Department of Human Services
CITY OF PHILADELPHIA

2025 Foster Care Report

Contents

2025 Foster Care Report 1
About the Report 2
Focus on Quality 4
A Closer Look at Our Process 5
Ongoing Accountability 7
Summary of What We Learned 9
Strengths 9
Areas for Growth 10
Domain Performance 10
Resource Parent Recruitment, Screening & Certification 10
Resource Parent Matching & Placement 11
Resource Parent Training, Monitoring & Support 11
Staffing 13
Diversity, Equity, & Inclusion (DEI) 13
Individual Provider Results 14
Appendix 15
Tool Domains & Indicators 15
Tool Weighting & Points 16
Glossary 18

About the Report

What is foster care?

When it is determined to be unsafe for children to live with their families of origin, 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 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 2025 report includes data from 23 provider agencies with 20 provider narratives, 114 staff files, and 129 Resource Parent files. While not part of the providers' evaluation scores, DHS also analyzed data from almost 452 Resource Parent surveys, which were used to complement findings from the provider evaluations.

Where are the main findings of the evaluation?

In Fiscal Year 2025, similar to last year, almost all provider agencies (96%, N=22) received Optimal ratings, and only one received a Fair rating. Below is a summary of the main findings:

- Providers ensured that Resource Parents were properly recruited, screened, and certified.
- Procedures for identifying a suitable match for child placements were consistently implemented by providers.
- Staff certification and supervision was conducted consistently and appropriately.
- Providers complied with training and support standards and showed progress from last year, but continued growth is needed in engagement with birth families, trauma-informed supports, extracurricular opportunities, and cultural continuity.

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 maintained in their own homes and communities.
- More children and youth are reunified more quickly or achieve other permanency.
- Residential placement 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 time children were placed with them. This improvement helps minimize placement disruptions for children and youth in care and promotes timely permanency[1], one of DHS' major goals of IOC.

[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.

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 2025, DHS evaluated 23 foster care contracted providers with three providers evaluated with staff files only. See page 15 for a list of providers and their individual ratings.

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

- **129 Resource Parent files** containing individual certification, training, and placement information. Resource Parent files are assessed using both quality and compliance indicators.
- **114 Staffing files** containing individual certification, education/experience, training, and supervision information. Staffing files are assessed using both quality and compliance indicators.
- **20 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.
- **452 Resource Parent surveys**[2] 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.

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

[2] 452 Resource Parents completed the survey, but not all Resource Parents answered every question.

Figure 1: FY25 Foster Care Evaluation Domain Descriptions

Domain 1: Resource Parent Recruitment, Screening & Certification	Provider's ability to effectively recruit Resource Parents including assessing the Resource Parents households and respite settings, obtaining parent certifications and approvals, screening for children's needs, working with birth families, and providing Resource Parents safety and life skills training.
Domain 2: Resource Parent Matching & Placement	Provider's ability to consider children'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) case manager and support worker visits with the Resource Parents, support Resource Parents, and document case activities.
Domain 4: Staffing	Provider's performance in regular staff supervision and timely background checks and certifications.
Domain 5: Diversity, Equity, & Inclusion (DEI)	Provider's efforts and processes in establishing, monitoring, and continuously improving Diversity, Equity, & Inclusion (DEI) practices and LGBTQ+ efforts. * This domain is not scored because it was recently added to gain a better understanding of how providers are performing in DEI practices. The information is gathered from provider narratives and documentation, allowing us to assess their efforts without assigning a formal score.

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 2025.

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

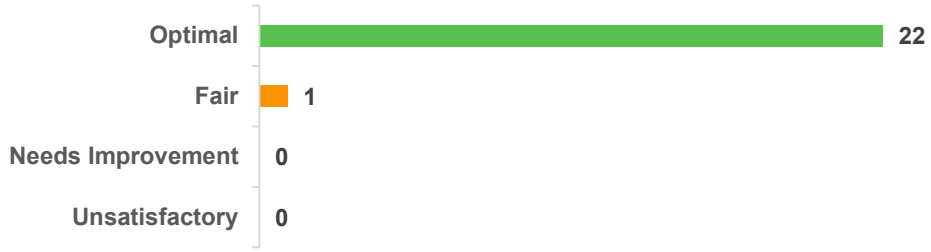
Rating	Score	Significance	DHS Response
Optimal	90% - 100%	A provider with this rating meets expectations for required practice standards and ensuring high quality of care and service.	No additional follow up is needed.
Fair	80% - 89%	A provider with this rating meets some expectations for required practice 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. 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 2025, similar to last year[3], almost all provider agencies (96%, N=22) received Optimal ratings, and only one received a Fair 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 shows the distribution of foster care provider ratings in Fiscal Year 2025.

