Maryland's Center for Excellence in Foster Family Development
Comprehensive Model Proposal
October 13, 2020

Vision for the CfE

In September 2019, the federal Children's Bureau awarded the Maryland Department of Human Services (DHS), Social Services Administration (SSA) funding for the National Center for Excellence in Foster Family Development (CfE). The purpose of the CfE is to **engage, prepare, and support resource parents to support timely reunification, permanency, & family-based placements**.

The CfE aims to improve the well-being of children and families impacted by the child welfare system by **reducing lengths of stay in foster care and unnecessary congregate care placements, decreasing the rate of re-entry into foster care, and increasing reunification and exits to permanency**.

An intentional focus is placed on the overrepresentation of youth who are Black and/or Indigenous who are served in the foster care system and, in particular, in congregate care settings. The CfE will address this through strategies that focus on authentic family engagement and that recruit and retain foster families that are from the same neighborhoods as the families being served.[1] Additionally, the CfE quality initiatives will support the sites in **addressing disproportionality and disparities,** as well as to avoid inequitable implementation of CfE strategies.

The CfE will implement a model program for the selection, development and support of resource families who will work in close collaboration with birth families to *preserve and nurture critical parent-child relationships and support reunification*. Resource families participating in the program will be prepared and supported in providing enhanced reunification and stability support to birth families and children.

The CfE approach is multi-tiered and addresses the needs of children and families within their communities. It utilizes system and individual level interventions to recruit and prepare resource parents to be trauma-responsive and engage with the children and birth parents and to **support and coach the birth parents to be successful in reunifying with their children** when safe and appropriate to do so. The approach will also inform the larger child welfare system about best practices in recruiting, preparing, and supporting foster families to work with older youth who have a history of congregate care placements or are at-risk of congregate care placement. **The innovation of the CfE comes from a confluence of strategies**; there is no one single intervention that addresses both the needs of the resource and birth families across the continuum from engagement to preparation to support. Maryland is proposing a model with multiple components that will be implemented and evaluated in its use across different settings (ideally rural, suburban, and urban), with different local partners and existing service arrays, and with a diversity of population.

Theory of Change

In December 2019, SSA and its technical assistance and evaluation partner, The Institute for Innovation & Implementation (The Institute) at the University of Maryland School of Social Work met with the Children's Bureau for a kick-off meeting. As part of this meeting, participants developed an initial theory of change to guide the CfE: Maryland believes that, by increasing the number of available resource families who are adequately trained and prepared to serve children and youth in care, including building relationships with

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[1] See Raimon, M.L. & Weber, K. (2015). *Better outcomes for older youth of color in foster care.* Available from the Center for the Study of Social Policy website: www.cssp.org.

birth parents as appropriate, fewer children and youth will be placed in unnecessary congregate care settings and age out of care without permanency. Additionally, by preparing resource families to co-parent with and mentor birth families, through training, coaching and support, more children and youth will be able to safely and stably reunify with shorter spells in care, thereby reducing the trauma impact of longer spells, more placements, and lack of permanent connections to caregivers. Finally, peer-to-peer capacity building focused on building the capacity of birth parents to address their own needs and those of their children will help to ensure successful and lasting reunification. (See Appendix I for the CfE's complete Theory of Change.

As described in the theory of change, the core component to the model is the preparation and support of the resource families. There are four additional, critical core components necessary to ensure the success of the resource parents: support for birth parents, focused recruitment of resource parents, mobile response and stabilization services, and respite care. These program components are further supported by the related policy and quality initiatives, technical assistance, quality learning collaborative, and stakeholder involvement.

The Center for Excellence in Foster Family Development (CfE)

Youth & Family Input & Engagement

| CfE Quality Learning Collaborative | Program Component: Support Birth Parents | Program Component: Mobile Response & Stabilization Services | Other Stakeholder Involvement |

Core Model: Prepare & Support Foster Parents

| Technical Assistance | Program Component: Focused Recruitment of Foster Parents | Program Component: Respite Care | Policies & Procedures |

QSRI, PIP, & FFSPA Implementation

Preparation will be standardized across foster parents; support will be customized to the particular needs of the foster parents.

SELECTING A MODEL INTERVENTION TO PREPARE & SUPPORT RESOURCE PARENTS

The CfE vision and theory of change provide a framework for the approach but the actual core intervention still needed to be identified. As illustrated in the diagram above, the decision was made to **standardize preparation across all CfE resource parents**, and provide **customization based on the individual child placed in the home.** This enables the CfE to have a single set of prerequisites for all CfE resource parents. At the December 2019 Kickoff Meeting, the Children's Bureau, SSA, and The Institute generated a list of critical training topics necessary to *prepare* all CfE resource parents:
- Role of the resource parent and birth parent
- Foster parent and birth parent relationship
- Establishing a commitment to making a placement successful
- Trauma-responsive care, intergenerational trauma, and secondary traumatic stress

- Reunification strategies
- Positive parenting & strengths-based, developmentally appropriate discipline
- Facilitating visits and relationships with birth family, including siblings
- Self-regulation, crisis intervention, and de-escalation
- Nurturing protective factors
- Brain science & child development
- Physical health, mental health, substance use and addiction, and well-being
- Psychotropic medication & poly-pharmacy
- Education advocacy
- Child maltreatment, including myths & stereotypes
- Communities-cultural & linguistic responsiveness, disproportionality, inequities
- Defining & redefining terms (e.g. least restrictive environment, family of choice, prudent parenting, shared parenting)

The Institute conducted a literature scan to identify interventions that addressed critical components of the CfE: a) building and supporting relationships between resource parents and the families of origin of the children in their care; b) preparing resource parents to address the needs of children and youth; and, c) recruiting and retaining resource parents.

In order for an intervention to be considered for implementation, it had to:
1) Address **outcomes** consistent with the goals of the CfE;
2) **Align** with the population of focus;[2]
3) **Be an evidence-based or promising intervention** according to a national clearinghouse (e.g. California Evidence-Based Clearinghouse). If listed, it must have met the criteria to be considered at least determined to be promising, e.g. on the California Evidence-Based Clearinghouse, it had to be deemed a level 1 (Well-Supported by Research Evidence), 2 (Supported by Research Evidence), or 3 (Promising Research Evidence);[3] and
4) **Have formalized implementation support** available (i.e. training approaches, manuals, fidelity tools, purveyor support).

The Institute reviewed the following Clearinghouses: California Evidence-Based Clearinghouse, Family First Prevention Services Clearinghouse, Pew Results First Clearinghouse Database, Child Welfare Information Gateway and Washington State Institute for Public Policy databases for each of the program components. (See Appendix III for the literature scan.) **Eighteen different training curricula and evidence-based or promising practices were reviewed** to see if they would fill these gaps. **Ultimately, no single intervention, model, or approach comprehensively addressed these priority areas.**

At the same time, The Institute conducted a review of the existing PRIDE[4] pre-service curriculum, developed by the Child Welfare League of America, which is currently used in Maryland. The Institute reviewed the training topics against the PRIDE Curriculum and determined that additional prerequisite and ongoing training was needed that *explicitly emphasized the importance of working with birth families, and provided tools, skills and support for building and maintaining those relationships* (see Appendix II).

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[2] The population of focus for the CfE includes new and existing foster families recruited and selected to participate in the program. Specialized population of focus: Youth with a plan of reunification or APPLA; Birth parents who are willing to co-parent to support reunification; and/or Youth in non-treatment focused congregate care.

[3] California Evidence-Based Clearinghouse Scale

[4] Child Welfare League of America. *PRIDE Model of Practice.*

Topics that were either not covered through PRIDE Training or covered but without as much time or transfer of learning activities as desired included reunification strategies, the needs of older youth, and the needs of youth transitioning from congregate care settings. Additionally, while the value of maintaining birth family relationships for the benefit of the child in care is underscored and loosely threaded throughout PRIDE training, *a more in-depth exploration of this critical topic is necessary to enhance knowledge, skills and self-awareness* related to building birth family relationships, co-parenting with birth parents, and supporting reunification efforts.

Model investigation and purveyor Interviews

The CfE Steering Committee[5] reviewed the potential programs and curricula and identified seven interventions that met the initial inclusion criteria outlined above (evidence-based, formalized intervention support, and aligned with the goals and intended outcomes of the CfE). The Steering Committee interviewed the model developers and/or purveyors in order to understand how the models have been implemented, learn more about evidence of the programs' success, and discuss what implementation and installation support would be provided and what the related costs were for each model. Purveyors and/or developers of the following programs or models were interviewed:

- Neighbor to Family
- Mockingbird Family
- Center for Family Life
- Pressley Ridge Treatment Foster Care
- Teaching Family Model
- Keeping Foster and Kin Parents Supported and Trained (KEEP/KEEP SAFE)
- Parenting Through Change for Reunification

Partner engagement and input

Strong partnerships are critical for effective and efficient model development, program implementation and evaluation activities. The CfE's Advisory Committee was established soon after DHS received the award and has met periodically over the first year to provide input and feedback on the model development and implementation process. The CfE Advisory Committee includes the **Maryland Coalition of Families** (representing birth families in the state), **Maryland Resource Parent Association** (representing resource families in the state), the **Resource Parent Ombuds**, the **Capacity Building Center on States** (to ensure alignment with other related activities) and technical assistance partners. These partners will remain engaged while additional partners are identified at the local level to support local implementation activities. Additional partners also may be engaged at the state level.

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[5] The Steering Committee includes SSA staff (Michelle Farr, Valerie Douglas, and April Edwards) as well as technical assistance partners (Jessie Watrous, Kira Silk, Deborah Harburger, & Elizabeth Greeno from The Institute and Steve Howe with Casey Family Programs/Annie E. Casey Foundation).

Timeline documenting completed activities from award to present

Although there have been delays in the CfE's activities due to challenges in hiring a project director and analyst, SSA staffing changes, and the response to COVID-19, the CfE has made progress during the first year of the cooperative agreement.
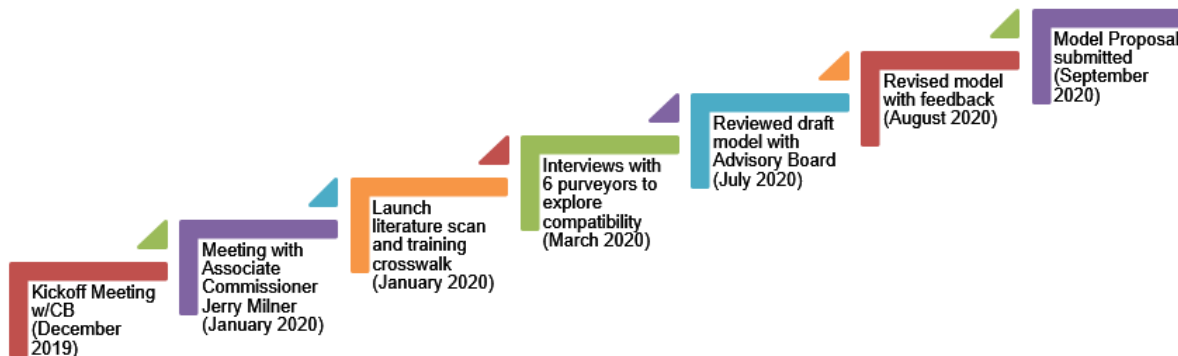
PROPOSED CORE MODEL & PROGRAM INTERVENTIONS

After completing and analyzing the literature scan, speaking with model developers and purveyors, meeting with the Advisory Committee, and reviewing the PRIDE training curriculum, the Steering Committee identified **three core model intervention components:** an augmented prerequisite training with specifically developed modules; KEEP and KEEP SAFE; and Parenting through Change - Reunification (PTC-R; see table 1).

Table 1: CfE Core Model Components

Intervention	Outcome Area(s)	Population of Focus
Augmented Prerequisite Training	**Prepare** resource parents, particularly for stronger birth parent partnerships	All CfE Resource Parents
KEEP & KEEP SAFE	Ongoing **support** for resource families	All CfE Resource Parents
Parenting through Change - Reunification (PTC-R; adaptation of GenerationPMTO)	Ongoing **support** for birth families	All CfE Birth Parents

The prerequisite training and KEEP/KEEP SAFE address the **core model component of** *preparing and supporting resouce families*. The use of PTC-R addresses the program component, ***supporting birth families***. PTC-R is described here alongside the prerequisite training and KEEP/KEEP SAFE models because they will be implemented in an integrated fashion. Although KEEP/KEEP SAFE and PTC-R are separate interventions, they were both developed by Oregon Social Learning Center (OSLC) and **have been implemented together with success previously.**[6] These two interventions will provide ongoing, customized support for resource families and birth families. KEEP/KEEP SAFE will be provided to resource parents while PTC-R will be provided to birth families.

This integrated approach will **increase collaboration between birth parents and resource parents to preserve and nurture parent-child relationships and support reunification,** as well as **provide the needed**

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[6] Chamberlain, P., Feldman, S.W., Wulczyn, F., Saldana,L., & Forgatch, M. (2015). Implementation and evaluation of linked parenting models in a large urban child welfare system. *Child Abuse & Neglect, 53*. doi: /10.1016/j.chiabu.2015.09.013

stability and support services to resource and birth families to meet the needs of children transitioning from congregate care settings.

Both models are grounded in the same theoretical and practical foundation, lending themselves to simultaneous implementation with different populations. This allows both resource parents and birth families to receive the same information and skills-based trainings and support further consistency for the children and youth in their care. KEEP and Parenting through Change for Reunification (PTC-R), were successfully implemented in unison in New York City.[7] Both models are "based on the same foundation of the social interaction learning principles of reinforcing effort, relationships and small steps toward success." Approximately 9 months after training began in New York, evaluators saw a **20% increase in permanent exits from foster care and a 14% decrease in placement moves.**[8]

The CfE will work with the training developers and the purveyors of both KEEP and PTC-R to build a critical and strategic approach across the interventions to ensure consistency in messaging and values. Purveyors will identify opportunities to emphasize and support the birth parent and resource parent relationship in the models' implementation. Birth parents participating in PTC-R are required to practice skills from the program between sessions with the support of the facilitator, as are resource parents participating in KEEP. The facilitators and case workers will work with the resource parents to serve as a support to the birth parents as they practice new skills in transfer of learning. Sites will receive training and technical to develop practice profiles for case managers working with families in the CfE to support this relationship and partnership.

The CfE approach recognizes that **resource families need multiple touchpoints for engagement, transfer of knowledge, and skill practice and refinement. Resource families will** understand they are expected to **actively work to establish and maintain positive and supportive relationships with birth parents and extended family members** and to help **build birth parent capacities** to care for their children in safe and healthy ways. Resource parents will have a clear understanding that they are expected to **invite birth parents into their home** on a regular basis and **stay in regular communication** with the birth parent to ensure he/she/they remain aware of the daily health, well-being and emotional status of their child; and, commit to co-parenting with the birth parents. DHS expects that the level of care provided to children and their birth parents will help **stabilize placements, mitigating the need for congregate care placement and its associated trauma and isolation, and will encourage and support timely reunification.**

All CfE sites (to be selected) **will implement all of the intervention components.** They are complementary and will be *in addition to* Maryland's standard pre-service training and support for resource parents. Additional supportive programmatic components of the CfE—including recruitment activities, respite care, and mobile response and stabilization services—will be implemented in partnership with the local departments of social services (LDSS) selected as CfE sites.

