

## 2023 Foster Care Report

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## About the Report

### What is foster care?

Sometimes it may not be safe for children to live with their families of origin; thus, they are temporarily placed in out-of-home care. When this happens, kinship care and foster 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.

In this report, kinship and foster parents are both referred to as "Resource Parents." 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 recruit Resource Parents and provide resource homes for children to be placed in out-of-home 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 subcontracted 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.

### **Why is there a need for a foster care report?**

DHS is committed to transparency and accountability about the services it provides to youth. The Foster Care Services Report provides guidelines to assess provider performance and is best understood as a cumulative picture of the status of foster care services as a system. 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.

### **What is evaluated in the current process?**

The foster care report measures compliance with state, federal, and local practice standards and includes quality indicators tied to best practices. Providers are evaluated on four domains of services which they are required to provide through their contracts with DHS. The domains are Resource Parent Recruitment, Screening & Certification; Resource Parent Matching and Placement; Resource Parent Training, Monitoring & Support; and Staffing.

### **What data sources are included in the evaluation?**

The Fiscal Year 2023 report includes data from 22 provider narratives, 112 staff files, and 139 Resource Parent files. While not part of the providers' evaluation scores, DHS also analyzed data from almost 200 Resource Parent surveys, which were used to complement findings from the provider evaluations.

### **Where are the main findings of the evaluation?**

In Fiscal Year 2023, improving on last year, all provider agencies received either Optimal or Fair ratings with the majority receiving optimal ratings. Below is a summary of the main findings:

- Providers ensured that Resource Parents were recruited, screened, and certified according to practice standards.
- Procedures for identifying a suitable match for child placements were consistently implemented by providers.
- Staff certification, training and supervision was conducted consistently and appropriately.
- Resource Parent training must be improved in terms of the content and quality to better serve the needs of children and youth.
- Providers have improved in overall monitoring and supporting Resource Parents' quality of care for children and youth adequately, but improvement is needed to ensure essential parties' attendance in quality visits and collaborative team meetings.

## Focus on Quality

In 2013, Philadelphia's Department of Human Services (DHS) undertook a major system transformation called Improving Outcomes for Children (IOC). This became the foundation for prevention, child welfare, and juvenile justice services. Four core principles guide IOC:

- More children and youth are safely in their own homes and communities.
- More children and youth are reunified more quickly or achieve other permanency.
- Congregate (residential) care is reduced.
- Improved youth, child, and family functioning.

In alignment with Philadelphia's Improving Outcomes for Children (IOC) initiative, the Philadelphia's Department of Human Services (DHS) is dedicated to enhancing the quality of services provided by our Foster Care Providers. Our evaluation approach emphasizes a concentrated focus on quality, ensuring the well-being and safety of children under the DHS care.

Through rigorous evaluation methods, DHS systematically examines various data sources, employing a set of weighted indicators that underscore key areas of practice. This allows us to see the overall provider performance as well as performance in key areas, all in alignment with the overarching goals of the IOC framework.

Through evaluating providers in this way, we've learned overall that our providers perform well in measures of compliance. Nearly all practice standards which have been established to protect the rights of children and ensure their safety are well-adhered to. Providers screen and recruit Resource Parents consistently, they are compliant with Resource Parent matching and placement procedures, and they meet staff training and supervision requirements.

We've also learned that foster care providers have shown improvement in implementing high-quality practices such as providing training, monitoring, and support to Resource Parents. Providers improved in ensuring high-quality training was delivered, meeting the needs of Resource Parents, and continuously supporting Resource Parents' quality of care for children and youth adequately during the entire time children were placed with them. This improvement helps minimize placement disruptions for children and youth in care and promotes timely permanency<sup>1</sup>, one of DHS' major goals of IOC.

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<sup>1</sup> 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.

## 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 given an overall rating. In Fiscal Year 2023, DHS evaluated 22 foster care contracted providers. See page 14 for a list of providers and their individual ratings.

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

- **139 Resource Parent files** containing individual certification, training, and placement information. Resource Parent files are assessed using both quality and compliance indicators.
- **112 Staffing files** containing individual certification, education/experience, training, and supervision information. Staffing files are assessed using both quality and compliance indicators.
- **22 Provider narratives** on agency practices in Resource Parent recruiting, screening, matching/placement, and training. Provider narratives also detail staff training, supervision practices, and information on whether the structures and processes established by the providers are robust or need further development.
- **195 Resource Parent surveys<sup>2</sup>** are used to complement evaluation scores and findings; they are not yet tied into scores, though they provide important context regarding the Resource Parent experience.

DHS reviews all data sources using a standard evaluation tool consisting of quality and compliance indicators. DHS weighs results from each data source differently to emphasize key areas of practice and to consider the number of indicators from each data source. Indicators are, in turn, grouped into practice domains, which are the four major areas of service that foster care agencies are expected to provide. See Figure 1 below for domain descriptions. For additional details on domains, data sources, indicators, scoring, weights, points, and rubrics, please see the Appendix.

