Families of Origin, 2) feel supported, and 3) provide high quality care.

- Providers less often implement strategies which call for increased Resource Parent or youth engagement and participatory methods.[ix]

Staffing

Providers were consistently in compliance for training and supervision requirements.

- Of the 25 agencies, 23 had optimal performance in staff training and supervision compliance. [x]

More providers required ongoing training for all staff than pre-service training before working with families.

- Almost all providers had ongoing, required training for all staff[xi]

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

Providers improved their collaboration and communication with CUAs but continue to have room for improvement. [xiii]

Needs and Diversity of Children

Several indicators per domain address meeting the diverse needs of children and families regarding their culture, language, race, ethnicity, religion, and identity. To provide high quality services, these needs should be met in ways informed by testimony of children, youth, and families with lived experience. Systems which reinforce well-being for children in care through equitable services are a necessary component of each part of the Foster Care process in Philadelphia.

The below findings derive from indicators which are scored as part of other domains, and a presented here as a priority area for Philadelphia DHS.

Providers need to implement more best practices around screening and recruitment to increase the amount of Resource Families who reflect the needs and diversity of children served. [xiv]

Providers considered several priorities around the child's special needs or circumstances when matching a child with a home, and most priorities included the cultural identity of the child. [xv]

Providers need to better determine and ensure that Resource Parents feel supported with maintaining the culture religion, or identity of the child(ren) in care. [xvi]

Providers implement training for Resource Parents on cultural competency and trauma-informed care prior to service but need to incorporate local stories and voices of youth with lived experiences. [xvii]

Providers address cultural competency and trauma informed practice in staff training but need to deliver continued evidence-based training centered around the needs and diversity of Philadelphia youth and their families of origin. [xviii]

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, 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.

Table 2. Individual Provider Ratings - All Data Sources[3]

Agency Name	FY22 Ratings
Bethanna	Optimal
Bethany	Optimal
Carson Valley*	Optimal
Catholic Social Services	Optimal
Children's Choice	Optimal
Children's Home of Easton	Optimal
Delta*	Optimal
Devereux Foundation*	Optimal
Gemma*	Optimal
Juvenile Justice Center (JJC)	Optimal
NorthEast Treatment Centers (NET)	Optimal
New Foundations	Optimal
Pradera/APM	Optimal
Turning Points for Children	Optimal
A Second Chance	Fair
Concern*	Fair
Concilio	Fair
First Choice*	Fair
Friendship House	Fair
Merakey*	Fair
Northern Children's Services*	Fair
PAMentor	Fair
Progressive Life*	Fair
Salvation Army	Fair
Tabor	Needs Improvement

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[3] Provider agencies that had over 25% of youth in a Special Behavior Health (SBH), medical, or intensive service are marked with an asterisk in the table.

Appendix

Tool Domains & Indicators

Table 3: Domains and Indicators by Tool

Tool	Domain	# Of indicators	Indicators Reviewed
Resource Parent File	Recruitment, Screening & Certification	9	• (3) Agency ensures the certification of Resource Parents and substitute caregivers • RPSW completes initial family approvals • RPSW screens for willingness to accommodate a range of child needs • RPSW screens for willingness to be trained • RPSW screens for willingness to work with Family of Origin • Agency ensures pre-Service Training attendance of Resource Parents
	Matching & Placement	8	• (4) RPSW considers placement needs (special circumstances, proximity to home, personal identities, language), • RPSW shares essential information with Resource Parents • RPSW completes initial In-person visit • RPSW completes individualized crisis response plan • RPSW completes Resource Parent support plan
	Training, Monitoring & Support	28	• Agency ensures annual Recertification of Resource Parents • (4) Agency provides appropriate training for Resource Parents • (5) RPSW completes all appropriate documentation • (3) RPSW ensures all appropriate visits • (7) RPSW provides ongoing support for health/behavior needs, parenting challenges, culture, identity, and individualized care • (3) RPSW ensures support is in collaboration with resource family and home/ culture of origin • (3) RPSW provides support for child(ren)'s academic endeavors • Agency ensures meeting attendance of RPSWs and Resource Parents • Child(ren) are appropriately cared for
Provider Narratives	Resource Parent Recruitment, Screening & Certification	4	• Agency screens to ensure openness to training • Agency screens to ensure openness to special populations • Agency screens to ensure openness to working with Families of Origin • Agency screens to ensure Resource Parent diversity
	Resource Parent Matching & Placement	2	• Agency makes appropriate considerations for family-child matching • Agency takes steps during placement to ensure permanency and well-being
	Resource Parent Training	4	• Agency provides pre-service training • Agency Provides ongoing training • Agency ensures transfer of learning • Agency includes diverse methods to identify Resource Parent Training needs
	Resource Parent Monitoring & Support	5	• Agency has systems to address concerns of abuse and neglect • Agency has systems to address Family of Origin engagement • Agency includes diverse methods to support for Resource Parents