The CfE is grounded in implementation science and has aligned its work with the four basic stages of implementation: **exploration, installation, initial implementation, and full implementation.**[9] These stages

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[7] Chamberlain P. (2017). Toward Creating Synergy Among Policy, Procedures, and Implementation of Evidence-Based Models in Child Welfare Systems: Two Case Examples. *Clinical child and family psychology review*, *20*(1), 78–86. https://doi.org/10.1007/s10567-017-0226-5

[8] PMTO

[9] See The National Implementation Research Network (NIRN) for an overview of implementation science, including the four stages: https://nirn.fpg.unc.edu/module-4/topic-1-implementation-stages-overview/what-are-stages

are part of the **Children's Bureau's PII Approach**,[10] which integrates implementation and evaluation activities and aligns them to sustainability and dissemination activities, all of which are part of the work of the CfE.

The following sections outline the Steering Committee's process and findings in the exploration phase with regard to each of the three components of the core intervention and describe the planned installation and initial implementation activities, upon approval of the proposed model.

Program Intervention Component: Prerequisite Training for Resource Parents

Findings from Exploration Stage

The review of potential training model curricula suggested that there was significant overlap between the PRIDE training, which is already required in Maryland and which all current resource parents have completed, and other potential training models. The CfE Steering Committee engaged in several interviews and conversations with Pressley Ridge regarding their Treatment Foster Care pre-service curriculum. However, the number of hours spent in prerequisite training, with whole components potentially redundant to PRIDE training, seemed to be a deterrent to potential CfE resource families. Additionally, the cost and evaluation requirements for the training curriculum and the requirement to provide the entire training sequence made it less of a good fit for the CfE than the approach currently being proposed.

Instead, the Steering Committee determined that, by adding particular modules to meet the gaps between the necessary training components and the existing PRIDE curriculum, resource parents would be better prepared for their role in the CfE. The Steering Committee turned to the workforce development experts within The Institute, which is home to Maryland's Child Welfare Training Academy, to develop individual modules to augment the current PRIDE curriculum.

A minimum of hours of additional training is being proposed. The additional training modules will provide resource parents a better understanding of how parent partnership supports successful reunification and promotes child well-being; strategies and skills for building a birth parent partnership, including making the most of visitation. It will additionally address how to support youth and practice self-care through the reunification process.

The proposed training modules draw from existing training curricula developed by training professionals within the University of Maryland, School of Social Work and external training professionals with relevant knowledge and expertise. They are designed to be delivered by training professionals, including former resource parents.

Throughout these modules, there will be an intentional focus on the core values, principles and practices of Maryland's Integrated Practice Model, with a particular emphasis on *authentic partnership, engagement and teaming*. The primary focus and material for each proposed training session will be carefully selected to ensure that content is complementary and non-duplicative across modules. These supplemental hours will serve to augment the learning gleaned through Foster PRIDE/Adopt PRIDE, and will be a prerequisite for resource parents enrolled in the CfE who will later be enrolled in KEEP or KEEP SAFE (described below). A full description of each of these modules can be found in Appendix IV.

Birth families will be provided with the same training content from case managers and the resource parents when possible, which contributes to meeting the **coaching and mentoring** goal of the CfE. There may be

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[10] See The Children's Bureau's Permanency Innovations Initiative (PII) Project Resources for more information about the PII approach: https://www.acf.hhs.gov/cb/resource/pii-project-resources

opportunities to invite **birth families to co-train** with resource parents during the skills training components of the curriculum. This is an area of innovation to be tested through the CfE, with the goal of supporting consistent parenting for youth while in resource homes and with birth families. It will also provide an opportunity for the resource parents to coach, mentor and provide support to the birth families as they build these skills in anticipation of reunification with their child.

Installation and initial implementation

The trainers for these modules are existing Institute faculty and staff whose effort will be covered under the Intergovernmental Agreement between DHS and UMB for the CfE technical assistance and evaluation activities.

The additional 10 hours of training through these modules increases the total amount of training to approximately the same amount as required for treatment foster parents in Maryland. Synchronous online training modules are being proposed for the augmented CfE pre-service training in response to the ongoing COVID-19 pandemic. Offering the training live online will maximize resources and increase accessibility and reach, while at the same time allowing for meaningful interaction and engagement with an instructor and peers in "real-time." The CWA has been offering online training with great success in engaging resource parents prior to and throughout the response to COVID-19.[11]

By offering synchronous online training, modules can be offered at varying times across jurisdictions to accommodate the scheduling needs of more resource parents. The modules are based off of existing curricula, which means there will be less time needed to develop the modules and time can be spent refining them and ensuring alignment. Although the modules could be made available in the future in an asynchronous format within the learning management system,[12] this will require more resources (financial and human capital) and is not a priority at this phase in the CfE. It may be a viable component of the CfE's sustainability plan, though, and will be reconsidered at a later point in time.

Fit with FOA, application, theory of change

The proposed training modules directly align with the expectations and guidelines provided in the Children's Bureau's Funding Opportunity Announcement (FOA). In the application submitted by DHS and its partners, training for resource parents in the CfE was identified as important in building their capacity and skills to be trauma-responsive and meet the needs of both the children and youth in their care and their biological families. While existing PRIDE training touches on the importance of maintaining relationships with birth families, it did not meet the Steering Committee's criteria for providing skills and strategies for directly working with birth families to build their own capacities for caring for their own needs and those of their children. This extra level of relationship building and support both requires these concrete skills, and will help ensure timely and successful reunification for these families, which is the ultimate goal of the CfE.

FOA Goals Addressed:
- *Engagement, development, and support of resource foster families*
- *Increased numbers of resource foster families prepared to provide enhanced supports to children and their families toward reunification*

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[11] For more information on the Child Welfare Academy and its current offerings, please visit https://theinstitute.umaryland.edu/our-work/ruth-young-center-for-maryland/child-welfare-academy/

[12] For information about The Institute's online learning management system, *Ideas@TheInsitute,* please visit: https://theinstitute.umaryland.edu/training/ideas/. For an example of interactive, online, asynchronous training curricula developed and hosted on *Ideas@TheInstitute*, please visit the National Training Initiative (funded by the Children's Bureau): https://adoptionsupport.org/nti/

Program Intervention Component: Support for Resource Parents-KEEP/KEEP SAFE

Findings from Exploration Stage

Returning to the key components identified for the CfE and the gaps determined between these components and the existing curriculum and services in place in Maryland, the Steering Committee looked for a model that would provide skills and support for resource parents to meet the needs of older youth and those who are transitioning from or at risk of congregate care placements. These skills included self-regulation, crisis management, and de-escalation. The Steering Committee sought a model that would provide these skills through a trauma-responsive approach with interactive adult learning and transfer of knowledge opportunities.

Only one model was identified that met the inclusion criteria from the literature review (see above), provided the specific knowledge and skill-building sought, and was consistent with the Steering Committee and Advisory Committee's desire for a combination of training and ongoing and adaptive coaching and support, including through the use of peers in group settings. SSA has selected the **KEEP (Keeping Foster and Kin Parents Supported and Trained)/KEEP SAFE program** to provide the initial and ongoing support to resource parents.

Model description

KEEP is a 16-week evidence-based support and skill enhancement program for resource parents of children ages 4-12. The adaptation, **KEEP SAFE**, is for resource parents caring for youth ages 10-18. KEEP has been demonstrated to contribute to shorter lengths of stay in care, lower rates of emotional and behavioral challenges in children and youth, more frequent reunification with families of origin, fewer placement disruptions, and lower rates of turnover in both foster and kinship parents. The effects for preventing disruption were strongest for children who had been placed in multiple previous foster homes.[13]

Caregivers who participate in KEEP learn to reinforce normative & prosocial behavior, build cooperation, teach new behaviors, use non-harsh effective limit-setting, manage emotions while parenting[14]. Resource parents attend weekly support and training group sessions conducted by two trained facilitators. Between sessions, resource parents have homework assignments to enable them to practice the skills they learned. Facilitators call the resource parents weekly to work through any challenges they are having and to conduct the *Parent Daily Report Checklist* to prepare for the following session.

Although they use an established protocol manual, the facilitators **tailor each group session** to the specific needs, circumstances, and priorities of participating parents and their children, identified through the weekly phone calls and review of the Checklist. This information is incorporated into the weekly sessions to make sure the group is both current and relevant, enabling the support to be tailored to the strengths and needs of the resource parents participating in the CfE and the youth they are supporting.

KEEP originated from Treatment Foster Care Oregon (TFCO) and was first tested through a randomized control trial funded by the Children's Bureau. KEEP was developed by Patricia Chamberlain, PhD of the Oregon Social Learning Center; Joseph Price, PhD, of San Diego State University; and, JP Davis, lead clinician. KEEP is being implemented in Oregon, California, Tennessee, and New York City, as well as internationally.

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[13] https://www.keepfostering.org/outcomes-2/
[14] https://www.keepfostering.org/wp-content/uploads/2019/10/KEEP-Overview.pdf

KEEP® and KEEP SAFE™ have been recognized by several independent clearinghouses and registries for promising and evidence-based practices.
- KEEP: The California Evidence-Based Clearinghouse for Child Welfare; National Institute of Justice – Crime Solutions Clearinghouse
- KEEP SAFE: The California Evidence-Based Clearinghouse for Child Welfare ; Blueprints for Healthy Youth Development; National Institute of Justice – Crime Solutions Clearinghouse

Children and adolescents whose caregivers participated in KEEP or KEEP SAFE demonstrated:
- Lower rates of emotional and behavioral problems;
- Shorter lengths of stay in foster care;
- Lower rates of placement disruptions for youth with multiple previous placements;
- More frequent reunification with family; and,
- Less substance use (for adolescents).

The foster and kinship parents who participated in KEEP or KEEP SAFE demonstrated:
- Higher rates of positive parenting and lower rates of discipline;
- Lower rates of turnover;
- Spillover of positive effects to other children in the home; and,
- Fewer placement breakdowns.

Child welfare agencies participating in KEEP or KEEP SAFE experienced
- Longer tenure for foster parents providing care and
- Fewer days in foster care for children.[15]

Installation and Initial Implementation
Installation and initial implementation of KEEP and KEEP SAFE involves:

- Readiness planning, including development of an implementation timeline;
- Completion of a comprehensive five-day training and weekly coaching support for group leaders; and,
- Implementation progress reviews and monitoring of fidelity to the KEEP/KEEP SAFE model.

The KEEP/KEEP SAFE facilitators/group leaders will be a combination of employees from The Institute (housed within the CWA) and additional organizations. SSA is exploring the feasibility of requiring the participating sites to have trained facilitators as well as the potential to contract with the Maryland Resource Parent Association or a similar organization to provide facilitation support.

Ongoing technical support for implementation is provided, in addition to supervision for facilitators. Each KEEP session is recorded and uploaded to a web-based fidelity system. KEEP Group Leaders fill out simple forms about attendance, engagement, and areas they want feedback on. The Parent Daily Report (PDR) is also uploaded to this system. Group leaders receive weekly coaching via videoconference and written feedback from a KEEP coach. Monthly reports are generated using FIDO data and are sent to sites and to system leaders (if applicable).

Sustainability
Group leaders who meet performance criteria can become KEEP certified group leaders. Certified group leaders can continue to run KEEP groups with bi-annual fidelity checks conducted by the implementation

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[15] https://www.keepfostering.org/wp-content/uploads/2019/10/KEEP-Outcomes.pdf

team. Certified group leaders can then become KEEP local coaches and trainers, after a five-day training and 6-12 months of ongoing contact with the implementation team. This allows ongoing sustainability by ensuring a continuing pool of facilitators that can lead KEEP when agencies lose originally trained facilitators.

Fit with FOA, application, theory of change

The KEEP/KEEP SAFE models are aligned with the FOA, SSA application, and theory of change. They focus on the resource parents as a critical lever in achieving safe and lasting reunification and permanency. The resource parents are given consistent foundational support as well as customized information, skills, and support to be responsive and adaptable. The weekly phone calls coupled with the group sessions help to minimize the likelihood of resource parent burnout or turnover and strengthens communication and caregiver resources and information. KEEP/KEEP SAFE will help to address one of the key priorities of the CfE, which is to help resource parents to work directly with and establish and maintain positive and supportive relationships with birth parents and extended family members. It also provides the "real time" mentoring and coaching and an infrastructure for clear and consistent communication.

FOA Goals Addressed:
- *Engagement, development, and support of resource foster families*
- *Improved retention rates and agency relationships with foster families;*
- *Increased numbers of resource foster families prepared to provide enhanced supports to children and their families toward reunification*
- *Improved permanency stability, family and community connections, and well-being outcomes for children placed with foster families in the target group*

Program Intervention Component: Supporting Birth Families: Parenting Through Change for Reunification (PTC-R)

Findings from Exploration Stage

A priority for the CfE was programming that supported resource parents to serve as mentors or co-parents with the birth families of children and youth in their care. To better support timely, permanent reunification, birth parents need opportunities to build on their protective capacities and abilities to meet their own needs and the needs of their children. To meet these criteria, the Steering Committee sought programming that provided birth families with the same information, skills and strategies as the resource parents to allow for cohesive co-parenting and smooth transitions for children and youth upon reunification.

Model description

Parenting through Change for Reunification (PTC-R) is an adaptation of the **evidence-based intervention Parenting through Change (PTC) model**, which focuses on improving parenting and social skills and preventing, reducing, and reversing the development of moderate to severe conduct problems in children and families. **PTC is the parent group format of GenerationPMTO.** PTC is an evidence-based program (rated 1-Well Supported by Research Evidence in the Parent Training Programs that Address Behavior Problems in Children and Adolescents area)[16], based on years of research and development of proven skills that help families and children during challenging transitions, including reunification. It is a structured group parenting intervention designed to help parents strengthen their families and support reunification. **The goal of PTC-R is to build skills, give hope and to reunify the family.**

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[16] CEBC Website

PTC-R provides a **10-week group for birth families**, with 1.5-2 hour weekly sessions, while the child is still in foster care and the family is working on reunification. The focus of the 10-week sessions are on a variety of topics:[17]

1. **Creating Change** The Change process begins by strengthening hope, identifying strengths and building on a better tomorrow.
2. **Encouraging Cooperation** We will demonstrate how to increase your children's cooperation and help them follow your directions.
3. **Teaching Positive Behavior (Child and Teen)** You will learn how to break goals into small, achievable steps. Learning through encouragement sets children up for success.
4. **Observing Emotions** We will explore the power of emotions and how they relate to family life as well as how to recognize our own emotions.
5. **Regulating Emotions** You will learn techniques that will work for you to regulate emotions.
6. **Setting Limits (Child and Teen)** We will help you find the correct balance of encouragement, discipline and setting limits on children's behavior to keep them safe.
7. **Follow Through (Child and Teen)** We will review and practice the Time Away procedure before you try it out. You will practice how to explain this effective strategy to children.
8. **Active Communication** Relationships are nourished with good communication. We will demonstrate the use of active listening to engage in communication.
9. **Problem Solving** All families have problems. We will introduce a tool to help families plan activities, manage conflicts and negotiate agreements.
10. **Putting It All Together** We will show how to deal with differences in opinion. A life goal is to make sure you have a balance of work and play.