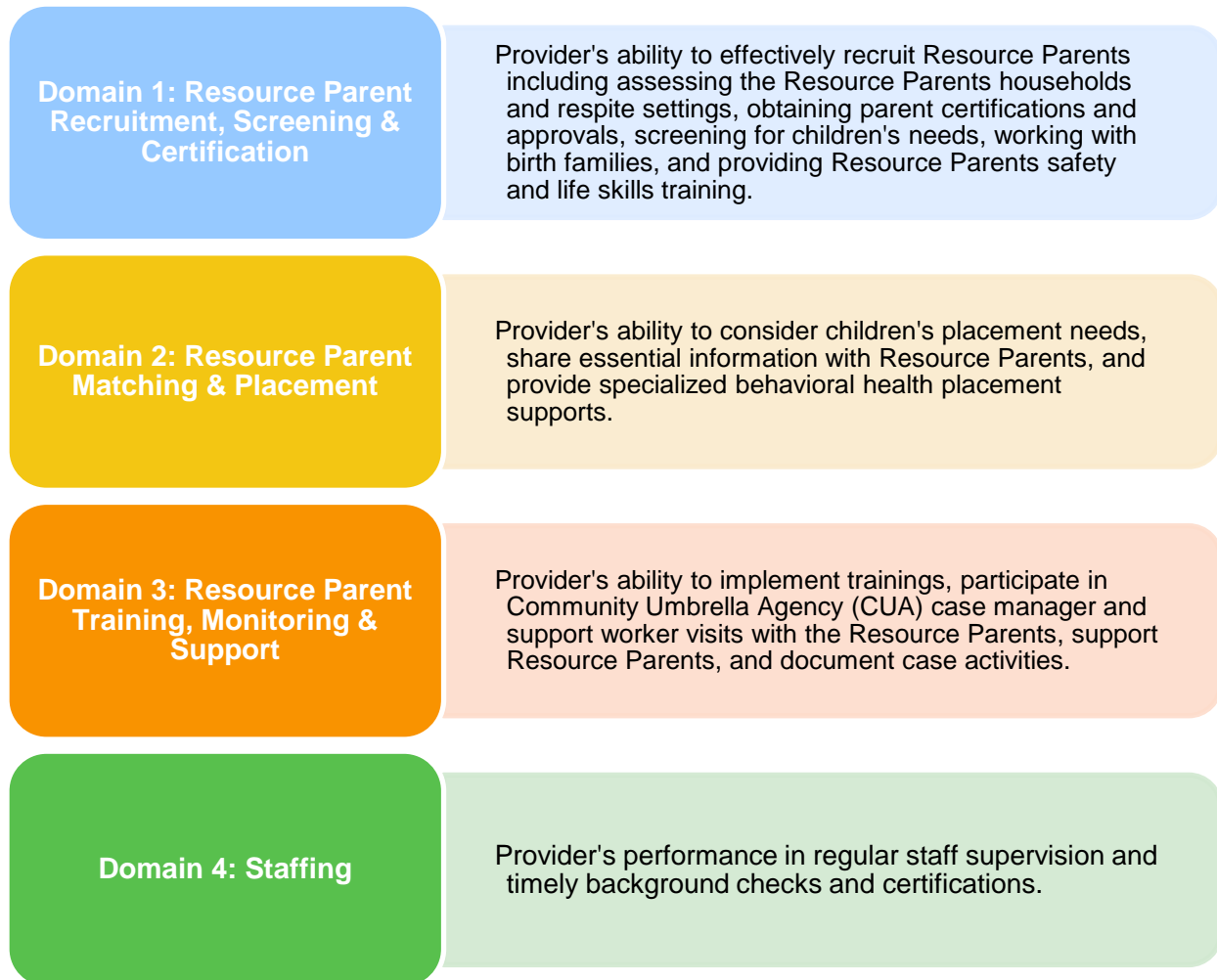
In each domain, there are also several indicators that address meeting the diverse needs of children and families, especially in relation to culture, language, race, ethnicity, and religion, informed by the testimony of children, youth, and families with lived experience. In this report, these indicators 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.

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<sup>2</sup> 195 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: FY23 Foster Care Evaluation Domain Descriptions



### **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.

## Ongoing Accountability

DHS has an accountability process for providers to address areas where they did not perform well in the evaluation. This includes creating and implementing Plans of Improvement (POI). DHS Leadership has established an accountability response to ensure that providers make progress in their Plans of Improvement. That accountability response ranges from providing targeted technical assistance, conducting an organizational assessment, closing intake so no additional children are placed with that provider, and terminating that provider's contract.

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

- **Provide ongoing technical assistance to providers.** This includes general technical assistance related to practice.
- **Facilitate connections to training** 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** using lessons learned in Fiscal Year 2023.

Table 1 outlines the foster care provider evaluation performance ratings, their associated score ranges, their significance, and the DHS response for each rating level.