Figure 2: FY25 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 FY25 providers successfully:

- Ensured the certification of Resource Parents.
- Completed initial family approvals.
- Screened for Resource Parents' willingness to accommodate a range of child needs, be trained, and work with Family of Origin.
- Used training information to decide on certifying and approving Resource Parents.
- Ensured pre-service training attendance of Resource Parents.

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. **All 12 providers that had Resource Parents certified during the review period received Optimal ratings in Resource Parent recruitment, screening, and certification file reviews.**

Procedures for identifying a suitable match for child placements were consistently implemented by providers. In line with these standards, in FY25 providers successfully:

- Considered a child's proximity to family of origin, potential special needs, cultural, religious, sexual, or gender identities when making a placement decision.

[3] In FY2024, among 22 foster care providers, 21 (96%) received Optimal, 1 (5%) received Fair, and no provider had Needs Improvement or 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 of Resource Parents, 84% indicated that the children in their care were a good match for their family. **All 16 providers that had children placed during the review period received either Optimal or Fair ratings in matching and placement file reviews.**

Staff certification and supervision was conducted consistently and appropriately. In line with these standards, in FY25, providers successfully:

- Ensured that staff have appropriate clearances, education, experience, or certifications.
- Provided appropriate staff supervision.

Children and youth in care are entitled to staff who are competent and produce high quality work to ensure their safety and well-being. Staff 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. **All 23 providers received Optimal ratings on staff file reviews.**

Areas for Growth

Providers complied with training and support standards and showed progress from last year, but continued growth is needed in engagement with birth families, trauma-informed supports, extracurricular opportunities, and cultural continuity.

- For example, providers should enhance their quality practices by supporting Resource Parents in working with birth parents, ensuring that children's physical and mental health needs are addressed with a trauma-informed perspective, consistently providing opportunities for extracurricular growth, and maintaining continuity with religious, cultural, and community connections.

To ensure that Resource Parents can provide quality care for children and youth, it is essential that they receive training, monitoring, and ongoing support from provider agencies. **Most providers (85%, n=17) received either Optimal or Fair ratings in Resource Parent training, monitoring, and support file reviews.**

Domain Performance

Resource Parent Recruitment, Screening & Certification

Providers had excellent procedures to recruit, screen, and certify potential Resource Parents.

- According to file reviews, all providers that had Resource Parents certified during the review period (n=12) received Optimal performance for all compliance standards including obtaining signed disclosure statements, certifications, and initial family approval, and ensuring that Resource Parents attended pre-service training.[i]

- File review further highlighted high-quality practices from these providers, including comprehensive screening of Resource Parents and use of multiple information sources to confirm readiness to provide safe and supportive homes.[ii]

- Consistent with file reviews, provider narratives (n=20) also indicated that providers had a robust screening and recruitment process to ensure prospective Resource Parents reflect and accept the needs and diversity of the children served.[iii]

Resource Parent Matching & Placement

Overall, providers had strong child-Resource Parent matching and placement practices but should continue to strengthen compliance with placement standards for youth in specialized placement.

- The match between children and Resource Parents is crucial for ensuring a positive placement experience and stability. Based on the Resource Parent survey conducted in Fiscal Year 2025, the large majority of respondents (84%, n=334) indicated that the children in their care were a good match for their family.[iv]

- Among providers that had children placed during the review period (n=16), both file reviews and provider narratives indicated that providers considered the children's special needs, proximity to home/parents, cultural, religious, sexual, or gender identities, and language preferences when making placement decisions.[v] From Resource Parents' perspective, slightly more respondents reported being well-informed about the children's needs compared to last year's survey results, though ensuring that Resource Parents are "well-informed" remains an area for improvement.[vi]

- File reviews indicates that providers made progress in complying with Specialized Behavioral Health (SBH) placements standards compared to last year; however, this remains an area for improvement. Specific gaps include conducting initial in-person visit within the required timeframe, developing and implementing Individualized Crisis Response Plan and Support Plan in collaboration with the Resource parent and CUA.[vii]

Resource Parent Training, Monitoring & Support

Training was consistently implemented by most providers, in line with standards and requirements, and providers had robust training processes to ensure that Resource Parents are properly trained and can meet the needs of the child(ren) in their care.