Weekly home practice assignments provide parents with the opportunity to practice procedures and troubleshoot issues that may have arisen. Parents recognize their strength, build self-confidence, learn from each other, and develop life-long parenting strategies for success[18].

As reunification approaches or occurs, **6 individual sessions are provided to parents**. The facilitator reviews relevant strategies and materials, focusing on the strength of the parents and rebuilding the family.[19] The session focuses are Building Strengths, Encouraging Routines, Limit Setting and Encouragement, Promoting School Success, Keeping Our Family Safe, and We're In This Together.[16]

Evidence for success
In a randomized controlled trial, mothers who participated in PTC reduced their use of negative reinforcement and negative reciprocity compared to mothers who did not participate whose use of negative reinforcement and reciprocity increased. Families who participated in the individual delivery version of the model (GenerationPMTO) continued to experience positive outcomes over a nine-year follow-up period, including reductions in child or youth delinquency, arrests, externalizing behavior, depression.[20] Other outcomes seen with GenerationPMTO include a decrease in depression, poverty, and coercive parenting and an increase in standard of living, positive parenting and marital satisfaction for parents who participate.[21]

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[17] Michigan PTC-R website; PTC-R Brochure
[18] CEBC Website; PMTO Website; Michigan PTC-R website
[19] Michigan PTC-R website
[20] CEBC Website
[21] GenerationPMTO Fact Sheet

As noted above, PTC-R has been implemented successfully in conjunction with KEEP, with statistically significant effects in permanency achieved within the intervention group.[22]

Installation and Initial Implementation

Implementation Sciences International, Inc. (a nonprofit affiliate of the Oregon Social Learning Center) oversees the implementation of PTC-R. ISII trains a first generation of practitioners, then provides ongoing support and training to leaders from this first generation as they build their own infrastructure for training, coaching, fidelity checks, certification, and further tailoring within their site. As an effective infrastructure becomes established, the community gradually assumes responsibility for maintaining model fidelity. ISII ensures that competent adherence to PMTO is sustained with annual reliability assessments via the FIMP Central secure database and portal. The process of full transfer from program developer (ISII) to community requires significant up-front resource investment to complete the multi-phase process. The full transfer approach enables communities to be in charge of extending their reach to families in need[23].

PTC-R practitioners will be housed at The Institute in the CWA; SSA is exploring the feasibility of training facilitators at the LDSS as well as with the Maryland Coalition of Families or another family-run organization.

Fit with FOA, application, theory of change

PTC-R addresses the priority outlined in the application of working directly with birth parents to help build birth parent capacities to care for their children in safe and healthy ways. It also supports co-parenting activities and provides mentoring and coaching for the birth parents. It also addresses issues of isolation, stigma, and bias that may face birth parents by connecting them with peers in a facilitated group setting where they can discuss shared experiences and successes. The provision of PTC-R both prior to and after reunification addresses a gap in Maryland's provision of post-reunification services and provides additional touchpoints for birth families in engagement, transfer of knowledge, and skill practice and refinement.

FOA Goals Addressed:
- *Comprehensive biological family support services and timely, stable reunifications*
- *Improved permanency stability, family and community connections, and well-being outcomes for children placed with foster families in the target group*

ESTABLISHING THE NECESSARY CONDITIONS FOR SUCCESS

Purveyor and Financing Conditions

DHS has allocated funds for the installation and initial implementation activities in its CfE budget. It is currently reviewing specific allocations with the costs of the different models to ensure appropriate alignment. Funds are necessary to cover purveyor costs for training, fidelity tools, and quality of implementation. Other funds are needed for the time of the individual who will be trained and providing the facilitation and/or coaching activities, as well as financial compensation for resource families who participate in the CfE. Specific proposals related to compensation are being drafted and will be shared with the Children's Bureau after approval of the models is received. Compensation will be consistent with current practices in Maryland and will be reviewed to ensure it does not provide the appearance of coercion. Separate compensation will be provided to resource and birth parents who participate in the evaluation

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[22] Chamberlain, P., Feldman, S.W., Wulczyn, F., Saldana,L., & Forgatch, M. (2015). Implementation and evaluation of linked parenting models in a large urban child welfare system. *Child Abuse & Neglect, 53*. doi: /10.1016/j.chiabu.2015.09.013

[23] CEBC;

activities; this compensation will be overseen by the UMB Institutional Review Board and the DHS Research Review Board and will be detailed in the evaluation plan submitted to the Children's Bureau.

Supportive Program Components

As outlined in the The Steering Committee recognizes that simply installing programmatic changes and additional training modules will not ensure the success of the CfE. Additional conditions and supports are needed to create lasting change within the child welfare system and to shift practice.

Program Component: Mobile Response & Stabilization Services (MRSS)

MRSS is a program component of the CfE, critical to normalizing challenging behaviors and experiences for both the child and the resource parent upon initial placement in the foster home as well as in response to challenging situations while the child is in foster care. MRSS is a cost effective intervention to safely reduce hospitalizations and placement disruptions.[24] The CfE's MRSS approach will be based on New Jersey's MRSS model. In New Jersey, from 2014-2017, 95-98% of all children served by MRSS remained in their current living situation (Casey Family Programs, 2018). MRSS will be a standard service that is provided to each child when they enter a new CfE foster home and available on-call within 1 hour to support the child and family and prevent and respond to crises. DHS will be issuing a request for proposals for MRSS providers; the contract could be with one provider or multiple providers, depending on capacity to serve the sites. The Institute's MRSS experts, Elizabeth Manley and Jennifer Lowther, will be assisting DHS with the technical content of the RFP and will assist with reviewing proposals to ensure consistency with national best practices. Ongoing technical assistance and data collection activities will be provided by The Institute, under the direction of DHS.

FOA Goals Addressed:
- *Engagement, development, and support of resource foster families (individual and collective services);*
- *Improved retention rates and agency relationships with foster families*
- *Improved permanency stability, family and community connections, and well-being outcomes for children placed with foster families in the target group.*

Program Component: Respite Care

Sites participating in the CfE will also be expected to provide **planned, quality respite** for resource parents, and will be expected to have a pool of respite providers. A recent study of child welfare agencies around the US found considerable variability in the provision of respite care, including how it is accessed, how much is available, and how it is reimbursed. Two of the most significant challenges identified were sufficient financial resources and availability of respite care providers, despite numerous studies demonstrating the benefit of planned respite care to reduce stress and enhance stability.[25] The CfE will work with the selected sites to identify current or new foster families who live within a geographic radius that allows resource parents to establish a community of support for each other, facilitating stability and youth well-being, as

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[24]Manley, E., Schober, M., Simons, D., & Zabel, M. (2018). *Making the case for a comprehensive children's crisis continuum of care.* Available from the National Association of State Mental Health Program Directors website: https://www.nasmhpd.org/sites/default/files/TACPaper8_ChildrensCrisisContinuumofCare_508C.pdf

[25] Jedwab, M., Chatterjee, A., & Shaw, T. V. (2020). A review of foster home policies and regulations in the United States designed to support foster homes families. *Journal of Public Child Welfare, 14(2),* 209.

well as resource parent well-being and retention. The CfE will work with the sites to identify a process for ensuring availability of the respite providers and appropriate and consistent reimbursement.

FOA Goals Addressed:
- *Engagement, development, and support of resource foster families (individual and collective services);*
- *Improved retention rates and agency relationships with foster families*
- *Improved permanency stability, family and community connections, and well-being outcomes for children placed with foster families in the target group.*

Program Component: Focused Recruitment of Foster Parents

Recruitment activities will include a **statewide marketing campaign**; **data-informed recruitment strategies** utilizing the new Child Welfare Information Systems, CJAMS; and, a **centralized virtual recruitment, application, and communication hub** for current and prospective foster families. The strategies employed by the CfE will reflect current best practices regarding recruitment, preparation, and support for foster families to promote retention and quality practice. In addition to engaging families to serve as CfE foster families, by the end of the cooperative agreement, DHS will engage in recruitment efforts in the areas of the state where the highest number of removals occur. By utilizing geographic data to strengthen local recruitment strategies, children and youth who are removed from their homes are more likely able to remain in their communities of origin, encouraging school stability and other forms of normalcy when they enter out of home placement.

Research on marketing and branding in relation to foster family recruitment demonstrates that successful campaigns focus on the positive aspects of fostering over negative ones, clearly communicate the expectations of foster families, and portray foster families as professionals who work in partnership with other members of the child's support network (Casey Family Programs, 2014). CfE resource parents must be **committed to the values and expectations** of the CfE, including the **prioritization of reunification, shared parenting, and a commitment to the safety, permanency,** *and* **well-being of the children**. Resource parents will work closely with birth parents and must be able and willing to engage authentically and respectfully with birth families, recognizing them as experts on themselves and their children. Resource parents will be **trauma-responsive and practice cultural humility**.

FOA Goal Addressed: *Development of resource foster families in the neighborhoods and communities children in foster care most come from and where those children will be placed to prevent additional trauma to children.*

Developing & Sustaining the Necessary Conditions for Success

As illustrated in the CfE approach diagram, there are several related activities and conditions necessary to support successful installation and implementation of these interventions. As described above, there is an Advisory Committee, which is representative of a number of **key stakeholders**, including **families**. DHS continues to work to strengthen the Advisory Committee and will prioritize engaging y**outh and young adults** currently or formerly in foster care to contribute to the CfE. This is aligned with DHS' implementation of its Child and Family Services Review (CFSR) **Program Improvement Plan (PIP)**, which identifies the need to increase youth and young adult partnership in system design and implementation. Similarly, the CfE activities are aligned with the work of the **Quality Services Reform Initiative (QSRI)**, which is working to revise payment structures for residential interventions and right-size Maryland's system so that children are placed in congregate care settings only when it is in the clinical best interest of the child. Maryland's multi-

faceted efforts to implement the **Family First Prevention Services Act (FFPSA)** also aligns with the CfE activities, including through a focus on developing more home- and community-based services, expanding Chafee eligibility, and adhering to new Child Care Institution standards. SSA is also implementing new policy development, review, and training standards; as part of this process, numerous policies are being updated and will be aligned with the values and desired outcomes of the CfE, as well as with the PIP and FFPSA.

SSA, The Institute, and other key partners will provide ongoing support, guidance and technical assistance (TA) to sites. DHS is responsible for ensuring that local sites have completed installation and begun implementation within 90 days of beginning Phase II and for monitoring sites, including ensuring project accountability. DHS will be supported in this work through the ongoing data collection and CQI activities of the QIC and evaluation team as well as the monthly calls between DHS and the local sites.

The CfE will utilize a **Quality Improvement Collaborative (QIC)** with local sites to facilitate decision-making and learning, and ensure that proposed activities are achieved within the specified timeframes. The sites selected to participate in the CfE will be part of a QIC. QICs are a commonly used model in the field of health care to improve provider practices, disseminate evidence-based practices, and improve patient outcomes (Nadeem, Olin, Hill, Hogwood, & Horwitz, 2013). Although specific practices vary, the core concepts often include in-person learning sessions, plan-do-study-act cycles, multidisciplinary quality improvement (QI) teams, and data collection for QI (Ibid, 2013). The CfE QIC will be informed by the work and strategies of the CB-funded National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care, led by DHS' implementation partner, The Institute.

The QIC will utilize the online learning management system (LMS) managed by UMB, known as Ideas@TheInstitute, to communicate across sites and with DHS and the Steering Committee. The LMS enables users to share information and resources, attend webinars, post blogs, and connect with each other for support, guidance, and TA. The LMS provides a virtual mechanism for sites to collaborate with each other as well as with other programs and projects that support the work of the CfE. The Advisory Committee and local sites will identify other partners to be invited to utilize the LMS.

The Institute will support the local sites and DHS to collect data on individual and cross site outcomes, ensuring that local sites collect appropriate qualitative and quantitative process and outcome data to meet all evaluation expectations. Data will be shared at least quarterly and at the QIC convenings, which will occur at least twice annually. DHS will continue to track data focusing on the youth in congregate care to ensure that percentages of youth, specifically in the local sites selected for the model, are decreasing. DHS also will continue to track placement stability, foster family approval rates, and foster family retention rates. See evaluation section for more detail. The QIC will support the sites to address **disproportionality and disparities** by providing resources and technical assistance, encouraging peer-to-peer exchanges of ideas and best practices, and utilizing data to make informed decisions.

SITE SELECTION PROCESS

A full site selection process proposal will be submitted for approval by the Children's Bureau by November 30, 2020.

Presentation to Sites

The Steering Committee will present the proposed model to all local DSS Directors, along with specified criteria that would need to be met to be considered. Those who are interested in applying will be invited to a more in-depth webinar that provides greater detail about the model, the application process, and the ongoing support and technical assistance they would receive if they were selected as a site.

An overview of the plans for the CfE were previewed with local DSS Directors in August 2020 to hear initial reactions and feedback and gain buy-in from local sites. A formal webinar will be offered to sites once the model is approved by the Children's Bureau to share concrete programmatic, implementation and ongoing support information.

Application & Initial Site Readiness

Maryland's CfE will utilize an application process to determine LDSS' interest and alignment with the CfE's stated goals and objectives. Following the presentation to local DSS Directors and Associate Directors, sites will be invited to apply to the CfE through a **standardized application** that assesses readiness and capacity for implementing the model, which will then be **rated on a set rubric**. Follow-up phone interviews may be held with local departments to gain further insight into their understanding of the CfE and what support they might need to be successful.

Other considerations for the site selection will include a **review of the jurisdictions' foster care entry rates; resource foster parent recruitment and retention plans and outcomes** (submitted to DHS annually); **existing programs and initiatives aimed at family preservation, reunification, and engagement; partnerships and collaborations with systems of care supports that can expedite timely access of community services; and diversity (geographic, ethnic, socio-economic) of the jurisdiction**. DHS is committed to ensuring that the local sites selected have high percentages of children in congregate care settings; will engage and develop foster families in the neighborhoods and communities that the children come from; and, have the capacity to integrate this program with their existing policies, programs, and initiatives related to recruitment, retention, development, and support of foster families at the local and system levels. The local sites must also commit to providing sufficient staff and resources to effectively implement the interventions and participate in the QIC. The initial site readiness assessment will be updated after sites are selected.