Table 1. Foster Care Provider Ratings and DHS Response

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 but needs improvement for ensuring high quality of care and service.	DHS provides recommendations, 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

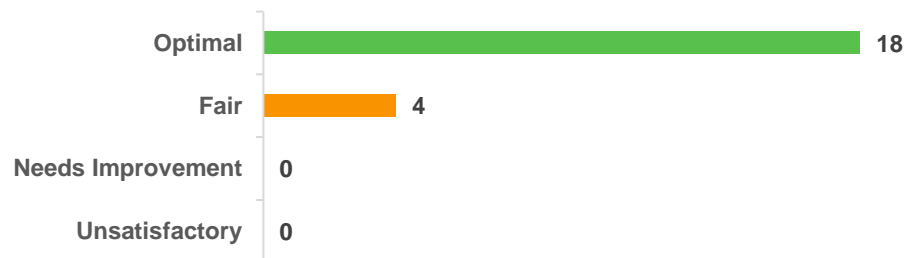
			period after the evaluation, DHS leadership will consider terminating the provider's contract.
Unsatisfactory	0% - 69%	A provider with this rating needs to make substantial improvements to meet the practice standards and provide high quality of care and services. Performance levels indicate organizational 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 consider terminating the provider's contract.



## Summary of What We Learned

In Fiscal Year 2023, improving on last year<sup>3</sup>, all provider agencies (N=22) received either **Optimal or Fair ratings with majority (82%) receiving optimal ratings**. 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 shows the distribution of foster care provider ratings in Fiscal Year 2023.

Figure 2: FY23 Foster Care Provider Ratings



### Strengths



**Providers ensured that Resource Parents were recruited, screened, and certified according to practice standards.** In line with these standards, in FY23 providers successfully:

- Approved and certified all adults living in resource homes;
- Completed an initial family approval prior to approving the Resource Parents; and
- Ensured that potential Resource Parents attended trainings on safe infant and toddler care, child development, and youth life skills.

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 22 providers, **21 received either Optimal or Fair ratings in Resource Parent recruitment, screening, and certification.**



**Procedures for identifying a suitable match for child placements were consistently implemented by providers.** In line with these standards, in FY23 providers successfully:

- Considered a child's proximity to family of origin, potential special needs, circumstances, and bio-family's primary language when making a placement decision; and
- Shared basic available information essential to the child's safety and welfare with the resource family.

<sup>3</sup> In FY2022, among 25 foster care providers, 14 (56%) received Optimal, 10 (40%) received Fair, 1 provider (4%) had Needs Improvement, and no provider had Unsatisfactory.

Our goal is to provide children and youth with a home setting that can appropriately address their needs, so they maintain safety and wellbeing while in care. According to the survey to Resource Parents, 79% indicated that the children in their care were a good match for their family. Of the 22 total providers, **21 providers received either Optimal or Fair ratings in matching and placement.**



**Staff certification, training and supervision was conducted consistently and appropriately.** In line with these standards, in FY23 providers successfully:

- Conducted Child Abuse, Criminal, and FBI clearance checks on all staff;
- Ensured that employees receive mandated reporter training, and;
- Certified that staff with regular contact with youth receive at least 40 hours of annual training in 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 22 providers, **20 received Optimal ratings on staff file reviews.**

#### *Areas for Growth*



**While providers reliably conducted Resource Parent trainings, trainings must be improved in terms of the content and quality to better serve the needs of children and youth.**

High-quality Resource Parent training incorporates real 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 should consider incorporating relevant data and parent voice to improve the content of their training, better identify training needs, and provide more timely assistance.](#)



**Providers have improved overall the monitoring and supporting of Resource Parents' regarding their quality of care for children and youth but need to ensure quality visits and collaborative team meetings occur consistently.**

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, Resource Parent Support Workers (RPSWs), Resource Families, and Families of Origin are key to this process. It is essential that CUAs, RPSWs, and Resource Parents utilize the collaborative visit to communication challenges and provide ongoing support that will benefit the child. These visits are intended to provide support for Resource Parents, so their presence is important. [Provider agencies should engage all the necessary parties during the process to improve collaboration and support. In addition, provider agencies need to better listen to their concerns from Resource Parents. For example, provider agencies can implement](#)

surveys, townhalls, or feedback sessions designed to receive insight directly from Resource Parents about the support they need.

## Domain Performance

### *Resource Parent Recruitment, Screening & Certification*



#### **Providers have excellent procedures to recruit, screen, and certify potential Resource Parents.**

- Most providers (82%, n=18) complied with standards to screen and certify potential Resource Parents.<sup>i</sup>
- Providers implemented high-quality services to ensure that Resource Parents are willing to 1) participate in training and skill development, 2) adapt to special populations and youth needs, and 3) coordinate with families of origin to support reunification.<sup>ii</sup>

### *Resource Parent Matching & Placement*



#### **Overall, providers have strong child-Resource Parent matching & placement practices but should enhance timely initial visits with Resource Parents.**

- The match between children and Resource Parents is crucial to ensure a positive placement experience and stability. Based on the Resource Parent survey conducted in Fiscal Year 2023, approximately four in five respondents indicated that the children in their care were a good match for their family.<sup>iii</sup>
- Providers considered the children's special needs, proximity to home/parents, cultural, religious, sexual, or gender identities, and language preferences when making placement decisions.<sup>iv</sup> Although, providers met the compliance standards, according to Resource Parents survey, nearly half Resource Parents still felt that they were not well informed about the children's needs.<sup>v</sup> To address this gap and better support Resource Parents, DHS will examine this issue to gain a better understanding of this gap and ensure there is consistency on how we measure provider's efforts and Resource Parents perceptions of being 'well-informed'. Subsequently, DHS will explore strategies to effectively address this discrepancy.
- In Fiscal Year 2023, only 68% of providers received optimal scores in the indicator requiring the development and implementation of individualized Crisis Response Plans for youth in specialized behavioral health placements. Initial in-person visits with the Resource Parent are not consistently occurring within the requirement timeframe, as only 73% of providers achieved an optimal score for this indicator. File reviews indicates that providers must improve the timeliness of initial visits with the Resource Parents and establish plans for youth in specialized placement early in the placement process.<sup>vi</sup>