- According to file reviews, most providers consistently ensured Resource Parents attended trainings.[viii]

- To ensure Resource Parents are properly trained and assessed for their developmental needs, providers continuously implemented robust training practices

for both pre-service and ongoing trainings, including: addressing trauma-informed caregiving and cultural competency; individualizing training topics based on the needs of Resource Parents and youth; discussing the role of the Resource Parent in reunification and expectations for relationships with birth parents; having a defined timeline for the training; considering Resource Parents' availability and accessibility when scheduling trainings; implementing post-training field observation and feedback.[ix]

- Resource Parent survey result has a similar trend as last year which indicated that most Resource Parents felt comfortable and confident in applying training to practice and meeting the needs of child(ren) placed in their care.[x]



Providers continued to comply with standards to monitor and support Resource Parents and have made modest improvements in implementing robust processes to strengthen support and quality care; however, providers should ensure consistent engagement with families of origin and address ongoing gaps in trauma-informed care, extracurricular opportunities, and cultural continuity.

- File reviews showed that providers continue to comply with standards to monitor and support Resource Parents; however, providers need to ensure to make face-to-face contact with the Resource Parents as required and the child or youth have appropriate clothing. [xi]

- File reviews indicated that findings are mixed in implementing quality practices associated with supporting Resource Parents' quality of care for children and youth.

    - Providers continued to maintain high quality practices in the following areas: documenting prior child welfare services, ensuring access to supports for LGBTQ youth, promoting monthly life-skill activities, assisting with general parenting strategies, and maintaining required case and medical treatment plans. [xii]

    - There are improvements that also have been made from last year, including: stronger practices around medication management for SBH placement, ensuring children's medical and dental needs are met, supporting academic and behavioral follow-up, providing culturally competent care, engaging in case management quality visits, holding private safety conversations with children, and facilitating collaboration with external service providers.[xiii]

    - However, providers should enhance their quality practices in supporting Resource Parents to ensure that children's physical and mental health needs are addressed with a trauma-informed perspective, that opportunities for extracurricular growth are consistently provided, and that continuity with religious, cultural, or community connections is maintained.[xiv]

- According to provider narratives, more providers consistently implemented robust processes to ensure Resource Parents deliver quality care and feel supported. For example, Resource Parent Support Workers (RPSWs) consistently asked targeted and structured questions during home visits, conducted private child check-ins, facilitated peer mentoring and joint visits with CUAs, and maintained 24/7 on-call support systems to respond to urgent needs. [xv] Consistent with provider efforts, results from the Resource Parent survey also revealed that similar to last year, most Resource parents expressed that they felt supported in general. However, ensuring that Resource Parents feel supported when working with birth parents and maintaining the culture, religion, or identity of the child(ren) in care remains an area for improvement. [xvi]

Staffing



Providers were consistently in compliance with meeting certification, educational backgrounds, training, and supervision requirements.

- All 23 provider agencies had Optimal performances in the Staff domain, according to file reviews. [xvii]



Overall, providers demonstrated improvements from last year by strengthening staff training and support systems and by enhancing collaboration with CUA case managers through more consistent communication and timely responses to potential placement disruptions.

- Provider narratives indicated that providers have made improvements in strengthening staff training and support systems. Compared to last year, more providers implemented individualized training, incorporated staff feedback tools, recognized vicarious trauma and burnout, and conducted pre-service training, while maintaining universal trauma-informed and cultural-competence training. [xviii]

- Providers maintained strong collaboration with CUA case managers, and improvements were noted in practices such as ongoing communication throughout placements and prompt communication when disruption risks were identified. [xix]

Diversity, Equity, & Inclusion (DEI)

- **All evaluated agencies (100%, n=20) stated that they had established and published a Diversity Equity & Inclusion (DEI) statement**.

- **All evaluated agencies (100%, n=20) had continuous quality improvement strategies to monitor diverse, equitable, inclusive, affirming, and supportive care.**

- **Most agencies (80%, n=16) stated that they offer inclusive and affirming practices to best serve youth, families, staff, and resource parents that identify as LGBTQ+.**

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 monitors the agency's progress on their corrective action steps.