LDSS staff will be expected to provide support and outreach to resource parents and families of origin. Responsibilities of staff will include:

- Building a practice of resource parents contacting birth parents within the first 72 hours of placement (i.e. Icebreaker meetings or phone calls)
- Developing opportunities to bring birth and resource caregivers together to practice skills.
- Providing mediation and assistance with relationship dynamics with birth families
- Providing guidance and support on contact and visitation
- Facilitating or ensuring planning transitions with both resource parents and birth families
- Assisting birth families with obtaining necessary services in support of meeting goals for reunification, including providing transportation to visits or other service

Selection

After sites are selected, a CfE Local Implementation Team will be established from the LDSS and community. Each CfE site's implementation team will include LDSS staff, local foster parents, local resource parent advisory board members, local youth, birth family and community partners. After sites are selected, representatives from the selected site's Local CfE team will join the Advisory Committee. The Local SFE team will also meet together to identify common challenges and share solutions and innovations. Sites will meet at least monthly with SSA and The Institute to review data and discuss implementation activities, successes, and challenges.

The evaluation of the CfE will include a **mixed-methods, concurrent qualitative-quantitative approach** that will evaluate three main components: 1. a rigorous local site specific evaluation; 2. a cross-site evaluation; and 3. an evaluation of the CfE. At the close of the project, we will want to report on three main changes to practice as a result of CfE: 1. Service level changes; 2. System level changes; and 3. The impact of CfE efforts on birth families, children/youth, resource families, and the workforce.

The evaluation will include a process evaluation, implementation evaluation, and outcome evaluation. Throughout each phase, the focus of CfE that includes **Recruitment, Preparation, and Support** efforts will be evaluated as well as all efforts geared towards the four populations of focus: birth families, children/youth, resource families, and the workforce.

The evaluation team is in the initial stages of developing a **continuous quality improvement (CQI) process and tracking system**. After sites have been selected, we will work collaboratively with each local implementation site to ensure these CQI processes are feasible and we will assess for site evaluation and programmatic capacity. Several variables have been identified for incorporation into a CQI tracking system. Per site, the CfE will be tracking the number of families eligible to participate, number of families recruited for the intervention, number of families who enrolled, and number of families who completed the intervention. This will be tracked for each intervention element. Through this, the CfE will be able to determine participation rates for each intervention. Interventions that families participated in will be tracked at an individual level. The CfE evaluation team has started excel documents that will be used in tracking. After the sites have been selected, data collection protocols and procedures will be established and there will be information sessions on how to complete the excel trackers.

A UMB SSW Institutional Review Board (IRB) protocol is in the process of being developed and will be formally submitted, after sites have been selected. A DHS Research Review Board application will need to be submitted after the SSW IRB protocol has been approved.

After sites are selected, there will be, at a minimum, monthly CQI calls with sites. The evaluation of the model(s) will include rapid cycle testing, and this will be incorporated into the CQI data collection and reporting process. Rapid cycle testing essentially means that the CQI findings will be disseminated rapidly and used to indicate the effectiveness of practices and will give indications about strategies about intervention implementation. The CfE team recommends a data manager be established for each LIS. This data manager will assist with the data tracking and monitor systems for each intervention and will be responsible for monthly data submissions to the CfE evaluation team.

The CfE evaluation team has developed guidelines for minimum sample size requirements. Specifically, over the course of the project, each site will need to have a minimum of 30 unique individuals complete the same intervention and answer the pretest and posttest. It is recommended that the sites overestimate how many individuals may leave the intervention (attrition) by at least 40-50%. Therefore, it is recommended that overall recruitment for each intervention should be about 45 individuals. It is also recommended that the CfE consider a quasi-experimental design and recruit for comparison groups. Comparisons groups (individuals that did not receive the treatment) will allow for a more thorough examination about the impact of the intervention(s).

The evaluation team has outlined several possible evaluation measures, including a demographic questionnaire to be given to all potential intervention participants. Additionally, the *Impact of Training & Technical Assistance (IOTTA)* tool will be used to evaluate the training components (prerequisite, KEEP/KEEP SAFE, and PTC-R). The Parenting Stress Index-Short Form will be used for the clinical interventions and community interventions, as well as two measures that have been developed by Oregon Social Learning

Center (OSLC): the Parent Report of Child Behaviors and Parenting Perceived Competency. These measures will be used to evaluate each intervention at the local site and then for cross-site purposes.

A full Evaluation Plan will be submitted to the Children's Bureau by December 31, 2020

CONCLUSION

DHS is committed to the success of the CfE. Key indicators of such success may include

1. Decrease in youth in congregate care settings for non-treatment related reasons.
2. Decrease in youth aging out of care.
3. Increase in youth exiting care to reunification.
4. Decrease in re-entries to care after reunification.
5. Increase in foster families committed to birth parent partnership and teens.
6. Decrease in foster family turn-over.
7. Decrease in placement disruptions.
8. Decrease in disparities seen across all indicators for Black and African American youth and families.
9. Decrease length of stays for youth in foster care.

The project period for the CfE may be too short to achieve the outcomes outlined. However, DHS anticipates seeing data trending in the desired direction within the sites participating, which will suggest the potential impact of this integrated approach. The formative evaluation of the CfE will produce information for the Children's Bureau, the state, and the field at-large on what works to prepare and support resource parents and how to integrate evidence-based interventions and home- and community-based services within a public child welfare system to improve permanency for children in foster care.

Appendix I.

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The Maryland Center for Excellence in Foster Family Development
Theory of Change
February, 2020

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Problem to be addressed: The number of children and youth with extended lengths of stay in foster care, those served in unnecessary congregate care settings, often age out of care without permanency or re-enter care within 12 months of exit and experience an increased loss of connection to birth families. Black and African American children and youth disproportionately experience each of these challenges.

- Of the 1,792 children in care on September 31, 2019 who had been in care for at least 2 years, 759 (423%) were at least 18 years old. Only 15 (2%) of these older youth who were in care on the first day of a 12-month period exited to permanency within 12 months of the first day. Only 53% of those who exited to permanency were Black or African American, compared to the percent of Black or African American who are in foster care (62%), and the total child population. (In FY'19, Black/African American children comprised 32.7% of the total child population.)
- In FFY2019, there were 2,171 exits total with only 46% exiting to permanency (reunification, guardianship, or adoption). Of those 46 children or youth , 57% (n= 1,006) were reunified with a parent or primary caretaker. In Federal Fiscal Year 2018, 15% of children who reunified then re-entered care within 12 months (DHS Child Welfare Trends Report). Between 2015 – 2019, an average of 18.4% of those exiting care were emancipated.
- On September 31, 2019, 4,531 children or youth were in out of home placements in Maryland. Between 2015 and 2019, the percentage of youth in a group home or institution setting has remained around 10.5%, while foster home settings (either relative or non-relative), have accounted for 71.9% of all out of home placements (DHS Child Welfare Trends Report) 62% of those in congregate care settings were Black or African American. In Federal Fiscal Year 2019, 68% of children in foster care had experienced two or more placements, 65% of whom were Black or African American.

Population of Focus: New and existing foster families who are, at minimum, not seeking to adopt, but who also have a special interest and level of commitment to collaboration with birth parents.
Specialized Focus Population: Youth with a plan of reunification or APPLA.
Specialized Focus Population: Birth parents who are open to, then commitment to, co-parent to
support reunification.
Specialized Focus Population: Youth in non-treatment focused congregate care.

Root Causes:
- *Disproportionalities throughout the child welfare system*: Throughout the United States, Black and African American children and youth experience the child welfare system and many of its deeper interventions at disproportionate rates to their representation in the total population of children in the country. Black and African American youth often experience longer stays in care, more placements and more restrictive placements, and are less likely to achieve permanency before aging out than their White counterparts. This root cause permeates throughout the other root causes.

- *Negative and stigmatizing bias against birth families*: Many in the Child Welfare workforce, including resource foster parents, struggle with a belief system that sees an inherent conflict between the safety of the child and ongoing relationships with their birth family.

- *Low rates of resource home recruitment and retention*: Generalized recruitment that does not focus on the particular needs of youth, especially older youth, in care and the increasing behavioral health needs of those in care and inadequate preparation of prospective foster parents to respond to these needs leads to high rates of foster parent turnover. Those foster families who are successful are then often overused and close their homes due to burnout and frustration with being left out of decision making processes and team meetings.

- *Disproportionality of older youth in congregate care*: A shift in the demographics and needs of children and youth entering foster care has resulted in a disproportionately older profile of youth in congregate care settings. Older youth in care, particularly those not in family-based settings due to a lack of resource families prepared to address their particular needs, often lack an adequate permanency plan that continues to look for permanent connections or placements and focuses solely on developing skills for independence.

- *Lack of system-wide collaboration*: Child welfare systems tend to operate in silos, creating barriers to accessing the needed services and supports for children and families involved in the system. System-wide collaboration is needed to meet the intense and complex needs of children and families in foster care.

Causal Links:
1. Foster families are not prepared to establish relationships with birth families due to biases in the child welfare system against birth families and their ability to build parenting capacity.
2. Training for foster parents does not provide accurate or adequate information on why children and youth enter care (myths and stereotypes related to abuse and neglect).
3. Foster parents who close their homes (for reasons other than adoption) often report that they did not receive the support they need to care for the children in their homes.
4. Placement disruptions often occur when foster parents feel they can no longer meet the needs of the child. Additional support and focused training could stabilize placements that are at-risk of disruption.
5. Shifting the mindset of the child welfare workforce, including foster families, to remove the bias against birth families will allow resource families and birth families to work together, allowing for increased reunification rates and fewer re-entries.
6. Empowering resource parents and child welfare staff with birth family engagement and trauma-responsive skills that encourage the development of healthy attachments will produce positive outcomes in the areas of resource foster parent engagement, development, and support.
7. Encouraging and supporting foster families to work collaboratively with (co-parenting and mentoring) birth families will enhance the capacity for birth parents to provide for their own needs and the needs of their children.
8. Many of the youth currently in congregate care settings can be in family-based placements with the right services and supports for both the youth and the caregivers.
9. The shortage of appropriate family-based placement settings leads to youth, particularly older youth, being placed into congregate care settings that are not least-restrictive and cause additional trauma and lead to additional behavioral concerns.

10. Foster parent training lacks concrete tools and skills for responding to the behavioral needs of youth in care, particularly older youth.
11. Permanency for children in foster care can be increased by better preparing and supporting the foster families caring for them to meet their needs.

Assumptions:
1. Services and training programs for birth parents lack concrete tools and skills for responding to trauma and behavioral needs of children.
2. The child welfare system in Maryland emphasizes reunification as the overarching goal in foster care, when safe and in the best interests of the child.
3. The child welfare workforce has the resources to provide the additional support that is needed to enhance permanency planning for older youth and co-parenting between foster families and birth families.

Indicators:
1. Decrease in youth in congregate care settings for non-treatment related reasons.
2. Decrease in youth aging out of care.
3. Increase in youth exiting care to reunification.
4. Decrease in re-entries to care after reunification.
5. Increase in foster families committed to birth parent partnership and teens.
6. Decrease in foster family turn-over.
7. Decrease in placement disruptions.
8. Decrease in disparities seen across all indicators for Black and African American youth and families.
9. Decrease length of stays for youth in foster care.

Theory of Change:
By increasing the number of available foster families who are adequately trained and prepared to serve children and youth in care, including building relationships with birth parents as appropriate, will lead to fewer children and youth in unnecessary congregate care settings and aging out of care without permanency. Preparing foster families to co-parent with and mentor birth families, through training, peer-mentors and support, more children and youth will be able to safely and stably reunify with shorter spells in care, thereby reducing the trauma impact of longer spells, more placements, and lack of permanent connections to caregivers. Peer-to-peer capacity building focused on preparing birth parents to address their own needs and those of their children will help to ensure successful and lasting reunification.

Intervention Description:
Core Model: Prepare and Support Foster Parents:
Foster families require adequate training and support in order to meet the needs of children and youth in their care, and to provide coaching and co-parenting support to birth parents. Pre-service training will provide concrete skills and tools to understand and respond to the trauma of both the children in their care and their birth parents. Ongoing training and support will be provided to ensure foster families are able to provide co-parenting and coaching opportunities to birth parents that will increase the birth parents' capacity to respond to their own needs, and those of their children. Training will allow for multiple touchpoints for engagement, transfer of knowledge, and skill practice and refinement. All training will also emphasize the expectation of foster families to be culturally responsive to the youth in their care, including youth with diverse sexual orientation, gender identity, and gender expression (SOGIE), and youth

with different racial or ethnic identities, religious beliefs, or primary languages than those of the foster family.

Focused Recruitment of Foster Parents:
While it is critical to have enough foster homes to serve the children in care, it is imperative that the families recruited are committed to co-parenting and working collaboratively with the birth parents of the children in their care. Using a data-informed recruitment approach, families will be recruited that understand and are committed to meeting the needs of the system (i.e. older youth, youth with behavioral needs, sibling groups, etc.). Recruitment will need to focus on communicating the benefits of (including awareness that relationships with birth parents can significantly reduce trauma, lead toward reunification quicker and can prevent re-entry into foster care) and expectations around co-parenting with birth parents to ensure prospective foster families understand their role and the support that will be made available to them to be successful in this role. Attention will also be paid to the zip codes from which families are recruited in order to mirror the communities where children are entering care to encourage continued connection to both their communities (i.e. school, religious, neighborhood, etc.) and family of origin.

Support Birth Parents:
Additional support will need to be provided to birth parents who are working towards reunification with their children to help build partnerships with child welfare staff and resource parents. Foster families will be providing mentoring and co-parenting opportunities with the birth parents of children in their care, however the child welfare system will need to also provide ongoing support throughout the life of a case. This will require increased communication and coordination across systems and partners to link families to the services and programs that meet their needs.

Mobile Response and Stabilization Services:
The child welfare system will need to be prepared to respond to crises and placements at risk of disruption. Mobile Response and Stabilization Services (MRSS) will be developed with skilled responders who are available 24/7 to deescalate individuals in crisis, as well as work with the caregivers (both foster and birth parents) to stabilize the placement when needed. These services will be made available immediately and will respond within one hour in the home or community where the crisis is occurring. MRSS will also be provided to each child as they arrive to a new home to assist with stabilizing a new placement.

Respite Care:
Respite care services will not only be made available, but encouraged to be used to support placement stability. Appropriate policies will be developed to ensure respite requests are received with adequate time to respond and that procedures are in place for responding to emergency requests. Ideally, a pool of caregivers are recruited to be respite providers and children and youth are able to routinely use the same respite providers for continuity of relationship and care.