### *Resource Parent Training, Monitoring & Support*



**Training is consistently implemented by providers, in line with standards and requirements; however, increased quality of training and support is necessary to ensure that children and youth receive better care.**

- Providers consistently ensured Resource Parents attended trainings.<sup>vii</sup>
- To best serve children and youth, providers made progress in incorporating more strategies to identify and address Resource Parents' training needs and establish a standardized process for high-quality pre-service and ongoing trainings; however, providers can improve incorporating the stories of system-impacted youth and families of origin with lived experience into training sessions and using family outcome data or feedback from families to identify training needs.<sup>viii</sup>
- Providers effectively supported Resource Parents in applying training they received in practice; however, Resource Parents suggested the need for more timely assistance for specific challenges as they rise from providers.<sup>ix</sup>



**Providers have improved in overall monitoring and supporting Resource Parents' quality of care for children and youth adequately but need to ensure the necessary parties are present at quality visits and collaborative team meetings.**

- More providers implemented quality practices to support families, such as engaging in face-to-face conversations with children, actively collaborating with Resource Parents to address child's needs and providing culturally competent and individualized care for children. In Fiscal Year 2023, more providers indicated that they assisted the Resource Parents as needed with at home follow up services, collaboration and communication with teachers and other parties and review the child's academic status (91% in FY23 vs. 44% in FY22).<sup>x</sup>
- Results of the Resource Parent survey revealed that provider agencies need to improve their support and better listen to their concerns. A quarter of Resource Parents (25%) stated that their provider agency did not respond to questions or requests in a timely manner.<sup>xi</sup>
- Provider agencies continue to struggle to ensure the needed parties are present at quality visits and collaborative teaming meetings crucial to youth success and permanency though improvements have been made.<sup>xii</sup>



**Providers 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 have not been consistent when implementing strategies which create increased Resource Parent or youth engagement and a commitment to participatory methods.<sup>xiii</sup>

### Staffing



#### **Providers were consistently in compliance with training and supervision requirements.**

- Of the 22 agencies, 20 had optimal performance in staff training and supervision compliance.<sup>xiv</sup>



#### **Providers consistently implemented pre-service and ongoing training for staff.**

- Almost all providers (95%, n=21) had ongoing, required training for all staff, and providers improved in implementing high-quality training processes for new and veteran staff.<sup>xv</sup>
- To ensure that staff can transfer what they have learned in training into practice, providers implemented various assessment methods, such as observations, testing and quizzes, and role-playing activities.<sup>xvi</sup>



#### **Providers have improved their collaboration and communication with CUAs but there is still room for improvement.**

- Providers improved their consistent communication with CUAs through the role of RPSWs.<sup>xvii</sup>
- However, similar to findings in the Resource Parent Training, Monitoring & Support domain, providers can further enhance placement stability by ensuring joint meetings with RPSWs and CUA caseworkers at the beginning of placement and promptly informing CUA caseworkers when placement disruption risk factors are identified.<sup>xviii</sup>

### Needs and Diversity of Children

Several indicators per domain address meeting the diverse needs of children and families regarding their culture, language, race, ethnicity, and religion. To provide high quality services, these needs should be informed by direct input from children, youth, and families impacted by the child welfare system. Systems that promote well-being for children in care through equitable services are a necessary component of Foster Care services in Philadelphia.

The below findings derive from indicators scored as part of other domains, but are presented here because they are a priority for Philadelphia DHS:



**Matching and Placement:** 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**.<sup>xix</sup>



**Resource Parent Training:** Providers implemented training for Resource Parents on cultural competency and trauma-informed care prior to service but need to **incorporate real stories and voices of youth with lived experiences**.<sup>xx</sup>



**Staff Training:** Providers addressed **cultural competency and trauma informed practice** in staff training but can be further strengthened by gathering input from children, Resource Parents, RPSW, and staff to anonymously share any instances where practices, interactions, or environments do not align with trauma-informed care.<sup>xxi</sup>



**Screening and Recruitment:** 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 the children placed in their care**.<sup>xxii</sup>



**Support:** Providers need to better determine and ensure that Resource Parents feel supported with **maintaining the culture, religion, or identity of children in care**. In Fiscal Year 2023, almost three-quarters (70%) of Resource Parents reported 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. <sup>xxiii</sup>

## Individual Provider Results

Providers receive ratings of optimal (between 90 - 100%), fair (between 80-89%), needs improvement (between 70 - 79%) or unsatisfactory (between 0 - 69%) for each domain. These ratings determine the points awarded for each domain, which are then combined into an overall total point. The overall score and rating are calculated from the total points achieved out of total possible points. For provider agencies who receive needs improvement or unsatisfactory ratings, DHS regularly monitors the agency's progress on their Plans of Improvement (POI).