|			
			• Agency includes diverse methods to ensure Resource parents are delivering high quality care • Agency has process for respite and childcare for Resource Parents
	Staff Training & Supervision	6	• Training processes in place for new and veteran staff • Agency ensures staff members transfer learnings to practice • Agency determines that staff feel supported • Agency has strategies to prevent staff turnover • Agency ensures staff use trauma-informed lens • Workers collaborate and communicate with CUA
Staff Files	Staff	11	• (7) Staff have appropriate clearances, education, experience, or certifications • (2) Agency provides appropriate staff training • (2) Agency provides appropriate staff supervision

Tool Weighting & Points

DHS weights the results from each of the data sources differently to emphasize key areas of practice and to consider the number of indicators on each tool. DHS assigned each tool and domain a series of points. Table 4 below outlines weighted points per tool.

Table 4. Point Distribution by Domain and Tool

Tool	Domain	Points	Points per Tool
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			**151**

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 3. Point Distribution (%) by Tool
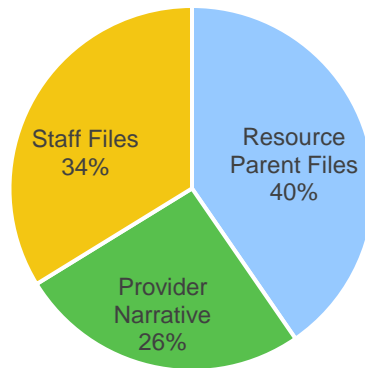
Providers accrue points based on performance in each domain. For example, a provider that received a perfect score in Resource Parent Recruitment, Screening, and Certification would receive 18 points, whereas a provider that received a score of 50% would achieve a fraction of the possible points. Providers that received a zero in a domain would not receive any points for that domain. DHS calculates the overall score by dividing total points accrued by total points possible and assigning a rating based on the following thresholds:

Table 5. Overall Score Thresholds

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

Evaluation Updates Due to the COVID-19 Pandemic

In order to continue monitoring and evaluating contracted provider agencies during the COVID-19 pandemic, the Department of Human Services (DHS) modified its evaluation practices. Interviews were used as qualitative tools to measure the climate of providers during the pandemic. Evaluation process remained the same as the Fiscal Year 2021. Additional changes in the evaluation process are described below:

Table 6. Evaluation during COVID-19 Pandemic

Evaluation Component	Before the Pandemic	During the Pandemic	
	(July 2019 – March 2020)	*(March 2020 – June 2021)*	*(July 2021 – June 2022)*
Sample	Randomized sample	Randomized sample only included cases that were opened prior to the pandemic	Randomized sample

Evaluation Method	In-person file review for evaluation	Virtual file review for evaluation	Virtual file review for evaluation
Interviews with Staff	In-person interviews	Virtual or telephonic 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	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: placing information in secure system, email or scanning	Electronic data collection preferred. Other ways for agencies to submit data included: placing information in secure system, email, or scanning

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.

Teamings

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

End Notes- Domain Performance Data

Resource Parent Recruitment, Screening & Certification

[i] Most providers comply with standards and use high-quality practices to screen and certify potential Resource Families.

All providers completed an initial family approval prior to onboarding Resource Parents. In order to approve and certify the Resource Parents before placing children in homes, providers used robust information from multiple sources (e.g., pre-service orientation, training, and family profile interviews) to ensure that Resource Parents were ready to provide a safe home that safe-guarded the well-being of children and youth.