- In Fiscal Year 2025, there were no providers who scored below Fair overall.
- 14 providers were required to submit POIs to ensure that providers outlined their action plans to address identified areas requiring improvement based on the evaluation results.

Table 2. Individual Provider Ratings[4]

Agency Name	FY25 Rating
A Second Chance	Optimal
Bethanna	Optimal
Bethany	Optimal
Catholic Social Services	Optimal
Children's Choice	Optimal
Children's Services Center of Wyoming Valley*	Optimal
Concilio	Optimal
Delta Family Services	Optimal
First Choice	Optimal
Gemma Services	Optimal
JJC	Optimal
Merakey	Optimal
New Foundations	Optimal
Northeast Treatment Center (NET)	Optimal
Northern	Optimal
PA Mentor	Optimal
Pradera	Optimal
Pressley Ridge*	Optimal
Progressive Life	Optimal
Tabor	Optimal
The Children's Home of Easton*	Optimal
Turning Points for Children	Optimal
Concern	Fair

[4] Pressley Ridge and Children's Home of Easton (CHOE) were evaluated through administrative review only because they did not have any youth from Philadelphia during the time of the evaluation. Children's Services Center of Wyoming Valley was evaluated through administrative review only because it was a new agency with a special contract during the time of the evaluation. These agencies were rated as Optimal for their administrative reviews in FY25.

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. In FY24, based on providers' feedback and DHS' priority, DHS has modified the provider narratives section and added new narrative domains for collecting providers' responses around their Diversity Equity & Inclusion (DEI) practices and LGBTQI+ efforts. In FY25, DHS made slight adjustments to the number of indicators and refined the language of certain indicators to improve clarity and better align with system priorities.

Table 3: Domains and Indicators by Data Source

Data Source	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 uses training information to decide on certifying and approving Resource Parents • 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	25	• Agency ensures annual Recertification of Resource Parents • (4) Agency provides appropriate training for Resource Parents • (4) 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 • (2) RPSW ensures support is in collaboration with resource family and home/ culture of origin • (3) RPSW provides support for child(ren)'s academic endeavors • Child(ren) are appropriately cared for
Provider Narratives	Resource Parent Recruitment, Screening & Certification	1	• Agency screens to ensure Resource Parent reflect and accept the needs and diversity of the children
	Resource Parent Matching & Placement	1	• Agency ensures child well-being and permanency when matching a child with a home

	Resource Parent Training	1	• Agency ensures Resource Parents are properly trained and assessed for their developmental needs
	Resource Parent Monitoring & Support	1	• Agency ensures Resource Parents are providing quality care and feel supported
	Staff Training & Supervision	1	• Agency ensures that staff are properly trained and supervised.
	Diversity Equity & Inclusion (this section is not scored)	4	• Established and published DEI statement • Initiatives and efforts that relate to DEI efforts • Continuous quality improvement strategy to monitor DEI • Policies and practices exist for increased opportunities to operationalize commitments toward racial, ethnic, and sexual orientation equity
	LGBTQI+ Efforts (this section is optional and not scored)	2	• Inclusive and affirming practices to best serve youth, families, staff, and resource parents that identify as LGBTQ • Agency's budget to support the needs of families that identify as LGBTQ+
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

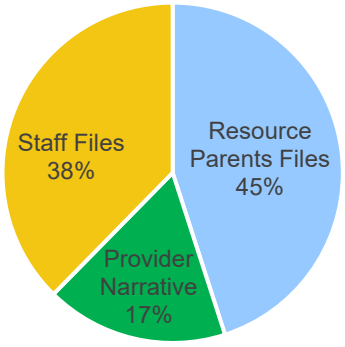
DHS weighs the results from each of the data sources differently to emphasize key areas of practice and to consider the number of indicators from each data source. DHS assigned each tool and domain a series of points. Table 4 below outlines weighted points per data source.

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	4.5	23.5
	Resource Parent Matching & Placement	4	
	Resource Parent Training	5	
	Resource Parent Monitoring & Support	5	
	Staff Training & Supervision	5	
Staff Files	Staff	51	51
Total			**135.5**

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 residential placement 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 residential placement-based.

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.