- In Fiscal Year 2023, there were no providers who scored below Fair overall.
- 16 POIs were required to ensure that providers outlined their action plans addressing identified areas requiring improvement based on the evaluation results.

Table 2. Individual Provider Ratings - All Data Sources

Agency Name	FY23 Rating
A Second Chance	Optimal
Bethanna	Optimal
Bethany	Optimal
Carson Valley	Optimal
Children's Choice	Optimal
Children's Home of Easton	Optimal
Concilio	Optimal
Delta	Optimal
First Choice	Optimal
Gemma	Optimal
Juvenile Justice Center (JJC)	Optimal
Merakey	Optimal
NorthEast Treatment Centers (NET)	Optimal
New Foundations	Optimal
Northern Children's Srvs	Optimal
PAMentor	Optimal
Pradera/APM	Optimal
Turning Points	Optimal
Concern	Fair
Friendship House	Fair
Progressive Life	Fair
Tabor	Fair



## Appendix

### *Tool Domains & Indicators*

DHS reviews a series of indicators for each of the data sources. Table 3 below presents domains for each data source, the number of indicators included, and a description of the indicators within the domains.

Table 3: Domains and Indicators by Data Source

Data Source	Domain	# Of Indicators	Indicators Reviewed
Resource Parent File	Recruitment, Screening & Certification	9	<ul style="list-style-type: none"> <li>• (3) Agency ensures the certification of Resource Parents and substitute caregivers</li> <li>• RPSW completes initial family approvals</li> <li>• RPSW screens for willingness to accommodate a range of child needs</li> <li>• RPSW screens for willingness to be trained</li> <li>• RPSW screens for willingness to work with Family of Origin</li> <li>• Agency ensures pre-Service Training attendance of Resource Parents</li> </ul>
	Matching & Placement	8	<ul style="list-style-type: none"> <li>• (4) RPSW considers placement needs (special circumstances, proximity to home, personal identities, language),</li> <li>• RPSW shares essential information with Resource Parents</li> <li>• RPSW completes initial In-person visit</li> <li>• RPSW completes individualized crisis response plan</li> <li>• RPSW completes Resource Parent support plan</li> </ul>
	Training, Monitoring & Support	28	<ul style="list-style-type: none"> <li>• Agency ensures annual Recertification of Resource Parents</li> <li>• (4) Agency provides appropriate training for Resource Parents</li> <li>• (5) RPSW completes all appropriate documentation</li> <li>• (3) RPSW ensures all appropriate visits</li> <li>• (7) RPSW provides ongoing support for health/behavior needs, parenting challenges, culture, identity, and individualized care</li> <li>• (3) RPSW ensures support is in collaboration with resource family and home/ culture of origin</li> <li>• (3) RPSW provides support for child(ren)'s academic endeavors</li> <li>• Agency ensures meeting attendance of RPSWs and Resource Parents</li> <li>• Child(ren) are appropriately cared for</li> </ul>
Provider Narratives	Resource Parent Recruitment, Screening & Certification	4	<ul style="list-style-type: none"> <li>• Agency screens to ensure openness to training</li> <li>• Agency screens to ensure openness to special populations</li> <li>• Agency screens to ensure openness to working with Families of Origin</li> <li>• Agency screens to ensure Resource Parent diversity</li> </ul>
	Resource Parent Matching & Placement	2	<ul style="list-style-type: none"> <li>• Agency makes appropriate considerations for family-child matching</li> <li>• Agency takes steps during placement to ensure permanency and well-being</li> </ul>
	Resource Parent Training	4	<ul style="list-style-type: none"> <li>• Agency provides pre-service training</li> <li>• Agency Provides ongoing training</li> <li>• Agency ensures transfer of learning</li> <li>• Agency includes diverse methods to identify Resource Parent Training needs</li> </ul>

	Resource Parent Monitoring & Support	5	<ul style="list-style-type: none"> <li>Agency has systems to address concerns of abuse and neglect</li> <li>Agency has systems to address Family of Origin engagement</li> <li>Agency includes diverse methods to support for Resource Parents</li> <li>Agency includes diverse methods to ensure Resource parents are delivering high quality care</li> <li>Agency has process for respite and childcare for Resource Parents</li> </ul>
	Staff Training & Supervision	6	<ul style="list-style-type: none"> <li>Training processes in place for new and veteran staff</li> <li>Agency ensures staff members transfer learnings to practice</li> <li>Agency determines that staff feel supported</li> <li>Agency has strategies to prevent staff turnover</li> <li>Agency ensures staff use trauma-informed lens</li> <li>Workers collaborate and communicate with CUA</li> </ul>
Staff Files	Staff	11	<ul style="list-style-type: none"> <li>(7) Staff have appropriate clearances, education, experience, or certifications</li> <li>(2) Agency provides appropriate staff training</li> <li>(2) Agency provides appropriate staff supervision</li> </ul>

### Tool Weighting & Points

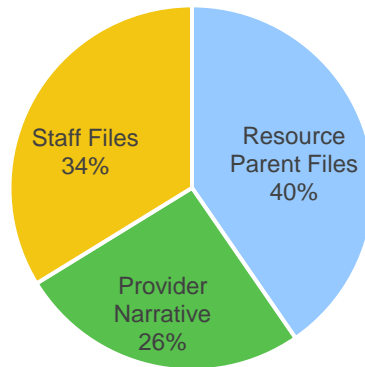
DHS weighs the results from each of the data sources differently to emphasize key areas of practice and to consider the number of indicators from each data source. DHS assigned each tool and domain a series of points. Table 4 below outlines weighted points per data source.