Appendix II.   PRIDE Crosswalk

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Center for Excellence in Foster Parent Development

Foster PRIDE/Adopt PRIDE Curriculum Crosswalk

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Review Components	Rating Scale 0-5 (0 = not present at all; 5 = strongly covered with skills-based emphasis)	Comments (Include context around rating)
Child Maltreatment Myths & Stereotypes	2	- There is discussion in Session Three about typical issues that bring families to the court system and the role of empathy in foster care. Myths and stereotypes are not directly addressed, but there is an underlying tone of non-judgment. - Session One reviews the Role of Foster and Adoptive parents and incorporates the Making a Difference Video. This video explores why children come into care and frames as "tragedies" of poverty, homelessness, chemical dependency, physical, sexual abuse, neglect medical circumstances, HIV/AIDS, etc. - Page 141, section D explores the diversity of children joining families, and stresses that the parents in need of help also come from many walks of life. Also discusses preconceived notions about children in care and idea that there are many things foster parents may not be able to know or identify about the children in care.
Trauma-Informed	4-5	- In-person Session Three: Several competencies and objectives focused on trauma responsive care. - Understanding the Impact of Trauma and Loss on Children (1 hour 15 minutes): reactions to trauma and loss, completing a trauma and loss history chart - Section on Promoting Resilience in Children (1 hour) including essential competencies tied to trauma informed parenting. - Online cluster 3 addresses Trauma-Informed Parenting - Resource 3 – F Definitions and types of trauma; Resource 3-G Response to trauma; Resource 3-H Coping with trauma reminders; Resource 3-I and 3-J Child's trauma and loss history charts; Resource 3 – L Nine essential competencies of trauma-informed parenting.

		- The Trauma History and Loss chart anchors material to "real life" and concrete traumatic experiences and losses of the children they are caring for. Good tool. - Trauma informed parenting readiness self-assessment is included (resource 3 – O) - In-person session three: Section on Children's reactions to loss and the "Pathway Through the Grieving Process". Covers behaviors you might see along the different "stages" of the pathway (Shock/denial/protest, bargaining, anger, understanding and coping) - Need for resource parents to be aware of their own trauma experiences and reminders is infused. - Resource parents complete a Trauma Informed Readiness Self-Assessment. - Video clip, ReMoved good way to facilitate discussion on all topics covered in the module. - One of the Competencies in Trauma Informed Parenting is promoting and supporting trauma-focused assessment and treatment. - The content is trauma - informed when addressing the essential need to strengthen family connections and provide for the well-being of youth in foster care. Resource 4-K is the Trauma-Informed Parenting Readiness Assessment. -
Positive/Strengths-Based Discipline	3	- Session 3 Resource 3-D covers reasons to support agency policy on discipline. Addresses why physical, emotional punishment not acceptable or effective. - Second course in online Cluster 2 makes distinction between punishment and discipline and covers prohibition on corporal punishment. - In-person Session Three Resource 3-M: Experiences with Discipline in the PRIDE book. - Did not see evidence of actionable strategies or approaches. This content may have been more fully addresses in online clusters, but not in in-person sessions. - Resource 3-M: Experiences with Discipline, asks potential foster parents to reflect on own childhood experiences with discipline, as well as experiences with discipline as an adult of parent.
Culturally Responsive	4	- Online cluster three focuses on cultural issues (race, ethnicity, values, traditions, gender identity, sexual orientation, etc.)

		- Pages 239-245, Session Four, discuss importance of positive cultural identity with particular emphasis on racial identity. Provides strategies for promoting positive cultural identity at different ages/stages of development. - Pride Book In-person session four: Resource 4-C: The Development of Racial Identity. - In appendix to Pride Book there is a guide on hair and skin care for children of African descent. - Resource 4-D: Promoting Positive Racial Identity - Family dynamics and culture mentioned in session five, page 285
Responsive to Youth with Diverse SOGIE	**3**	- Online cluster three titled Cultural Issues in Parenting addresses sexual orientation and gender identity issues, but not in great depth. - Session Four, Resource 4-E: Promoting Positive Sexual Orientation and Gender Identity. This resource is fairly comprehensive and addresses history of LGBTQ youth in care, data on LGBTQ youth in care, social/emotional strengths and needs, vulnerabilities and risk factors, and current state and federal policies. The in-person session does not appear to cover these issues at any level of depth. The issues are addressed on a surface level.
Child Development/Brain Science	**3**	- Online Cluster 1 learning objectives: Describe impact of child abuse and neglect on child development; Identify developmental domains and stages. - Resource 2-G: Meeting Developmental Needs – Past, Present, Future (parallel process/time traveling) asks parents to reflect on how their developmental needs were met (attachment, cultural identity, school achievement, special skills, physical growth, developmental delays, etc.) - Pages 165-167 in Session Two address handling interactions depending upon the full picture of development. - Online course Cluster one: Child Development. Covers factors that impede positive growth and development such as neglect, physical/emotional/sexual abuse, developmental disabilities and traumatic experiences. - Page 202 in Facilitator's Guide introduces impact of trauma on brain development (citations are outdated). Does discuss wiring for survival, touches a bit on resiliency and potential for healing.
Protective Factors	**3**	- Online Cluster 1 learning objective: Understand risk and protective factors. - Section on Promoting Resilience in Children (1 hour): Role of Foster Parent

		- Page 211-212 in Facilitator's guide covers role of relationship, and other factors, in promoting resiliency. Also covers parenting style that supports resilience (high levels of nurture and structure). - Page 212 in Facilitator's Guide: Nine competencies in trauma-informed parenting (framed as promoting resiliency)
Well-Being	3	- Information was provided in Session Four concerning how to strengthen the family relationship to help provide for the well-being of foster youth. The curriculum shared the benefits of the foster parents working with the biological family. - Theme of enhancing well-being is thread throughout in-person sessions, but not directly addressed in a significant way. - The Parent manual, PRIDE book has an entire section devoted to promoting safety, permanence and well-being. Pages 237 – 258 specifically address well-being issues such as self-care, media, money, solving problems, friendships, communication skills, planning skills, and learning.
Self-Regulation/Crisis Intervention	1.5	- One of the identified competencies for trauma-informed parenting is to help children understand and manage overwhelming feelings and another is to help children understand and modify problem behaviors. - Online Cluster 2 course, Understanding Behavior in Foster Children covers ABC method to help children develop positive behaviors.
Attachment/Connection Skills	3	- Online course cluster two: Parent-Child Attachment - In-person Session Two, Resource 2-D, Cycle of Attachment and Trust - Mention of cycle of attachment and trust, pages 167-168 - First course in Online cluster two addresses parent-child attachment. They complete this prior to in-person session three.
Advocacy Skills (Education Services, etc.)	1	- Agency policies and resources provided, page 292
Secondary Trauma and Self-Care	3	- One of the Competencies in Trauma Informed Parenting is Take care of yourself. - Practice skills in self-care included in online Cluster 4 and In-Person session 5. - Online Cluster Four addresses "Reducing Family Stress" and Impact of fostering/stress on resource parents, page 285-286; Disruption prevention stages, 287-289.

Importance of Permanency	**3**	- Page 137, discusses concurrent planning as means to achieve permanency as soon as possible. - Session Four: Significant emphasis placed on importance of "family time"; visits and contact with birth family. Did not specifically address permanency plans. - Parent manual, PRIDE book has fairly comprehensive section on promoting permanency, pages 215-234.
Emphasis on Reunification Strategies	**2-3**	- Page 137, Session One: Importance of Reunification, Kinship Care, Family Foster Care, Adoption, and Concurrent Planning. Makes clear that reunification with birth parents is first child welfare planning goal. Makes clear that foster care should not be viewed as a long term solution. - Session four places strong emphasis on fostering family connections which can support reunification efforts.
Birth Family/Resource Family Relationship	**4-5**	- Birth parent perspective, page 172 - Module 5 of the Foster Pride Core Training Program addresses resource/birth parent relationships. - One of the essential Competencies in Trauma Informed Parenting is Respect and support positive, stable and enduring relationships in the lives of children. One aspect of this is supporting children's relationship with birth families. - PRIDE book In-Person session Three resource 3-P: A Birth Parent's Perspective - Session Four focuses on supporting and encouraging family relationships. Page 245 provides specific examples of how the team can support family relationships. - Session Four, Resource 4-F: Bridging the Gap Between Birth Families and Resource Families, provides specific examples of ways to connect when there is and is not direct contact with birth families. Emphasizes family connections and family continuity. - Resource 4-G: Goals of Family Time (Visits), addresses goal of visits from perspective of all parties (child, worker, birth family, resource parents) - Genogram introduced as tool to develop better understanding of family connections and continuity. - Life books are discussed as tool for building a sense of continuity and understanding family history.

		- Strong emphasis on the importance of resource family partnering with birth family for the well-being of the child in care. - Birth parent participation on panel is required, pages 271-272, 290-291. - Birth parent Story discussion, "They Tell Me I Need to Let Her Go.", pages 283-284
Addresses Needs of Older Youth	1	Did not see any tangible evidence of this issue being explored in in-person sessions. The parent manual, PRIDE book has a section on Special Concerns for Adolescent Safety, pages 209-212.
Addresses Needs of Youth Transitioning from Congregate Care	0	Did not see any tangible evidence of this issue being explored. It appears that this issue is more fully explored through ongoing, specialized in-service training.

General Notes:

- The PRIDE Model of practice encompasses several components designed to strengthen family foster care by providing a structured, standardized framework for recruitment, preparation, assessment, and selection of foster and adoptive parents.
- Looking at all of the components of the PRIDE Model of Practice, there is a sequencing of competencies building from preservice competencies addressed in the Foster PRIDE/Adopt PRIDE preservice training (before licensure and child joins family), to core competencies addressed in the modules of the Foster PRIDE core training program (should be developed within two years of licensure/experience), to advanced and specialized competencies. The preservice competencies focus on the essential knowledge, skills, abilities that potential parents need before a child joins their family. It is designed to provide a solid foundation. The core competencies addressed in the Foster PRIDE program are viewed as critical for ALL foster parents, regardless of the needs of the children in their homes. The advanced/specialized competencies build upon the preservice and core competencies. This is where topics such as preparing youth for independent living and de-escalating aggressive behavior are addressed.
  Note: this chart cross walks the Foster PRIDE/Adopt PRIDE preservice curriculum only.
- Preservice training is built around five core competency categories: Protecting and nurturing children; Meeting children's developmental needs and addressing their delays; Supporting relationships with birth families; Connecting children to safe, nurturing relationships intended to last a lifetime (permanency); and Working as a member of a professional team.
- Research supports the efficacy of the in-person/online program in increasing both knowledge and awareness. The completion rate for the in-person/online program surpassed the traditional program, and parents reported a high level of satisfaction with the program.
- PRIDE is based on specific competencies (knowledge and skills) that have been linked to successfully fostering or adopting a child in care.

Strengths:

- *Trauma informed parenting* is strongly infused and thread throughout, with particular emphasis in in-person Session Three.
- The importance of *birth family/resource family relationships* is emphasized and thread throughout, with particular emphasis in in-person Session Four.
- *Cultural responsiveness* is also addressed in a fairly comprehensive manner, with particular emphasis in in-person session four and online cluster three.
- Online components allow parents to learn at own pace and reduces travel costs and time away from home.
- Integration of preparation (preservice training) and the assessment process (home study) a) engages families in a mutual decision making process regarding their ability, resources, willingness to be a team member family as they move towards making a mutual decision about the readiness, willingness and suitability become a team member in caring for a child; and b) assists families with acquiring basic information and skills to care for the children who will be joining their families.
- Aligns with core values (respect, empowerment, collaboration, advocacy), principles (trauma responsive, culturally and linguistically responsive, family-centered, etc.), and practices (engage, team) of Maryland's Integrated Practice Model.

Opportunities:

- While online components increase accessibility and reduce travel time/cost, parents must take the initiative to complete the online learning components independently. Much of what is discussed in person builds on the information presented in the online learning clusters. If parents do not complete the online clusters, or come with many questions/concerns related to the content, it is not clear how the in-person sessions might be impacted.
- Content on needs of older youth, advocacy skills and needs of youth transitioning from congregate care is lacking.
- The emphasis on trauma informed parenting is a strength in that it encourages parents to reframe problematic behaviors and address them through a trauma-informed lens. However, the preservice curriculum was lacking in actionable positive discipline strategies and techniques. It is likely that ongoing in-service training more fully delves into discipline strategies and techniques.
- Safety, permanency and well-being are addressed in the PRIDE parent manual in a fairly comprehensive manner, but not in the in-person sessions. The information provided in the manual is good, but relies on the parents to review independently.

Appendix III. Center for Excellence Literature Review

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Name of Program Brief Description Research Information Sources	Target Outcomes Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – who it trains, etc Hypothesized mechanism of change	Modality: - Pre-service - In-service - Ongoing Transfer of learning - Support Group - Case Management Target audience for Modality Duration/ Intensity of Modality	Improved Birth Family/ Resource Family Relationship – Yes/ No and/or Support for Resource Parent – Yes/ No Prep and/or Support for Kinship Caregiver Support – Yes/ No Improved Reunification Planning/ Support – Yes/ No Placment Stabilization and/or Step-down Support – Yes/ No Trauma Responsive Care – Yes/ No Bio Family Training Component - Yes/No and Context	Listed on a clearinghouse? Where? What rating? Impact shown on which outcomes? (i.e. permanency, stabilization, well-being, etc.)	Who typically delivers the training? Requirements for staffing/ training	Geographic considerations– rural, urban, etc? Implemented anywhere in MD? Where?	Website Purveyor's Contact Info

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Foster Care HomeHub Model/ Mockingbird Family Model The hub home model is an approach to licensed foster care delivery wherein an experienced foster "hub home" provides activities and respite care for a group or "constellation" of foster homes. Washington Sate Institute for Public Policy	Target Outcomes Target Populations – Program intends to increase placement stability and enhance foster caregiver recruitment and retention. Children placed within Hub Home networks are typically at higher risk of disruption/moving on to congregate care. Key Program Inputs – Hub Home Families and the constellation families, Program Liason. Hypothesized mechanism of change Increased support and structure for foster parents will increase retention of foster parents and quality of care.	Modality: - In-service - Support Group Target audience: foster parents Duration/ Intensity of Modality ongoing	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – No Bio Family Training Component - No	Listed on a clearinghouse? CEBC- No rating Impact shown on which outcomes? (i.e. permanency, stabilization, well-being, etc.)	Agency hires a program liason to be point of contact for Hub Home Families. Hub Home Families licensed/trained to provide extra support.		https://www.mockingbirdsociety.org/family-model https://www.wsipp.wa.gov/ReportFile/1679/Wsipp_Evaluation-of-the-Foster-Care-Hub-Home-Model-Outcome-Evaluation_Report.pdf Fernando Clara, MSW Email: fernando@mockingbirdsociety.org Phone: (206) 407-2133 Fax: (206) 323-1003