Providers also implemented other high-quality practices including:
- Screening Resource Parents for their willingness to receive training to partner with the child or youth's birth parents (96% of providers do this);
- Ensuring that Resource Parents attended pre-service training about childcare and life skills (96% of providers do this); and
- Approving and certifying all adults living in the resource homes (92% of providers do this).

Resource Parent Matching & Placement

[ii] All providers reported they used at least one best practice to ensure that Resource Parents were open to working with birth parents. These practices include:
- Routinely providing prospective Resource Parents with information about the expectations of continued involvement with the birth parents (86% of providers do this);
- Providing prospective Resource Parents with information about the goals of foster care, including their role in reunifying children and youth with their Family of Origin (76% of providers do this); and
- Using interview questions and/or screeners as part of a home study to ensure that prospective Resource Parents were open and willing to partner with birth parents (72% of providers do this).

[iii] When it comes to high-quality services, prioritizing collaboration and providing support for that collaboration between Families of Origin and Resource Families is key. Providers have significant room to grow in these areas.
- Only half of the Resource Parents who completed the survey indicated that partnering with a child's biological parents was a priority.
- More than half (63%) stated that they did not get help from the provider agency when partnering with birth families.

[iv] A majority (78%) of surveyed Resource Parents indicated that the children in their care were a good match for their family.

[v] File reviews identified areas that providers need to improve:
- Initial in-person visits with the Resource Parent are not consistently occurring within the requirement timeframe, as only 68% of providers achieved an optimal score for this indicator.
- Providers are not developing and implementing individualized Crisis Response Plans for youth in specialized behavioral health placements. Only 68% of providers received an Optimal score in this indicator. This represents a decline from last year, where this indicator was a specific strength for many providers.

Resource Parent Training, Monitoring & Support

[vi] Providers consistently ensured Resource Parents attended trainings:
- All providers ensured that Resource Parents attended in-service training related to the Reasonable and Prudent Parent Standard.
- All but one provider ensured that Resource Parents participated in a minimum of six hours of agency-approved training.
- Most providers evaluated the Resource Parents on an annual basis for re-certification (88% of providers did this).
- Providers ensured that the Resource Parents attended in-service training about inclusive and culturally competent caregiving (88% of providers did this).
- Providers ensured that the Resource Parents attended in-service training about trauma-informed care (84% of providers did this).

Providers had a well-developed process for ensuring Resource Parents can transfer what they learned from the training to practice. For example:
- Most providers (84%) conducted various learning assessment activities, including testing, quizzes, questionnaires, and homework.
- Almost three quarters of providers (72%) had post-training field observation and feedback processes

[vii] To best serve children and youth, providers still need to establish a standardized process for high-quality pre-service and ongoing trainings and incorporate more strategies to identify and address those training needs.
- Less than half of provider agencies (48%) had joint in-service trainings for Resource Parents and Resource Parent Support Workers.
- Only 5 provider agencies (20%) had defined, evidence-based or evidence-informed curriculum.
- Only 2 provider agencies (8%) incorporated stories about systems-impacted youth or birth families and provided local information about the population of children served.

Providers implement individualized training for Resource Families. Trainings are not identified with a robust diversity of methods.
- Most provider agencies responded to Resource Parent problems with individualized training supports (92%).
- Many Providers identified and addressed Resource Parent training and development needs through case notes and observations (80%).
- Less than half (44%) identified the needs from surveys, questionnaires, or polls
- Only 3 provider agencies (12%) identified needs from outcomes data.

Resource Families feel confident in the skills they learned from training, though many Resource Parents report that providers should provide more timely responses to questions and requests for assistance.
- Almost three quarters of Resource Parents who responded to the survey (73%) strongly felt they could apply the skills learned in trainings.
- Almost all (93%, N=198) felt confident that they could meet the needs of child(ren) placed in their care.
- About one in five Resource Parents (21%, N=48) stated that their provider agency did not respond to questions or requests in a timely manner.