Table 4. Point Distribution by Domain and Data Source

Data Source	Domain	Points	Points per Data Source
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
<b>Total</b>			<b>151</b>

Higher point values are associated with a higher overall score. A breakdown of how each tool contributes to a provider's overall score is shown in the Figure 3 below.

Figure 3. Point Distribution (%) by Data Source



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 receive 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 thresholds in Table 5.

Table 5. Overall Score Thresholds

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

## *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.

### **Teamings**

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

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## End Notes- Domain Performance Data

### *Resource Parent Recruitment, Screening & Certification*

<sup>i</sup> Most providers comply with standards and use high-quality practices to screen and certify potential Resource Families.

Providers were highly in compliance with the following standards:

- Approving and certifying all adults living in the resource homes (91% of providers did this).
- Completing an initial family approval prior to approving the Resource Parents (100% of providers did this).
- Ensuring that Resource Parents attended pre-service training about childcare and life skills (82% of providers did this).
- Screening Resource Parents for 1) their openness to a range of child needs (91% of providers did this) and 2) their willingness to receive training to partner with the child or youth's birth parents (95% of providers did this).
- Using robust information from multiple sources (pre-service orientation, training, and family profile interviews) to ensure that Resource Parents were ready to provide a safe home (95% of providers did this).

<sup>ii</sup> Providers also implemented other high-quality practices including:

- Explaining the training expectations and requirements to prospective resource parents (95% of providers did this).
- Having Interview questions/screeners that ensure all prospective Resource Parents are open to 1) be trained and learn parenting skills (95% of providers did this), 2) LGBTQ youth or bio families (95% of providers did this), and 3) support youth's religious and cultural practices (100% of providers did this).
- Routinely providing prospective Resource Parents with information during screening and recruitment processes about the goals of foster care and their role in reunification with the bioparent (95% of providers did this).

### *Resource Parent Matching & Placement*

<sup>iii</sup> A majority (79%) of surveyed Resource Parents indicated that the children in their care were a good match for their family.

<sup>iv</sup> Providers implemented high-quality practices during matching and placement including:

- Considering the child's special needs or circumstances (95%)
- Taking proximity to the child's home/parents into consideration (95%)
- Taking the child's cultural, religious, sexual or gender identities into consideration (95%)
- Making reasonable efforts to place the child in a home where the Resource Parents speak the child's primary language (100%).

<sup>v</sup> According to Resource Parent survey, only about half Resource Parents felt that they were well-informed about the children's needs.

- 54% of Resource Parents reported feeling well-informed about the medical needs of children placed with them.
- 52% of Resource Parents reported feeling well-informed about the educational needs of children placed with them.
- 48% of Resource Parents reported feeling well-informed about the behavioral needs of children placed with them.

- 47% of Resource Parents reported feeling well-informed about the developmental needs (physical, social, emotional, thinking, and communication) of children placed with them.
- 52% of Resource Parents reported that they were informed about the children's culture, religion, or identity.

<sup>vi</sup> 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 73% 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.

### *Resource Parent Training, Monitoring & Support*

<sup>vii</sup> Providers consistently ensured Resource Parents attended trainings:

- All providers ensured that the Resource Parents attended in-service training about inclusive and culturally competent caregiving.
- Providers ensured that Resource Parents attended in-service training related to the Reasonable and Prudent Parent Standard (95% of providers did this).
- Providers ensured that Resource Parents participated in a minimum of six hours of agency-approved training (91% of providers did this).
- Most providers evaluated the Resource Parents on an annual basis for re-certification (86% of providers did this).
- Providers ensured that the Resource Parents attended in-service training about trauma-informed care (82% of providers did this).

<sup>viii</sup> To best serve children and youth, providers made progress in incorporating more strategies to identify and address Resource Parents' training needs and establish a standardized process for high-quality pre-service and ongoing trainings; however, there are rooms to improve.

- Same as last year, most provider agencies responded to Resource Parent problems with individualized training supports (91%).
- Compared to last year, more provider agencies provided choices for Resource Parents in what optional trainings they attend (86% in FY23 vs. 72% in FY22).
- More providers provided training schedules and offerings that consider Resource Parent availability and accessibility (86% in FY23 vs. 72% in FY22).
- Many providers identified needs through case notes and observations (86% in FY23 vs. 80% in FY22).
- More providers identified needs through surveys, questionnaires, or polls (55% in FY23 vs. 44% in FY22).
- More providers identified needs from outcome data (50% in FY23 vs. 12% in FY22).

Providers incorporated more strategies for creating high-quality trainings, such as implementing individualized training; however, there are rooms to improve.