Resource Parent Support Worker

Provides coaching, case management, and stability support to foster, kinship, and resource parents caring for children and youth.

End Notes- Domain Performance Data

Resource Parent Recruitment, Screening & Certification

[i] According to file reviews, providers were strongly in compliance with the following standards:

- Approving and certifying all adults living in the resource homes (100% of providers scored Optimal vs. 95% in FY24).
- Completing an initial family approval prior to approving the Resource Parents (100% of providers scored Optimal vs. 90% in FY24).
- Ensuring that Resource Parents attended pre-service training about childcare and life skills (100% of providers scored Optimal vs. 90% in FY24).

[ii] File review indicated that providers also implemented other high-quality practices including:

- Screening Resource Parents for 1) their openness to a range of child needs 2) their willingness to receive trainings, and 3) their willingness to partner with the child or youth's birth parents (100% of providers scored Optimal vs. 95% in FY24).
- 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 (100% of providers scored Optimal vs. 100% in FY24).

[iii] Provider narratives also indicated that providers had a robust screening and recruitment process to ensure prospective Resource Parents reflect and accept the needs and diversity of the children served including:

- **Training:** Communicating training expectations and requirements to prospective resources parents (95% of providers did this vs. 95% in FY24); routinely providing prospective Resource Parents with information about the goals of foster care and their role in reunification and expectation of continued involvement with the birth parents (90% of providers did this vs. 76% in FY24).
- **Screening:** Interview questions and/or screeners to ensure all prospective Resource Parents are open to LGBTQ youth or birth parents (95% of providers did this vs. 90% in FY24), and willing to support youth's religious and cultural practices (90% of providers did this vs. 90% in FY24).
- **Recruitment:** Documentation to show active recruitment of Resource Parents in specific communities to include both demographic and cultural or 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 need (95% of providers did this vs. 75% in FY24).

Resource Parent Matching & Placement

[iv] According to the Resource Parent survey, a large majority (84%) of surveyed Resource Parents indicated that the children in their care were a good match for their family.

[v] File Reviews indicated that providers implemented high-quality practices during matching and placement including:

- Considering the child's special needs or circumstances (100% of providers scored Optimal vs. 95% in FY24)
- Taking proximity to the child's home/parents into consideration (100% of providers scored Optimal vs. 95% in FY24)
- Taking the child's cultural, religious, sexual or gender identities into consideration (100% of providers scored Optimal, vs. 95% in FY24)
- Making reasonable efforts to place the child in a home where the Resource Parents speak the child's primary language (88% of providers scored Optimal vs. 100% in FY24).

- Providing essential information about the child's safety and welfare to the Resource Parents upon placement (88% of providers scored Optimal vs. 86% in FY24).

Provider narratives also showed that providers considered child(ren)'s needs when matching a child with a home to ensure child well-being and permanency but can improve on including child participation in the matching process around their cultural, religious, social, or other specific needs. More specifically, providers ensured that,

- Resource Parent has demonstrated the ability to address the level of medical and/or behavioral need they service (100% of providers did this vs. 100% in FY24).
- Resource Parent shows a willingness to support the geography connections (100% of providers did this vs. 100% in FY24).
- Resource Parent is skilled and willing to engage diverse cultures (100% of providers did this vs. 90% in FY24).
- Resource Parent is open and available to engage youth of all ages (95% of providers did this vs. 100% in FY24).
- Resource Parent is skilled and available to engage youth that identify LGBTQ (95% of providers did this vs. 86% in FY24).
- Pre-placement conversations or team meetings between the RPSW and the Resource Parent and/or CUA worker (85% of providers did this vs. 86% in FY24).
- Child participation surrounding child needs or concerns or pre-placement visits with the resource family and youth (80% of providers did this vs. 86% in FY24).
- Inclusion of child participation in the matching process and consultation specifically around their cultural, religious, social or other specific needs (65% of providers did this vs. 57% in FY24).

[vi] According to Resource Parent survey, over half Resource Parents felt that they were well-informed about the children's needs.

- 66% of Resource Parents reported feeling well-informed about the medical needs of children placed with them (Compared to 64% in FY24).
- 64% of Resource Parents reported feeling well-informed about the educational needs of children placed with them (Compared to 65% in FY24).
- 64% of Resource Parents reported that they were informed about the children's culture, religion, or identity (Compared to 58% in FY24).
- 61% of Resource Parents reported feeling well-informed about the developmental needs (physical, social, emotional, thinking, and communication) of children placed with them (Compared to 54% in FY24).
- 59% of Resource Parents reported feeling well-informed about the behavioral needs of children placed with them (Compared to 56% in FY24).