[viii] Results of the Resource Parent survey revealed that provider agencies need to improve their support for Resource Parents and better listen to their concerns.
- Just over a quarter of Resource Parents who responded to the survey (26%) stated that they felt little to no support from Providers.
- About one in five Resource Parents who responded to the survey (21%) reported that they little to no support from Resource Parent Support Workers when listening to their concerns.

Improvements have been made from last year, but less than half (48%) of providers are supporting Resource Parents' quality of care for children and youth adequately.

- Compared to last year, more providers supported child(ren)'s extracurricular activities on a monthly basis (52% in FY22 vs. 23% in FY21).
- Improvements also have been made when ensuring appropriate clothing for the youth (72% in FY22 vs. 50% in FY21).

Provider agencies continue to struggle to ensure quality visits and collaborative teaming meetings crucial to youth success and permanency.

- When quality visits are conducted in a Resource Family's home by the CUA case management team, only five providers (28%) adequately guaranteed the attendance of Resource Parent Support Workers.
- Only three providers (16%) adequately guaranteed the attendance of Resource Parent Support Workers and Resource Parents at teaming meetings.

[ix] DHS provides several best practices to ensure that providers ensure Resource Families feel supported, support Resource Families while engaging with Families of Origin, and certify families are providing high quality care.

Providers less often implement strategies which call for increased Resource Parent or youth engagement and participatory methods. These less-often used methods include:

- A plan for engagement of the Family of Origin jointly created by the RPSW and Resource Parents (36%);
- Townhalls or interviews to solicit feedback from Resource Parents (56%); and
- Youth surveys or interviews for feedback (28%).

Table 10: Best Practices by Provider for Engagement, Support, and Ensuring High-Quality Care

Best Practice	% Providers
Engaging with Families of Origin	
A method of monitoring Resource Parent contact and interaction with the bioparent/kin	84%
A method of ensuring that the bioparent or child has the necessary transportation and information for visits	72%
Resource Parent mentoring of Parent of Origin	68%
A plan for engagement of the Family of Origin jointly created by the RPSW and Resource Parents	36%
Shared activities for Resource Parents and bioparents such as "icebreaker" meetings meant to build relationships	24%
Resource Families Feel Supported	
Providing Resource Parent peer mentoring or support groups	88%
Resource Parent Support Workers ask targeted questions during monthly home visits about Resource Parents' need for additional support	72%
Follow-up and bolstered supports when RPSWs identify that a Resource Parent does not feel supported	64%
The agency has a 24/7 on-call support system to provide Resource Parents access to a credentialed staff members trained in emergency procedures and the agency's model of care (RPSWs or supervisors)	64%
Surveys to solicit feedback from Resource Parents	60%
Townhalls or interviews to solicit feedback from Resource Parents	56%
Screeners to identify Resource Parent confidence, stress, and/or discontent	40%
Referrals to external Resource Parent supports in their communities	36%
High-Quality Care	
Structured questions and topics for each home visit about the child(ren)'s needs	80%
Private check-in conversations with children in the home	80%

Joint visits with CUA worker	68%
Unannounced home visits by RPSWs	52%
Protocolized follow-up when RPSWs identify risk of placement disruption	40%
Youth surveys or interviews for feedback	28%
Evidence-based or informed screeners for Resource Parent attitudes, beliefs, and parenting practices	12%

Staffing

[x] Of the 25 agencies, 23 had optimal performance in staff training and supervision compliance
- All staff files contained a current Child Abuse Certification.
- All eligible staff files indicated that employees received mandated reporter training

[xi] Almost all (92%) providers had ongoing, required training for all staff, and
- More than half (56%) required pre-service training for staff before they could work with families.
- Ongoing training opportunities with partners continued to improve from previous years
  - Providers implementing individualized training to meet the needs of Resource Parents increased from 35% of providers to 60% of providers
  - Providers implementing joint trainings between Resource Parent Support Workers and Resource Parents improved from 50% of providers to 60% of providers
  - Providers implementing joint trainings between Resource Parent Support Workers and caseworkers improved from 12% of providers to 24% of providers

[xii] Agencies used field observation and feedback (76%) as well as quizzes and questionnaires (76%) to make sure staff put lessons from training into practice.
- Most providers (72%) utilized supervision check-ins and surveys to understand their staff's requested supports and additional needs.