- Similar as last year, most provider agencies implemented individualized training based on the needs of the Resource Parent or youth (91%).
- Compared to last year, more provider agencies had joint in-service trainings for Resource Parents and RPSWs (59% in FY23 vs. 48% in FY22).
- Improvements have also been made on having define, evidence-based or evidence-informed curriculum (41% in FY23 vs. 20% in FY22).
- Only 2 provider agencies (9%) incorporated stories about systems-impacted youth or birth families and provided local information about the population of children served.

<sup>ix</sup> Providers effectively supported Resource Parents in applying training to practice; however, Resource Parents suggested the need for more timely 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 (95%) felt confident that they could meet the needs of child(ren) placed in their care.
- A quarter of Resource Parents (25%) stated that their provider agency did not respond to questions or requests in a timely manner.

<sup>x</sup> Improvements have been made from last year, majority of providers (91% in FY23 vs. 48% in FY22) are supporting Resource Parents' quality of care for children and youth adequately. In FY23, more providers implemented the following quality practices:

- Ensuring RPSW had a face-to-face conversation with the child outside the presence of the Resource Parent during the monthly visit. (73% in FY23 vs. 48% in FY22)
- Helping the Resource Parent develop and implement strategies to address the child's physical and/or mental health needs and help them understand child or youth behaviors. (73% in FY23 vs. 52% in FY22)
- Ensuring Resource Parent scheduled and accompanied all children to the scheduled preventive and follow-up medical, dental, or therapy appointment during monthly visits (91% in FY23 vs. 60% in FY22).
- Assisting Resource Parent with communicating and collaborating with other parties such as therapists or medical specialists of a child in the home (73% in FY23 vs. 52% in FY22).
- Helping Resource Parent develop and implement strategies to resolve general parenting challenges and meet the needs of all children in the home (82% in FY23 vs. 60% in FY22).
- Ensuring that the Resource Parent provided culturally competent and individualized care for all children in the home (73% in FY23 vs. 52% in FY22).
- Ensuring that the Resource Parent is considering the bio families' preferences when making parenting decisions (82% in FY23 vs. 40% in FY22).
- Ensuring that Resource Parent made reasonable attempts to include the bio-parent in their activities (77% in FY23 vs. 44% in FY22).
- Encouraging the child or youth to maintain continuity with their religious or home community through local activities or cultural events (82% in FY23 vs. 60% in FY22).
- Assisting the Resource Parent as needed with at home follow up services, collaboration and communication with teachers and other parties and review the child's academic status (91% in FY23 vs. 44% in FY22).
- Ensuring that Resource Parent is providing opportunities for the child(ren)'s extracurricular activities on a monthly basis (64% in FY23 vs. 52% in FY22).

<sup>xi</sup> 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 (28%) stated that they felt little to no support from Providers about their roles and responsibilities.
- About one in five Resource Parents who responded to the survey (21%) reported that they little to no support from RPSW when listening to their concerns.

<sup>xii</sup> Provider agencies continue to struggle to ensure quality visits and collaborative teaming meetings crucial to youth success and permanency though improvements have been made.

- When quality visits are conducted in a Resource Family's home by the CUA case management team, more providers adequately guaranteed the attendance of RPSWs (41% in FY23 vs. 28% in FY22).
- More providers adequately guaranteed the attendance of RPSWs and Resource Parents at teaming meetings (32% in FY23 vs. 20% in FY22).



<sup>xiii</sup> 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 (32%);
- Townhalls or interviews to solicit feedback from Resource Parents (68%); and
- Youth surveys or interviews for feedback (32%).

Table 6: Best Practices by Provider for Engagement, Support, and Ensuring High-Quality Care

Best Practice	% Providers
<b>Engaging with Families of Origin</b>	
A method of monitoring Resource Parent contact and interaction with the bioparent/kin	95%
A method of ensuring that the bioparent or child has the necessary transportation and information for visits	77%
Resource Parent mentoring of Parent of Origin	73%
A plan for engagement of the Family of Origin jointly created by the RPSW and Resource Parents	32%
Shared activities for Resource Parents and bioparents such as “icebreaker” meetings meant to build relationships	32%
<b>Resource Families Feel Supported</b>	
RPSWs ask targeted questions during monthly home visits about Resource Parents’ need for additional support	95%
Providing Resource Parent peer mentoring or support groups	91%
Screeners or surveys to solicit feedback from resource parents, or identify resource parent confidence, stress, or discontent.	82%
Follow-up and bolstered supports when RPSWs identify that a Resource Parent does not feel supported	82%
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)	77%
Townhalls or interviews to solicit feedback from Resource Parents	68%
Referrals to external Resource Parent supports in their communities	50%
<b>High-Quality Care</b>	
Structured questions and topics for each home visit about the child(ren)’s needs	100%
Private check-in conversations with children in the home	95%
Joint visits with CUA worker	91%
Unannounced home visits by RPSWs	64%
Protocolized follow-up when RPSWs identify risk of placement disruption	64%
Discussion about RP attitudes, beliefs, and parenting practices.	50%
Youth surveys or interviews for feedback	32%

## Staffing

<sup>xiv</sup> Of the 22 agencies, 20 had optimal performance in staff training and supervision compliance.

- All eligible staff files indicated that employees who have regular contact with youth received required training.



- All staff files indicated that employees received mandated reporter training.