[vii] File reviews identified compliance areas in Specialized Behavioral Health (SBH) placements where providers have made progress but still require improvement.

- Initial in-person visits with the Resource Parent are consistently occurring within the requirement timeframe (81% of providers scored Optimal vs. 71% in FY24).
- Providers developed Resource Parent Support Plan for youth in SBH placements in collaboration with the Resource Parents and CUAs (69% of providers scored Optimal vs. 62% in FY24).
- Providers developed and implemented Individualized Crisis Response Plans for youth in SBH placements in collaboration with the Resource Parents and CUAs (63% of providers scored Optimal vs. 57% in FY24).

Resource Parent Training, Monitoring & Support

[viii] According to file reviews, most providers consistently ensured Resource Parents attended trainings:

- Providers ensured that Resource Parents participated in a minimum of six hours of agency-approved training during the last fiscal year (95% of providers scored Optimal vs. 95% in FY24).

- Providers ensured that Resource Parents attended in-service training related to the Reasonable and Prudent Parent Standard (95% of providers scored Optimal vs. 90% in FY24).
- Most providers ensured that the Resource Parents attended in-service training about inclusive and culturally competent caregiving (90% of providers scored Optimal vs. 86% in FY24).
- Most providers ensured that the Resource Parents attended in-service training about trauma-informed care (75% of providers scored Optimal vs. 81% in FY24).
- Most providers evaluated the Resource Parents on an annual basis for re-certification (85% of providers scored Optimal vs. 76% in FY24).

[ix] Based on provider narratives, providers implemented robust training process to ensure that Resource Parents are properly trained and assessed for their developmental needs:

- **Pre-service training:** Addressing trauma-informed caregiving and cultural competency in pre-service training (100% of providers did this vs. 95% in FY24).
- **Pre-service training:** Individualizing training topics based on the needs of each Resource Parent or youth in pre-service training (95% of providers did this vs. 95% in FY24).
- **Pre-service training:** Discussing the role of the Resource Parent in reunification and expectations for relationships with birth parents in pre-service training (95% of providers did this vs. 90% in FY24).
- **Pre-service training:** Having a defined timeline for completing pre-service training (90% of providers did this vs. 81% in FY24).
- **Pre-service training:** Addressing de-escalation in pre-service training (90% of providers did this vs. 81% in FY24).
- **Ongoing training:** Considering Resource Parents' availability and accessibility when scheduling on-going trainings (95% of providers did this vs. 95% in FY24).
- **Ongoing training:** Addressing trauma-informed caregiving in on-going trainings (90% of providers did this vs. 85% in FY24).
- **Ongoing training:** Implementing post-training field observation and feedback (85% of providers did this vs. 86% in FY24).
- **Ongoing training:** Having a defined, evidence-based, or informed training curriculum (85% of providers did this vs. 76% in FY24).

[x] Resource Parent survey result has similar trend as last year which indicated that most Resource Parents felt comfortable and confident in applying training to practice and meeting the needs of child(ren) placed in their care.

- Almost all Resource Parents who responded to the survey felt comfortable and safe advocating for the needs of the child(ren) in their care (94%) and confident that they could meet the needs of child(ren) placed in their care (96%).
- Most Resource Parents who responded to the survey (83%) strongly felt they could apply the skills learned in trainings.
- Three in four Resource Parents (76%) responded that they were given training opportunities that helped them meet the needs of the child(ren) in their care.
- Most Resource Parents who responded to the survey (77%) stated that trainings were held at a time and place that was convenient for them.
- Most Resource Parents responded that providers responded to questions or requests in a timely manner (65%).