[xiii] More Resource Parent Support Workers had contact information for their children's CUA caseworkers in 2022 (96%) than in 2021 (88%).
- RPSWs documented more consistent communication with the CUA caseworkers in 2022 (80%) than in 2021 (65%).
- Only eight provider agencies (32%) indicated that they had joint meetings with the Resource Parent Support Workers and CUA caseworkers at the beginning of a child's placement.

Needs and Diversity of Children

[xiv] DHS provides eight suggested best practices to ensure that the pool of the Resource Parents reflects the needs and diversity of the children served. According to their provider narratives:
- One third (32%) of providers applied more than five best practices
- Almost two thirds (64%) incorporated at least two best practices, and
- 1 provider only incorporated only one best practice.

Strategies that providers should consider to diversify the pool of Resource Parents include:
- Having specific goals or outcomes in their recruitment plan to meet the needs and of diverse children served
- Using data to develop recruitment goals, budgets, and plans
- Developing recruitment materials that are culturally sensitive and inclusive and accurately reflect the diversity of children in need of resource homes
- Coordinating with CUAs to develop recruitment strategies based on the needs of their regions

Table 11: Best Practices for Screening and Recruitment to Address Needs and Diversity by implementing FC Agencies

Best Practice	% of Providers Implementing Practice
Other recruitment activities, including both traditional and non-traditional avenues of reaching interested parties, in order to expand availability of homes for children with varying needs.	88%
Recruitment plans that involve relationships with local resource and community organizations (other than the CUAs)	76%
Providing potential Resource Parents with a realistic understanding and awareness of the range of behaviors and circumstances that they will need to manage	72%
Recruitment activities within the geographical area of CUAs, focusing on the service needs and opportunities in support of strengthening the community	72%
Recruitment materials that are culturally sensitive and inclusive and accurately reflect the diversity of children in need of resource homes	44%
Coordinating with CUAs to develop recruitment strategies based on the needs of the region	28%
Using data to develop recruitment goals, budgets, and plans	24%
A documented recruitment plan that includes specific goals or outcomes to identify the needs and diversity of children served	24%

[xv] More providers considered the child's culture, including identity, language, and/or religion this year (84%) than in 2021 (65%).
- Almost all providers (96%) prioritized geography, such as school and neighborhood, when matching a child with a home.
- A majority of providers considered the child's degree of medical and behavioral needs (88%).

Strategies that providers should consider to better place children with more appropriate families:
- Providers should consistently consult with the Family of Origin themselves about the cultural, religious, or other specific needs of the child while making matching decisions; only 28% of providers did so in FY22.

Table 12: Matching and Placement (Needs and Diversity) Priorities by implementing FC Agencies

Priorities	% of Providers Implementing Priority
Geography: School, neighborhood	96%
Degree of medical/ behavioral need	88%
Culture: identity, language, or religion	84%
LGBTQ identity	64%
Level of bioparent involvement	60%
Age	60%
Kin/siblings	52%
Child and/or Family of Origin participation in the matching process and consultation specifically around their cultural, religious, or other specific needs	28%

[xvi] A little over half of providers (52%) received optimal or fair scores on ensuring that the Resource Parent provided culturally competent and individualized care for all children in the home on a monthly basis.

- More providers received either optimal or fair scores in FY22 (60%) related to the Resource Parents' ability to encourage continuity with youth's religious or home community than in FY21 (19%).
- However, almost three quarters (71%) of Resource Parents report that they did not get help from provider agencies to maintain the culture, religion, or identity of the children in their care. This continues to be an area in need of improvement.

[xvii] Most provider agencies meet pre-service training requirements for Resource Parents in cultural competency, trauma-informed caregiving, and vicarious trauma (76%).
- Only three providers (12%) included stories about youth or birth families with lived experience and provided local context on the population of children served.

[xviii] The majority of providers (84%) provided training related to trauma-informed practice.
- About half (52%) provided cultural-competence training for staff.
- Only six providers (24%) had a defined, evidence-based or informed curriculum.