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Treatment Foster Care Oregon (Multidimensional Treatment Foster Care) Multidimensional Treatment Foster Care (MTFC) is an alternative to group or residential treatment, incarceration, or hospitalization for adolescents who have problems with chronic antisocial behavior, emotional disturbance, and delinquency. Casey Family Programs: EFFECTIVE PRACTICES FOR ENGAGING, DEVELOPING, AND SUPPORTING FOSTER PARENTS	Target Outcomes Program intends to increase reunification and decrease delinquent behavior. Target Populations – Young offenders, Exposed to violence . Who it immediately impacts? Racial/ethnic/ cultural considerations? Intended to be an alternative to congregate care. Key Program Inputs – Behavioral parent training and support for MTFC foster parents Skills training for youth Supportive therapy for youth School-based behavioral interventions and academic support Psychiatric consultation and medication management, when needed Hypothesized mechanism of change intensive case management will ensure better outcomes for youth	Modality: -- Case Management - Ongoing Transfer of learning Target audience for Modality Duration/ Intensity of Modality : over 6-9 months FP: five 10-min phone contacts, one tw-hour group Youth: weekly individual therapy, 2-hour individual skills training bio-family: one-hour family therapy	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - Yes: Family therapy for biological parents (or other aftercare resources)	Crimesolutions.gov: Effective CEBC - 1 Impact shown on reintroduction into the community, fewer bahavioral programs, decreased deliquincy	Requires: Program Supervisor, Recruiter/Trainer/Parent Daily Report Caller, Family Therapist, Individual Therapist, and 2-3 Skills Trainers Training is obtained in Eugene, Oregon over a 5 day timeframe		https://www.crimesolutions.gov/ProgramDetails.aspx?ID=141 John Aarons TFC Consultants, Inc. johna@tfcoregon.com phone: (541) 343-2388 x204

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Quality Parenting Initiative The Quality Parenting Initiative (QPI) was developed by the Youth Law Center, and is an approach to strengthening foster care, including kinship care, by improving the branding and marketing used for recruiting foster parents. The core principle of QPI is a strong partnership between the child welfare agency and the caregiver that supports the child being reunited with their birth parents. Casey Family Programs: EFFECTIVE PRACTICES FOR ENGAGING, DEVELOPING, AND SUPPORTING FOSTER PARENTS	Target Outcomes: Professionalize foster care by clarifying goals of foster care to provide caregivers a voice. Placement stability; Reduced use of congregate care; Reduced numbers of sibling separations; Improvements in reunification. Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – who it trains, etc Hypothesized mechanism of change	Modality: - Recruitment Strategy Target audience for Modality Duration/ Intensity of Modality	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Yes Improved Reunification Planning/ Support – unknown Placment Stabilization and/or Step-down Support – unknown Trauma Responsive Care – unknown Bio Family Training Component - unknown	CEBC- No Rating	n/a	n/a	http://www.qpi4kids. org/pages/whatIsQPI.html Purveyor's Contact Info

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Extreme Recruitment works exclusively with the hardest-to-place children: ages 10-18, sibling groups, children of color, and youth with emotional, developmental, or behavioral concerns. The program uses child specific recruitment strategies supplemented by case file mining to research and locate all known and unknown relatives, making personal contact with all appropriate family members. Casey Family Programs: EFFECTIVE PRACTICES FOR ENGAGING, DEVELOPING, AND SUPPORTING FOSTER PARENTS	Target Outcomes Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – - 30 min weekly team meetings - extensive family finding - weekly action plans Hypothesized mechanism of change	Modality: - Case Management - Recruitment Target audience for Modality : Difficult to place children Duration/ Intensity of Modality 12-20 weeks	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – No Prep and/or Support for Kinship Caregiver Support – Yes Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – No Bio Family Training Component - No	CEBC: No rating	Program requires Recruiters, Investigators, and Supervisors. Trainings can becompleted in one day.	na/a	www.foster-adopt.org/carleen-goddard-mazur-training-institute/extreme-recruitment Purveyor's Contact Info

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Parent Partners designed to provide better outcomes around re-abuse and reunification. The Iowa Parent Partner Approach celebrates parents who have been in the child welfare system and achieved reunification or resolved issues around termination of parental rights as individuals that have overcome obstacles through change, recovery, and accountability. This approach utilizes their skills, once they are trained as Parent Partners, to mentor families whose children are in foster or kinship care as they navigate through the Department of Human Services (DHS) system. Research Information Sources	Target Outcomes - prevent recidivism, increase reunification Target Populations – bio families Key Program Inputs – - Parent mentors w/ DSS experience - Teaming Hypothesized mechanism of change Mentorship from a peer with experience in reunification will increase mentee's reunification rates	Modality: - In-service - Ongoing Transfer of learning - Support Group - Case Management Target audience for Modality Duration/ Intensity of Modality 12- 20 weeks of one on one, face to face contact for 1-2 hours per week.	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – No Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - Yes: one on one mentoring	CEBC: Insufficient Evidence Report from CYSR https://digitalcommons.unl.edu/cgi/viewcontent.cgi?article=1020&context=ccflfacpub Impact shown on reunification, return to care in 12 months	Parent mentors receive 21 hours of training over 3 days.	Geographic considerations– rural Never been used in MD	dhs.iowa.gov/parent-partners Sara Persons, Statewide Parent Partner Coordinator (Iowa) Children & Families of Iowa sarap@cfiowa.org phone: (641) 682-3642

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
CORE Teen Curriculum The CORE (Critical Ongoing Resource family Education) project will develop a state-of-the-art training program, equipping resource parents with skills necessary to meet the needs of older youth who have moderate to serious emotional and behavior health challenges. This training program will guide families through a self-assessment process; provide classroom instruction to build their understanding of trauma; and support skill development through the creation of real-time training tools. Spaulding Institute for Children	Target Outcomes Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – - foster parent self assessment - trauma informed approach to working with teens Hypothesized mechanism of change Adequate training will increase resource parents' ability to meet behavioral needs of older youth with challenges	Modality: - In-service - Ongoing Transfer of learning Target audience for Modality Duration/ Intensity of Modality self assessment, 7 classroom sessions (2.5 hours), 8 individual trainings	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	No current studies. Released in December 2019. Studies used to develop training available through Spaulding.	No training needed. Program available for free online.		https://spaulding.org/professionals/spaulding-institute/core-teen-curriculum/ Sue Cohick CORE Project Director Email: scohick@spaulding.org

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Better Together: **Building Blocks to Successful Partnerships Training** This training is designed to help foster parents, birth parents and staff to help build equal and mutually respectful partnerships among each other. It is a two-day experiential workshop that fosters equal, mutually respectful partnerships among staff, foster parents and birth parents.	Target Outcomes Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – = 1) The benefits of partnering with constituents. (2) Key aspects of meaningful partnerships (3) The value of interacting with other participants to learn from each other and understand others' perspectives (4) Exploring culture as it relates to foster care and meaningful partnerships; and (5) The importance of developing a vision of effective partnerships by discussing the skills needed and identifying the barriers and bridges to partnerships. Hypothesized mechanism of change : increasing communication between resource parents and birth families will provide better outcomes for youth.	Modality: - In-service Target audience for Modality birth families and resource parents Duration/ Intensity of Modality 2 day workshop	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - Yes: training with foster family and staff	Listed on a clearinghouse? No No research available.	Workshop facilitated by Children's Trust Fund Alliance Staff.		https://ctfalliance.org /partnering-with-parents/training-and-technical-assistance/ Meryl Levine, Senior Associate, National Alliance of Children's Trust and Prevention Funds 818-523-9410 Meryl.levine@ gmail.com

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Comfort Calls Foster parents call bio family in early stages of placement to establish relationship and relieve stress. Research Information Sources	Target Outcomes: improve bio-family/foster family remationship, encourage teaming Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – - call within 48 hours Hypothesized mechanism of change	Modality: - specific communication intervention Target audience for Modality Duration/ Intensity of Modality one time	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – Yes-minimal Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – No Trauma Responsive Care – No Bio Family Training Component - No				https://cdn.ymaws.com/www.aspiremn.org/resource/resmgr/a_guide_to_comfort_calls_qpi.pdf Philadelphia Phyllis Stevens Foster Parent 215-460-2106 pstevens@qpiylc.org

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Parent Mentoring Program (PMP) The Parent Mentoring Program (PMP) began with a cadre of five skillful, empathic, experienced foster parent mentors and a handful of DCFS social workers willing to partner with them. Barriers to reunification among participating families were identified and mentors and parents began working together to address the issues Partners for Our Children (WA)	Target Outcomes Target Populations – who it intends to impact? Who it immediately impacts? Racial/ethnic/ cultural considerations? Level-of-care considerations? Key Program Inputs – - experienced foster parent mentors - birth family relationships - communication with agency staff Hypothesized mechanism of change increasing communication between resource parents and birth families will provide better outcomes for youth.	Modality: - mentorship Target audience for Modality Duration/ Intensity of Modality : 5 hours a week for 5 months	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Potentially Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	No research available	Department workers train and advise foster parents in mentoring.		https://partnersforourchildren.org/sites/default/files/2010._parent_engagement_mentoring_models_in_wa.pdf Ross Brown, CFWS Unit Supervisor and Parent Mentoring Program Supervisor (360)993-7893 rosb300@dshs.wa.gov

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Together Facing the Challenge TFTC is a training/consultation approach to improving practice in treatment foster care (TFC). The intervention was built from a naturalistic study of "usual care" TFC to determine what practice components were related to improved outcomes for youth. It also incorporates elements from existing evidence-based treatments to fill identified gaps in usual care practice. The resulting model includes training/consultation for TFC supervisors as well as training for treatment foster parents. TFTC is designed as a train-the-trainer approach, so that TFC administrative/supervisory personnel can learn the model and train treatment foster parents. CEBC	Target Outcomes Build therapeutic relationships Perform and teach cooperation skills Implement effective parenting techniques (communicate effectively, set expectations, reinforce positive behavior, avoid power struggles, etc.) Prepare youth for their future by teaching independence skills Create a positive home environment through family fun time, taking care of self, family meetings, etc. improve outcomes for foster youth Target Populations – treatment foster parents and agency staff Key Program Inputs – training for staff and FPs, trauma informed care &proactive discipline Hypothesized mechanism of change	Modality: - In-service - Ongoing Transfer of learning Target audience for Modality treatment foster parents and staff Duration/ Intensity of Modality 7 sessions, 2 hours every other week	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No, but adaptiation possible Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	CEBC - 2 Impact shown on which outcomes: improved symptoms, beaviors, and strengths of children	Who typically delivers the training? Agency staff are trained by at 3 day intensive event. Staff provides FP training Requirements for staffing/ training Supervisors should have Master's degree of Bachelors +2 yrs experience.		sites.duke.edu/tftc Maureen Murray, LCSW Agency/Affiliation: Duke University Medical Center Department: Services Effectiveness Research Email: murra024@mc.duke.edu Phone: (919) 687-4686 x302 Fax: (919) 687-4737

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Generation PMTO: Formerly known as Parent Management Training - the Oregon Model (PMTO®). Parenting Through Change (PTC; GenerationPMTO Group) is a group parenting intervention that addresses child and adolescent behavior problems, including oppositional defiant and conduct problems and associated challenges such as ADHD symptoms, delinquency, substance use, depression, academic problems, and deviant peer association.Weekly parent group sessions introduce a set of core parenting practices (e.g., skill encouragement, limit setting, monitoring, problem solving, positive involvement) and supporting practices (e.g., active communication, emotion regulation, academic promotion). Group facilitators use active teaching skills (e.g., role play, problem solving, and relevant experiential activities) to introduce and practice skills. CEBC	Target Outcomes Target Populations – Parents of children 2-18 at risk for or presenting with behavior programs Key Program Inputs – who it trains, etc weekly parenting group sessions Hypothesized mechanism of change	Modality: Parent Training Target audience for Modality : has been used on birth families and foster families Duration/ Intensity of Modality 1.5 to 2hour sessions over 10,12, or 14 weeks	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Yes Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - unknown	CEBC- 1- Well Supported by Research Evidence Impact shown on which outcomes: Reduction in externalizing behaviors decreased maternal depression improved parenting practices decreased dlinquincy	Trainers are agency staff, no educaation requirements are listed. Training for PMTO trainers is done onsite, virtually. Practice of all sessions is video recorded and submitted to coaches for feedback and fidelity measurements. Typically takes 10 workshop days.		www.generationpmto.org Anna Snider, Business Manager, Implementation Sciences International, Inc. (ISII) annas@generationpmto.org phone: (541) 485-2711

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Neighbor to Family Sibling Foster Care Model The Neighbor To Family Sibling Foster Care Model was developed by Gordon Johnson as the Neighbor To Neighbor model while he was President & CEO of The Jane Addams Hull House Association. The unique child-centered, family-focused foster care model is designed to keep sibling groups, including large sibling groups, together in stable foster care placements while working intensively on reunification or permanency plans that keep the siblings together. cal services on a weekly basis. BEBC	Target Outcomes Target Populations – Sibling groups in state care Key Program Inputs – who it trains, etc in- house clinical services to parents & children trained professional foster parents Hypothesized mechanism of change keep siblings in placements and providing in-house clinical services to reunite families of provide permanency in 12 months	Modality: - Pre-service - In-service - Case Management Duration/ Intensity of Modality weekly foster home visits for at least one hour over 12 months	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - Yes , in house services and education for bio families	CEBC - 3- Promising Research Evidence Impact on Stability, siblings placed together, moves to more restrictive care	Case Managers: At least a Bachelor's degree in social work or human service related field, Master's degree in human service related field preferred Case Manager Supervisors: Master's degree in human service related field Therapists: Master's level degree with licensure or license-eligible Clinical Supervisor: Master's level degree with licensure or license-eligible	Geographic considerations–implimented in Chicago (urban setting)	www.neighbortofamily.org Jamie Atkins jakins@ntf.org

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Teaching-Family Model TFM has been applied in residential group homes, home-based services, foster care and treatment foster care, schools, and psychiatric institutions. The model uses a married couple or other "teaching parents" to offer a family-like environment in the residence. The teaching parents help with learning living skills and positive interpersonal interaction skills. They are also involved with children's parents, teachers, and other support network to help maintain progress. Research Information Sources	Target Outcomes Target Populations – Youth who are at-risk, juvenile delinquents, in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed; families at risk of having children removed Key Program Inputs – who it trains, etc defined goals, integrated support systems Hypothesized mechanism of change Providing a trauma-informed, intensive treatment, family setting for children at risk will improve outcomes.	Modality: - Caregiver program - Case Management Target audience for Modality Duration/ Intensity of Modality 10-15 sessions per week over 9 months or 24/7 implementation in residence	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – No Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	CEBC - 3 - Promising Research Evidence Impact shown on overall adjustment, family adjustment, relationship with parents, number of offenses, social competence, and number of problems at home	Program is highly adaptable with support in development from TFM staff over 6-24 months		Michele Boguslofski Title: Executive Director Agency/Affiliation: Teaching-Family Association Website: www.teaching-family.org Email: michele@teaching-family.org Phone: (804) 639-9213 Fax: (804) 639-9212