[xi] File reviews showed that providers continue to comply with standards to monitor and support Resource Parents; however, providers need to ensure to make face-to-face contact with the Resource Parents as required and the child or youth have appropriate clothing:

- Reporting allegations of abuse or neglect to the DHS Hotline and ChildLine, inform other parties and place the home on hold pending the outcome of the investigation (100% of providers scored Optimal vs. 100% in FY24).
- Maintaining a list of each child placed in the home including dates of placements and conditions under which placements terminated (95% of providers scored Optimal vs. 90% in FY24).
- Ensuring that Resource Parent Support Worker (RPSW) make a face-to-face contact with the Resource Parent as required (75% of providers scored Optimal vs. 81% in FY24).
- Ensuring that the child or youth have appropriate clothing as confirmed by a quarterly clothing inventory and response (70% of providers scored Optimal vs. 67% in FY24).

[xii] File reviews indicated that findings are mixed in implementing quality practices associated with supporting Resource Parents' quality of care for children and youth. Some consistent strong practices include:

- Files containing the necessary documentation of prior child welfare services and duration that may be needed by a caregiver (100% of providers scored Optimal vs. 95% in FY24).
- RPSW working with the CUA case managers to ensure that a child or youth who identifies as LGBTQ was provided access to organizations and support services (90% of providers scored Optimal vs. 95% in FY24).
- RPSW supporting the Resource Parent in providing developmentally appropriate life skill activities on a monthly basis (90% of providers scored Optimal, 90% in FY24).
- RPSW helping the Resource Parent develop and implement strategies to resolve general parenting challenges and meet the needs of all children in the home on a monthly basis (80% of providers scored Optimal vs. 81% in FY24).
- Files containing the Single Case Plan and the Medical Treatment Plan for a child in medical foster care (80% of providers scored Optimal vs. 81% in FY24).

[xiii] File reviews indicated that findings are mixed in implementing quality practices associated with supporting Resource Parents' quality of care for children and youth. Some Improvements from last year include:

- Discussing/reviewing medication and behavioral monitoring tools for SBH placement and documenting the necessary medical supplies and equipment needed for the child's care are available, sufficient and operable in the placement location for medical foster care; medication logs were in the file (85% of providers scored Optimal vs. 71% in FY24).
- RPSW ensuring that the Resource Parent scheduled and accompanied all children to scheduled preventive and follow-up medical, dental, or therapy appointments during monthly visits (80% of providers scored Optimal vs. 67% in FY24).
- RPSW 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 and behavioral status (80% of providers scored Optimal vs. 57% in FY24).
- RPSW ensuring that the Resource Parent provided culturally competent and individualized care for all children in the home on a monthly basis (75% of providers scored Optimal vs. 62% in FY24).
- RPSW attending a CUA Case Management Quality Visit which occurred in the resource home within the review period (70% of providers scored Optimal vs. 67% in FY24).
- RPSW having a face-to-face conversation with the child about their safety and stability outside the presence of the Resource Parent (70% of providers scored Optimal vs. 48% in FY24).
- RPSW assisting the Resource Parents, as needed, with communicating and collaborating with other parties such as therapists or medical specialists of a child in the home (65% of providers scored Optimal vs. 57% in FY24).

[xiv] File reviews indicated that findings are mixed in implementing quality practices associated with supporting Resource Parents' quality of care for children and youth. Some areas for improvements include:

- RPSW helping the Resource Parent develop and implement strategies to address the child's physical and/or mental health needs and help them understand from a developmental perspective, child, or youth behaviors as they may relate to her/his trauma history as needed (65% of providers scored Optimal vs. 76% in FY24).
- RPSW ensuring that the Resource Parent is providing opportunities for the child(ren)'s extracurricular growth on a monthly basis (65% of providers scored Optimal vs. 57% in FY24).
- RPSW ensuring that the Resource Parent encouraged the child or youth to maintain continuity with their religious or home community through local activities or cultural events on a monthly basis (60% of providers scored Optimal vs. 62% in FY24).

[xv] According to provider narratives, more providers consistently implemented some robust process to ensure Resource Parents are providing quality care and feel supported. For example,

- RPSW asking targeted questions during monthly home visits about Resource Parents' need for additional support (100% of providers did this vs. 90% in FY24).
- Covering structured questions and topics for each home visit about the child(ren)'s needs (100% of providers did this vs. 90% in FY24).
- Having private check-in conversations with children in the home (100% of providers did this vs. 86% in FY24).
- Following up and bolstered supports when RPSWs identify that a Resource Parent does not feel supported (95% of providers did this vs. 95% in FY24).
- Providing Resource Parent peer mentoring or support groups (95% of providers did this vs. 86% in FY24).
- Ensuring that Resource Parents are actively supporting reunification goals and the child's relationship with the bio-parent outside of basic required communication and visitation (95% of providers did this vs. 81% in FY24).
- Having joint visits with CUA worker (90% of providers did this vs. 86% in FY24).
- Discussing about RP attitudes, beliefs, and parenting practices (85% of providers did this vs. 76% in FY24).
- Having 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 (80% of providers did this vs. 95% in FY24).
- Ensuring that the bio-parent or child has the necessary transportation and information for visits (80% of providers did this vs. 62% in FY24).