<sup>xv</sup> Almost all (95%) providers had ongoing, required training for all staff, and majority (82%) also had pre-service training before working with families. Compared to last year, more providers implemented high-quality training processes for new and veteran staff.

- More providers required pre-service training for staff before they could work with families (82% in FY23 vs. 56% in FY22).
- More providers required trauma-informed practice training for all staff members (91% vs. 84%).
- More providers required cultural-competence training for all staff members (73% in FY23 vs. 52% in FY22).
- More providers individualized the training to the needs of staff and their Resource Parents (77% in FY23 vs. 60% in FY22).

<sup>xvi</sup> Providers implemented more assessment strategies to ensure that staff can transfer what they have learned into practice.

- More providers had post-training field observation and feedback (91% in FY23 vs. 76% in FY22).
- More providers reviewed staff's testing, quizzes, questionnaires, homework, or another assessment (82% in FY23 vs. 76% in FY22).
- More providers incorporated practice, role play, or standardized client interactions and feedback during training (59% in FY23 vs. 32% in FY22).

<sup>xvii</sup> All providers ensured that RPSWs had contact information for their children's CUA caseworkers.

- RPSWs documented more consistent communication with the CUA caseworkers in 2023 (86%) than in 2022 (80%).

<sup>xviii</sup> Though improvement have been made, providers can further enhance placement stability by better implementing the following practices:

- Ensuring joint meetings with the RPSWs and CUA caseworkers at the beginning of a child's placement (45% in FY23 vs. 32% in FY22).
- Ensuring teaming meetings with CUA caseworkers, DHS teaming staff, CRU and any other primary contacts (77% in FY23 vs. 64% in FY22)
- Communicating promptly with a CUA caseworker when placement disruption risk factors are identified (68% in FY23 vs. 60% in FY22).

### *Needs and Diversity of Children*

<sup>xix</sup> Same as last year, most providers (86%) considered the child's culture, including identity, language, and/or religion.

- All providers 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 (91%).
- Providers considered the child's culture, including identity, language, and/or religion (86%).

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.

Table 7: Matching and Placement (Needs and Diversity) Priorities by implementing FC Agencies

Priorities	% of Providers Implementing Priority
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Geography: School, neighborhood	100%
Degree of medical/ behavioral need	91%
Culture: identity, language, or religion	86%
LGBTQ identity	73%
Level of bioparent involvement	64%
Age	73%
Kin/siblings	73%
Child and/or Family of Origin participation in the matching process and consultation specifically around their cultural, religious, or other specific needs	41%

<sup>xx</sup> Most provider agencies implemented service pre-service and ongoing service trainings for Resource Parents in cultural competency and trauma-informed caregiving and vicarious trauma but need to incorporate local stories and voices of youth with lived experiences.

- Most providers had pre-service training for Resource Parents in cultural competency (91%), and trauma-informed caregiving, and vicarious trauma (82%).
- Additionally, most providers had on-going service training for Resource Parents in cultural competency (77%) and trauma-informed caregiving and vicarious trauma (91%).
- Only two providers (9%) included stories about youth or birth families with lived experience and provided local context on the population of children served.

<sup>xxi</sup> Most providers (91%) provided training related to trauma-informed practice.

- Almost three quarters (73%) provided cultural-competence training for staff.
- Most providers (86%) assessed if staff understand how they contribute to providing safe trauma-informed support for Resource Parents and children.

Only 23% of providers solicited feedback from children, Resource Parents, RPSWs, and additional staff members to anonymously report when practices, interpersonal interactions, and/or environments are inconsistent with trauma-informed care (i.e., consumer advisory council, quality assessment interviews, surveys, routine inquiries by supervisory staff).

<sup>xxii</sup> 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:

- Slightly over one third (36%) of providers applied more than five best practices.
- More than half (59%) incorporated at least two best practices, and
- 1 provider did not incorporate any best practice.

Strategies that providers should consider diversifying the pool of Resource Parents include:

- Having specific goals or outcomes in their recruitment plan to meet the needs and of diverse children served.
- Coordinating with CUAs to develop recruitment strategies based on the needs of their regions.
- 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.

Table 8: 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.	91%

Recruitment activities within the geographical area of CUAs, focusing on the service needs and opportunities in support of strengthening the community	77%
Providing potential Resource Parents with a realistic understanding and awareness of the range of behaviors and circumstances that they will need to manage	73%
Recruitment plans that involve relationships with local resource and community organizations (other than the CUAs)	68%
Recruitment materials that are culturally sensitive and inclusive and accurately reflect the diversity of children in need of resource homes	50%
Using data to develop recruitment goals, budgets, and plans	50%
Coordinating with CUAs to develop recruitment strategies based on the needs of the region	45%
A documented recruitment plan that includes specific goals or outcomes to identify the needs and diversity of children served	41%

xxiii More providers received either Optimal or Fair scores in FY23 (73%) on ensuring that the Resource Parent provided culturally competent and individualized care for all children in the home on a monthly basis than in FY22 (52%)

- More providers received either Optimal or Fair scores in FY23 (82%) related to the Resource Parents' ability to encourage continuity with youth's religious or home community than in FY22 (60%).
- However, almost three quarters (70%) 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.