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Resource Parent Curriculum The Resource Parent Curriculum (RPC) (officially titled Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents) is an eight-module workshop designed to educate resource parents on the effects of trauma on the children in their care. The workshop is led by a professional facilitator and a co-facilitator with lived experience as a resource parent. The RPC features activities in each module where caregivers apply the concepts learned to a child currently placed in their home. Each module also includes interactive group activities and discussions to promote shared learning. CEBC, NCTSN.org	Target Outcomes Target Populations – Foster, adoptive, and kinship caregivers of children 0-21 Key Program Inputs – agency led training of resource parents Hypothesized mechanism of change : providing trauma informed education to increase parenting ability	Modality: - In-service Target audience for Modality - resource parent Duration/ Intensity of Modality 12-16 hours of training, prefereably over multiple weeks	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Yes Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – No Trauma Responsive Care – Yes Bio Family Training Component - No	CEBC- No Rating 2 Studies listed with outcomes in parent efficacy and knowledge in trauma informed parenting. Increased ability to identify and manage PTSS	Staff facilitator withmin of Masters degree. Co-trainers must have lived experience as a resource parent. Training for facilitators is available.	Geographic considerations–has been tested in North Carolina and the Netherlands	Cathryn Chiesa Agency/Affiliation: National Center for Child Traumatic Stress Website: www.nctsn.org/resources/resource-parent-curriculum-rpc-online Email: info@nctsn.org Phone: (919) 682-1552

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Partnering for Success Partnering for Success, represents a multi-dimensional approach to change the way child welfare and mental health services respond to and meet the mental health needs of child welfare involved children and youth. Partnering for Success emphasizes adult learning principles, cross-systems collaboration, engagement of children, youth and families, data-driven Continuous Quality Improvement (CQI) and evaluation, and organizational, leadership and workforce enhancements utilizing an implementation science framework. Research Information Sources							

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Trauma Integrative Treatment Foster Care TI-TFC is a component-based treatment framework that through specialized training for the treatment parent and social worker addresses complex trauma, development disabilities, and medically fragile conditions of children who are placed in foster care and the children's families. In TI-TFC, the foster parent is referred to as the treatment parent. The primary focus of change in TI-TFC is the treatment parent's relationship with the child and the child's birth family. Key components are the recruitment, training, supervision, and support of treatment parents in developing and maintaining these relationships. Research Information Sources							

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
KEEP/KEEP SAFE The objective of KEEP is to give parents effective tools for dealing with their child's externalizing problems, trauma, and other behavioral and emotional problems and to support them in the implementation of those tools. Curriculum topics include framing the foster/kin parents' role as that of key agents of change with opportunities to alter the life course trajectories of the children placed with them. Foster/kin parents are taught methods for creating a safe environment, encouraging child cooperation, using behavioral contingencies, strategies for self-regulation, effective limit setting, and balancing encouragement and limits. There are also sessions on dealing with difficult problem behaviors including covert behaviors, promoting school success, encouraging positive peer relationships, and strategies for managing stress brought on by providing foster care. There is an emphasis on active learning methods; illustrations of primary concepts are presented via role-plays and videotapes. CEBC	The goals of KEEP (Keeping Foster and Kin Parents Supported and Trained) are: Decrease placement disruptions from foster care Increase reinforcement from foster parent to the child Decrease the child's emotional and behavioral problems Decrease foster/kin parent stress Target Population: Caregivers of children 4 to 12 years of age in foster or kinship care placements; KEEP SAFE: Caregivers of children 10-18 KEEP directly provides services to parents/caregivers and addresses the following: child externalizing and internalizing problems, trauma, mental health problems, and problems in school and with peer group	In-service training Ongoing transfer of learning Support Group Target Audience: Foster/kinship parents 16 Weeks	Improved Birth Family/ Resource Family Relationship – Yes Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Yes/ Improved Reunification Planning/ Support – Yes Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	CEBC - rated high Kinship Caregiver Support Placement Stabilization Resource Parent Program Behavioral Management Programs for Adolescents in Child Welfare	Trained co-facilitators	Was implemented in Maryland as a pilot but with change in staffing, did not remain in place. KEEP/KEEP SAFE has been implemented in: Oregon California New York City Tennessee Denmark United Kingdom	https://www.keepfostering.org/ Patti Chamberlain keep@oslc.org

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Pressley Ridge Treatment Foster Care Program (PR-TFC) A program designed to provide intensive, effective, and short-term treatment to youth with emotional and behavior problems in a home environment with the foster parent as the primary agent of change. The model uses treatment foster parents who are given advanced clinical and technical training and support in order to best serve the youth placed in their home. Within the family setting, the treatment approach used by the program is behavioral, based upon measurable treatment goals which are monitored frequently. Treatment is guided by a treatment plan implemented by the treatment parents and consists of a set of specific goals which are tailored to each individual youth's needs and problems. Three basic tenets underlie the PR-TFC model: 1) youth's troubled behavior can change, 2) foster parents can learn to change youth's behavior, and 3) treatment is teaching skills for effective living. CEBC	Target Population- treatment level foster/kin parents Target Outcomes: Permanency, independent living skills for youth	In-service training Target Audience: Foster/kinship parents 12, 2½ to 3-hour training units	Improved Birth Family/ Resource Family Relationship – No Prep and/or Support for Resource Parent – Yes Prep and/or Support for Kinship Caregiver Support – Yes Improved Reunification Planning/ Support – No Placment Stabilization and/or Step-down Support – Yes Trauma Responsive Care – Yes Bio Family Training Component - No	CEBC - Not able to be rated Placement stabilization Well-being	Trained trainers	Pressley Ridge is a treatment foster care provider in Maryland	www.pressleyridge.org Email: astrickler@pressleyridge.org
Prepared by The Institute for Innovation & Implementation, University of Maryland School of Social Work							
Winter 2020	Prepared for the Maryland Department of Human Services						
Search Methodology:							

Program Name and Brief Description	Program Design/ Description	Implementation or Training Modalities, Audience, Duration/Intensity	Core Component/ Focus/ Mechism of Change	Evidence Rating	Implementation Requirements/ System Considerations?	Where has model been implemented?	Purveyor Contact Information
Sources:	Pew Results First Clearinghouse Database: https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database Washington State Institute for Public Policy: https://www.wsipp.wa.gov/Publications Casey Family Programs: https://calswec.berkeley.edu/sites/default/files/effective_practices_in_foster_parent_recruitment_and_retention.pdf Child Welfare Information Gateway: https://www.childwelfare.gov/topics/permanency/reunification/parents/reunification/ Birth and Foster Parent Partnership: https://ctfalliance.sharefile.com/share/view/s10ac9cc7812448bb						

Appendix IV.   Child Welfare Academy Training Proposal

<p align="center">Center for Excellence in Foster Family Development</p>

<p align="center">Training Proposal: Supporting and Strengthening Relationships with Birth Families</p>

<u>Background and Rationale for Proposed Training</u>

This is a proposal to develop supplemental training for potential and currently certified resource parents in the Center for Excellence in Foster Family Development sites. It proposes additional required training be provided to potential and currently certified resource parents in order to afford them the opportunity to enhance knowledge, skills and self-awareness related to building birth family relationships, co-parenting with birth parents, and supporting reunification efforts. These training goals support the Center for Excellence in Foster Family Development's goals while augmenting and complimenting Maryland's currently required pre-service training, other CFE model training and coaching for resource and birth parents and reinforce Maryland's Integrated Practice Model, particularly its emphasis on authentic partnership, engagement and teaming.

Development of this proposed curriculum began with a thorough review of the current pre-service training in Maryland. All Maryland resource parents are required to have successfully complete Foster PRIDE/Adopt PRIDE[26], which is designed to provide potential new resource parents with a solid foundation of essential knowledge, skills and abilities before a child joins their family. One of the five core competency categories addressed in the Foster PRIDE/Adopt PRIDE training is *supporting relationships with birth families,* with a primary focus on ensuring that the connection between birth families and children in care is encouraged, preserved and strengthened. The PRIDE curriculum emphasizes that maintaining family connections and continuity promotes resilience and positive emotional development in children who have experienced trauma, and is a key factor affecting permanency outcomes for children in foster care.   In particular, Session Four, *Strengthening Family Relationships*, highlights the importance of the team working together to support relationships between children and their birth families as one means of advancing desired child welfare outcomes.

It was determined that the value of maintaining birth family relationships for the benefit of the child in care is underscored and loosely threaded throughout PRIDE training, however a more in-depth exploration of these critical topics would serve to further bridge the gap between birth and resource families and support the CFE goals. Therefore, it is being proposed that all resource parents in the CFE sites complete additional training. These supplemental hours will serve to augment the learning gleaned through Foster PRIDE/Adopt PRIDE.

This training will additionally compliment the training and coaching provided through other CFE core model components, KEEP Standard or KEEP SAFE. This is an evidence-based support and skill enhancement program for foster and kinship parents of children ages 4-12 (KEEP Standard) and teens (KEEP SAFE). Resource parents in CFE sites will be offered the option of enrolling in KEEP and KEEP Safe after completing the additional

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[26] Experienced resource parents would have completed a prior version.

training described in this proposal. KEEP and KEEP SAFE programs support foster families by promoting child well-being and preventing placement breakdowns. Additionally, it was developed with recognition that birth parents in the Center or Excellence sites will be offered the option to participate in a version of GenerationPMTO (Parent Management Training - Oregon), called Parenting through Change-Reunification. GenerationPMTO is an evidence-based structured intervention that empowers parents as primary treatment agents to promote and sustain positive change in their families by emphasizing, identifying, and building upon strengths already present in parents, children, and their environment. It compliments KEEP and KEEP SAFE, by helping birth parents learn to manage the behavior of their children.

The format of the training series will be four synchronous online training modules for a minimum of 10 hours of additional training. (See specific module duration in Table below.) Offering the training live online will maximize resources and increase accessibility and reach, while at the same time allowing for meaningful interaction and engagement with an instructor and peers in "real-time".

The proposed training modules draw from content in trainings developed by training professionals within the University of Maryland, School of Social Work and external training professionals with relevant knowledge and expertise. These trainings are designed to be delivered by training professionals, including former resource parents. Content developed by trainers external to CWA is their intellectual property and they will be appropriately cited and retain the right to utilize that material outside of University of Maryland, School of Social work unless an alternative agreement is in place (e.g., Adoptions Together). Proposed next steps are for the CWA to collaborate with the developers of the modules from which the proposed modules are based to ensure that the training is cohesive and aligns with Center for Excellence goals and compliments.

Proposed Training: Supporting and Strengthening Relationships with Birth Families

Module Name	Potential Content (noting existing training curricula that could serve as a source)	Estimated Duration	Learning Objectives
Parent Partnership: Key to Supporting Successful Reunification and Promoting Child Well-being	• Safe reunification being in child's best interest (Realities of Reunification) • Understanding high level overview of legal process. (Realities of Reunification) • Partnership/Teaming with parents, caseworker, child, resource parent (Making the Most of Visits) • Benefits of connection for child, birth parents, and resource parents (Adoptions Together) • Tips for successful reunification from all perspectives (Strategies for Helping Children Cope During Reunification)	➢ 1 - 1.5 hours	Participants will: ➢ Discuss the legal history and process for permanency planning (Realities of Reunification). ➢ Identify the critical role of resource parents in supporting the reunification process. ➢ Articulate short and long-term benefits to children of maintaining birth family connections and supporting

			reunification when possible.
Building Birth Parent Partnership	• Tools for generating compassion and respect for birth families and addressing biases (Realities of Reunification) • Understanding birth parent behaviors, and trauma histories (Working Towards Openness) • Discussion of comfort zone (Adoptions Together) • Fantasies/Assumptions about birth families (Adoptions Together) • Involving birth parents in parenting (Strategies for Helping Children Cope During Reunification) • Realistic challenges (Working Towards Openness in the Birth Parent Relationship) • Tips for communication (Realities of Reunification)	➢ 6-8 hours	Participants will: ➢ Develop greater empathy and understanding for what birth parents may be feeling and experiencing. (Working Towards Openness) ➢ Learn strategies for communicating and building a positive connection with birth parents. (Working Towards Openness) ➢ Be able to identify concrete strategies to help a child transition back to their biological family. (Working Towards Openness) ➢ Learn effective strategies for communicating with birth parents, supporting visitation, and moving the family towards reunification when feasible. (Making the Most of Visitation) ➢ Learn techniques for managing challenges related to the birth parent relationship. (Working Towards Openness)
Making the Most of Visitation	➢ Understanding the importance of visits between children and birth families (Making the Most of Visitation) • Understanding purpose of Icebreaker meeting/ tool – advocacy for this step (Making the Most of Visitation) • Helping Children process visits (Working Towards Openness in the Birth Parent Relationship) • Revisit Partnership/Teaming with parents, caseworker, child, resource parent (Making the Most of Visits)	➢ 1- 1.5 hours	Participants will: ➢ Discuss purpose of visitation and positive outcomes noted in a large body of research (Making the Most of Visitation) ➢ Explain the different but interconnected roles of the worker, resource parent and birth parent in the visitation process. (Making the Most of Visitation)

Supporting Youth in Reunification	• Disrupted attachment, inherent challenges of child welfare involvement (Realities of Reunification) • Understanding trauma before during and after reunification (Strategies for Helping Children Cope During Reunification)	➢ 1 - 1.5 hours	Participants will: ➢ Discuss the emotional and psychological impact of pre and post reunification for children. (Strategies for Helping Children Cope During Reunification) ➢ Employ key intervention strategies to help children build coping skills for transition or closure. (Strategies for Helping Children Cope During Reunification)

Self-Care Through Reunification Process	• Role confusion (Adoptions Together) • Realistic expectations (Adoptions Together) • Personal triggers and self-care (Adoptions Together) • Tools/strategies to manage the conflictual feelings related to reunification. (Realities of Reunification) • Post-reunification stress (Strategies for Helping Children Cope During Reunification) • Processing grief as resource parent (Strategies for Helping Children Cope During Reunification)	➤ 1 - 1.5 hours	Participants will ➤ Develop greater self-awareness about personal triggers and learn techniques for staying calm and neutral. (Working Towards Openness) ➤ Understand the importance of self-care and seeking support.(Working Towards Openness) ➤ Discuss the emotional and psychological impact of pre and post reunification for foster parents. (Strategies for Helping Children Cope)

GenerationPMTO

GenerationPMTO is an evidence-based intervention that helps parents strengthen families at all levels (children, youth, parents, and couples). Based on more than 50 years of research, GenerationPMTO promotes parenting and social skills and prevents, reduces and reverses the development of moderate to severe conduct problems in children and youth.

PMTO Core Components	PMTO Supporting Skills
Encouraging Positive Behavior	Effective Communication
Family Problem Solving	Emotion Regulation
Positive Involvement	Clear Directions
Limit Setting	School Success
Monitoring	Mindfulness

PROGRAM OUTCOMES

GenerationPMTO alters family dynamics and opens doors to healthy social environments. The results are long lasting with far-reaching family effects. The core GenerationPMTO components are universal.

CHILD & YOUTH OUTCOMES

Decrease:
- Depression
- Substance Use
- Noncompliance
- Delinquent Behaviors
- Internalizing Behaviors
- Out-of-Home Placement
- Deviant Peer Association
- Arrest Rates/Severity of Crime

Increase:
- Academic Performance
- Social Skills

PARENT OUTCOMES

Decrease:
- Poverty
- Depression
- Arrest Rates
- Coercive Parenting

Increase:
- Positive Parenting
- Standard of Living
- Marital Satisfaction
- Marital Adjustment

GenerationPMTO is listed as an evidence-based intervention with top scientific ratings:

- Blueprints for Healthy Youth Development
- California Evidence-Based Clearinghouse (CEBC)
- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP).