[xvi] Results of the Resource Parent survey revealed that, similar to last year, most Resource Parents felt supported by their RPSWs and in their caregiving roles; however, providers should continue strengthening support for Resource Parents in collaborating with birth families and maintaining children's culture, religion, and identity.

- 74% Resource Parents responded that they felt their RPSW listened to the concerns they expressed about their role as a Resource Parent (Compared to 73% in FY24).
- 66% Resource Parents responded that they felt supported for their roles and responsibilities as a Resource Parent (Compared to 64% in FY24).
- 51% Resource Parents stated that working with the biological parents of the children was a priority (Compared to 52% in FY24).
- 44% Resource Parents stated that they got help from the providers when working with birth families (Compared to 42% in FY24).
- 40% Resource Parents stated that they got help from the providers to main the culture, religion, or identity of the child(ren) in care (Compared to 40% in FY24).

Staffing

[xvii] All 23 provider agencies had Optimal performance in the Staff domain. Staff file reviews indicated that,

- All employees have current FBI certifications (vs. 99% in FY24).
- All employees have PA State Criminal Certification (vs. 98% in FY24).
- All employees have received an education, employment, vehicular, and traffic history check (vs. 100% in FY24).
- All employees received mandated reporter training (vs. 100% in FY24).
- Almost all employees had their driving record checked and have a current driver's license (99% vs. 10% in FY24).
- Almost all employees have PA Child Abuse Certification (98% vs. 95% in FY24)
- Almost all employees have passed a medical exam and have a signed medical statement (98% vs. 99% in FY24).
- Almost all employees who have regular contact with youth received required training (95% vs. 88% in FY24).
- Almost all employees met education/experience requirements (93% vs. 93% in FY24).
- Almost all general RPSWs received bi-weekly supervision (93% vs. 90% in FY24).
- Most SBH RPSWs received weekly supervision (89% vs. 95% in FY24).

[xviii] Provider narratives indicated that providers have made improvements in strengthening staff training and support systems. Compared to last year, more providers implemented individualized training, incorporated staff feedback tools, recognized vicarious trauma and burnout, and conducted pre-service training, while maintaining universal trauma-informed and cultural-competence training.

- Trauma-informed practice training for all staff members (100% of providers did this vs. 100% in FY24).
- Cultural-competence training for all staff members (90% of providers did this vs. 86% in FY24).
- Individualized training to meet staff's needs and the needs of their Resource Parents (90% of providers did this vs. 76% in FY24).
- Screeners or surveys to solicit feedback from staff, or identify staff confidence, stress, or discontent (90% of providers did this vs. 71% in FY24).
- Meetings and supervision that recognizes and discusses vicarious and work-related trauma and toxic stress in the RPSW and intake roles (85% of providers did this vs. 81% in FY24).
- Other process of ensuring the organizational structure reduces staff burnout and turnover Follow-up and bolstered supports when RPSWs express concerns about burnout (85% of providers did this vs. 76% in FY24).
- Pre-Service training for staff before working with families to include in-person/virtual/online/self-guided trainings, testing, quizzes, questionnaires, homework, or another assessment that is reviewed by a supervisor (80% of providers did this vs. 62% in FY24).

[xix] Providers maintained strong collaboration with CUA case managers, and improvements were noted in practices such as ongoing communication throughout placements and prompt communication when disruption risks were identified.

- RPSWs have contact information for the CUA case manager(s) for children in the resource home (80% of providers did this vs. 81% in FY24).
- There is evidence of another process or practice of collaborating and communicating with CUA caseworkers throughout the child's placement in the resource home that would likely promote stability and child wellbeing (80% of providers did this vs. 65% in FY24).
- Prompt communication with a CUA caseworker when placement disruption risk factors are identified (75% of providers did this vs. 60% in FY24).