GenerationPMTO
Steps to successful parenting

GenerationPMTO
10 Shelton McMurphey Blvd.
Eugene, OR 97401 USA   **www.generationpmto.org**

GenerationPMTO Group

GenerationPMTO programs help families around the world in wide-scale applications in the United States and several other countries.

Tailored for diverse populations, GenerationPMTO has flexibility: Preventive or clinical intervention, delivery format, age 2-17, family circumstances, intervention length, service provider, and billing options.

INDIVIDUAL FAMILY

Populations:
Mild, moderate or severe
Parents of children at home or in care
Delivery Modalities:
Home based
Office or Clinic
Tele-delivery

PARENT GROUPS

Populations:
At risk families
Immigrant families
Mixed family structures
Families in homeless shelters
Families in supportive housing
Birth parents of children/youth in care

Session content includes core components and supporting skills in both individual and group formats. Below is an example of program topics covered in the Parenting Through Change (PTC) group format:

PTC Program Topics

- Introduction: Focus on Strengths & Goals
- Encouraging Cooperation with Clear Directions
- Encouraging Positive Behavior
- Recognizing Emotions
- Regulating Emotions
- Setting Limits & Discipline
- Balancing Encouragement & Discipline
- Communicating with Children
- Problem Solving & Family Meetings
- Negotiating Compromise
- Monitoring Children's Activities
- Promoting School Success
- Building Skills
- Balancing Love, Work & Play

GenerationPMTO
Steps to successful parenting

GenerationPMTO
10 Shelton McMurphey Blvd.
Eugene, OR 97401 USA   **www.generationpmto.org**

GenerationPMTO

Parenting through Change Program –Reunification

When life transitions and hardships happen, families need support. Parenting Through Change-Reunification (PTC-R) empowers parents to serve as change agents for their families by strengthening existing skills and teaching new skills. Through collaboration PTC-R is tailored to fit the local child welfare context while maintaining fidelity to the Evidence-Based Intervention. PTC-R training focuses on enhancing the worker – parent relationship to increase parent engagement and retention in the intervention.

What is PTC-R?

- A hands-on group for parents and other caregivers who have children in foster care and are seeking reunification.

- The goal of PTC-R is to build parenting skills, provide hope, and to support stable reunification.

- PTC-R is an evidence-based program based on years of research and development of proven skills that help families and children during challenging transitions.

Where is PTC-R now?

PTC-R sites include agencies in 5 boroughs of New York City, Kansas and Michigan.

What do parents have to say?

"I have learned that I'm not a bad parent and that it's okay to set boundaries with my children."
"Learning PTC-R has helped my husband and I come together as a team and support each other."
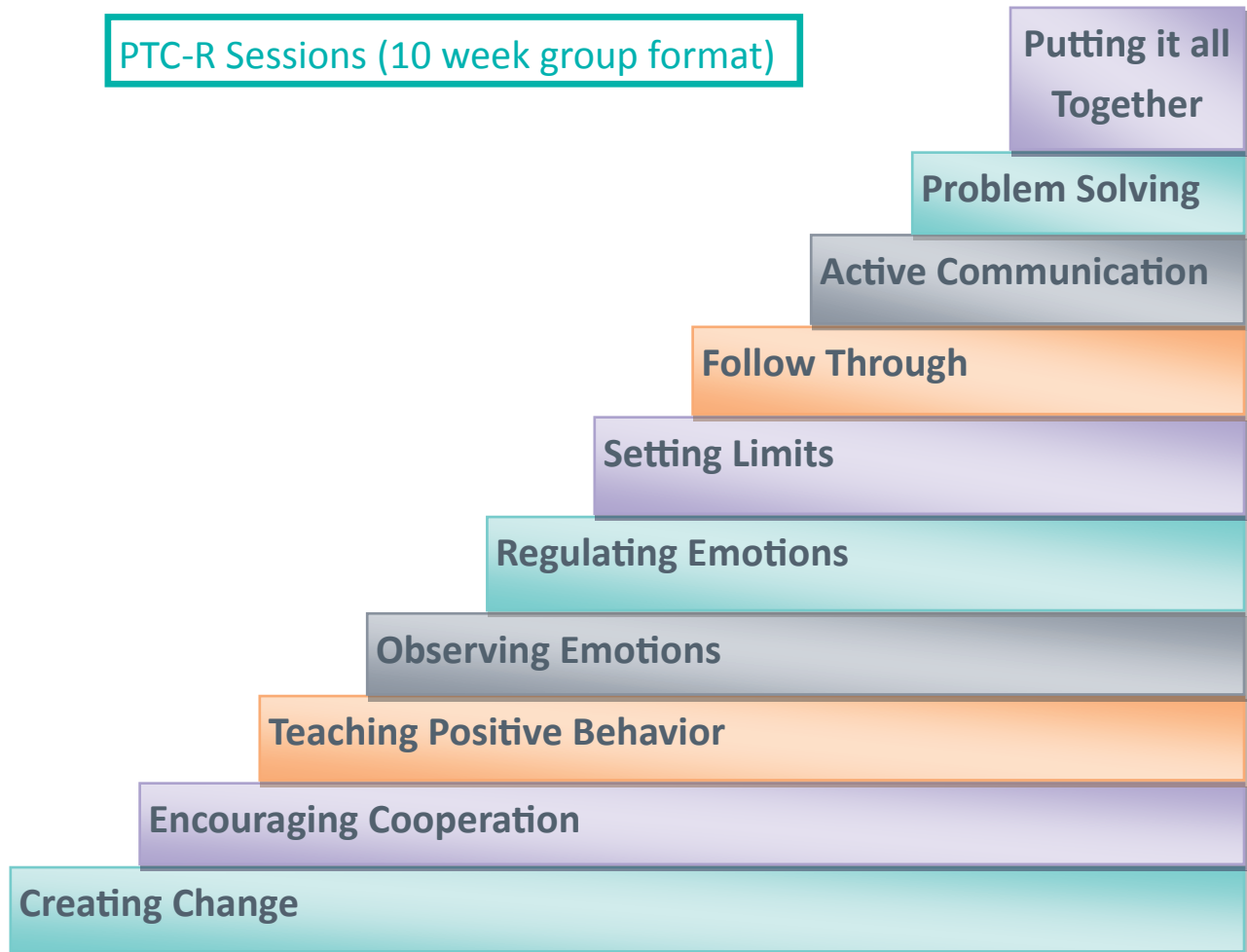"They broke it down and made it easy for me to use these skills with my daughter."

How does PTC-R Rate?

PTC-R is recognized by the California Evidence Based Clearinghouse (CEBC) as highly relevant for Child Welfare Systems and has earned a top tier rating of 1 indicating that the intervention is Well-Supported by Research Evidence.

CEBC

GenerationPMTO
Steps to successful parenting

GenerationPMTO
10 Shelton McMurphey Blvd.
Eugene, OR 97401 USA   www.generationpmto.org
Maryland's Center for Excellence in Foster Family Development: Comprehensive Model Proposal   60

GenerationPMTO

PTC-R Steps to Successful Parenting

PTC-R Sessions (10 week group format)

Putting it all Together

Problem Solving

Active Communication

Follow Through

Setting Limits

Regulating Emotions

Observing Emotions

Teaching Positive Behavior

Encouraging Cooperation

Creating Change

Is PTC-R sustainable?

Over the years of implementations, we have learned something called "the power of 3". Research shows that when at least 3 therapists from an agency or group work together to learn an evidence-based program, retention rates, treatment fidelity, treatment efficacy, and program sustainability improves.

Implementation Guidebook

KEEP
Supporting Foster & Kinship Families

ODI
OSLC DEVELOPMENTS, Inc.

10 Shelton McMurphey Blvd.
Eugene, OR 97401

www.keepfostering.org
www.oslcdevelopments.org

2019

Welcome to KEEP!

KEEP is an evidence-based support and skill enhancement program for foster and kinship parents of children ages 4-12 (KEEP Standard) and teens (KEEP SAFE). The program supports foster families by promoting child well-being and preventing placement breakdowns.

KEEP groups typically include seven to 12 foster or kinship parents who attend 16 weekly 90-minute sessions that focus on practical, evidence-based parenting techniques. KEEP groups are led by two KEEP Group Leaders (KGLs) who are trained and supervised to skillfully implement the program, staying true to the validated model. KEEP doesn't use a "one size fits all" curriculum. While the KGLs draw from an established protocol, they tailor each session to the specific needs, circumstances, and priorities of participating parents and their children. KEEP provides foster parents with a friendly, supportive atmosphere in which to share experiences and try new techniques.

Just as our curriculum is not "one size fits all," our implementation process is also designed to be flexible and responsive. We look forward to discussing ways to tailor the KEEP implementation to better fit the size, timeline, budget, and cultural context of your site – we're excited to help bring KEEP to your community!

> —*The ODI KEEP Team*
> Oregon Social Learning Center Developments, Inc.
> 10 Shelton McMurphey Blvd
> Eugene, OR 97401
> 541-485-2711 ext. 1117

How to use the KEEP Implementation Guidebook

This guidebook is designed to provide an overview of the KEEP implementation process. The first part of the guidebook provides a sample timeline from pre-implementation through sustainability and a comprehensive look at the KEEP Readiness Checklist. The second part is a collection of resources with more information about key terms and processes. This book will give us a common reference point throughout implementation, but your timeline and the details of your implementation will be unique to you.

Table of Contents

Exploration and Feasibility

During the exploration stage, the ODI KEEP team is available to discuss how KEEP might work at your site. This conversation takes place via email and phone, and the focus is on defining the **scope of the implementation** for your site.

The big things we will need to know to get on the same page at the outset are:

- **How many homes do you want to serve?**

- **What age range of foster children do you most need to serve?** KEEP Standard is for 4-12 year olds, and our teen program, KEEP SAFE, is designed for teens ages 12-18.

- **How many foster children are in placements within your target age range?** Reliable estimates of your KEEP population are needed before we can move forward with budget recommendations and projections.

- **What is your time frame?** Within what time period would you like to have all current foster/kinship families served?

Exploring funding options and timeline. Five years of funding is ideal for establishing the long-term sustainability of KEEP. Some of our implementations, however, start as grants and are contracted with a three-year agreement. We will work with you to map an optimal implementation schedule for your budget and time frame.

Is this the right fit for us? Implementing any evidenced-based practice is a time-consuming, ongoing process that requires strong commitment from all levels of your organization. It's also hugely rewarding; ODI has a history of successfully implementing KEEP in worldwide locales with varied workplace and service-population cultures. Throughout the implementation process, you will receive comprehensive support from ODI tailored to your site to achieve our mutual goal of long-term sustainability of the KEEP program. Implementing KEEP with fidelity is of utmost importance. In doing so you can expect to achieve the outcomes observed in the randomized controlled trials, including fewer placement disruptions for children at most risk, longer tenure of foster parents, shorter lengths of stay in care, and foster and kinship parents with higher levels of satisfaction, skills, and confidence. Studies have also found that KEEP skills result in positive outcomes for subsequent children placed in homes with KEEP-trained parents.

With a mutual agreement that KEEP is viable for your site, planning conversations will focus on a very clear definition of scope, scale, and pace for the implementation and, ultimately, we will agree to a contract for the work.

Sample Timeline of KEEP Implementation Process

Pre-implementation: Feasibility and Readiness	January 5th – April 5th	Work with ODI to complete the Readiness Checklist, e.g.: Foster parent recruitment, installing technology requirements, staffing, scheduling trainings, etc.
Implementation Phase One	April 3rd – 4th	Two-day Foundation Training
	April 23rd – April 27th	Five-Day KEEP Trainings for KEEP Group Leaders
	April 30th – May 4th	KEEP Group Leaders record and upload mock groups, and complete home visits with families who are signed up for KEEP groups
	May 7th – 11th	KEEP Group Leaders have first coaching session with ODI coaches
	May 14th – 18th	First KEEP groups begin
Implementation Phase Two	Approximately 18 – 24 months from start of Readiness Phase	• KEEP Group Leaders apply for certification after running three KEEP groups • ODI comes to site for one-day 'Masterclass' training • Booster groups are offered • Ongoing recruitment of foster/kin parents
Sustainability	Approximately 24 – 36 months from start of Readiness Phase	• Ongoing KEEP 16-week and Booster groups • Ongoing certification and re-certification of KEEP Group Leaders • Long-term planning • Consideration of KEEP expansion to include other age groups/languages • Consideration of Local Coaches

Pre-Implementation: The Readiness Phase

This pre-implementation phase (aka the "Readiness Phase") takes a minimum of three months; the systems put in place during this phase will prepare your site for an efficient and successful implementation process, including staff training and the start of KEEP groups. To participate fully in this phase it is essential that you identify a KEEP Program Champion. This should be a person in your organization who has management experience and the trust of the highest leadership level of the organization.

Throughout this phase you will take part in weekly calls with ODI, working together to complete all items on the Readiness Checklist.

Readiness Checklist

Items on the Readiness Checklist are not necessarily completed in order. Many items may be addressed and completed concurrently.

Identify a Program Champion	**Date Program Champion identified:**
The Program Champion is a critical role for both the implementation and sustainability of KEEP at your site. This person will represent your site leadership and front-line staff, and will be the primary contact for ODI throughout the implementation. The Program Champion needs to be someone who can keep an eye on the larger program goals while also staying apprised of the details of day-to-day operations. (See page 27 for more information about the **Program Champion Role**.)	**Name of Program Champion:**
Budget projections Once the scope of your program has been defined, ODI will provide your site with budget estimates.	**Date budget projections reviewed with ODI:**
Determine organizational structure and locations Where will KEEP be housed? In a larger statewide implementation there may be a central team that organizes the program from their office, while front-line staff – who are running groups – are located elsewhere. Smaller, single-office sites may host all roles at one address. We're happy to help you think through what makes sense for the structure and culture of your organization.	**Short description of organizational structure, including office location(s) of key KEEP staff:**

Identify your site's IT Champion The IT Champion is a very important role! Successful implementation of KEEP requires a robust internet connection and the ability to record both audio and video and upload it to our <u>Fid</u>elity Observation System (FIDO). The earlier this person is identified and introduced to the technology requirements of KEEP, the smoother the implementation process will be. This person will have direct contact with our FIDO tech team and will take part in leadership calls when necessary.	**Date IT Champion identified:** **Name of IT Champion:**
Communication plan review Calls between the ODI KEEP team and the site leaders will occur weekly for the duration of the Readiness Phase and during early Implementation (when the first KEEP groups are launched at your site). In later stages of the contract they will be less frequent, occurring every other week and then once-monthly as your organization moves into the Sustainability Phase. ODI leadership and your site's Program Champion will always be on these calls; other participants will vary according to the program's needs and may include IT, site administrators, ODI contract or budget specialists, and top leadership. These calls are the optimal time to strategize and troubleshoot for issues unique to your site.	**Date communication plan review completed:** **Time and date for calls:** **Names of who is attending the calls:**
Develop hiring timeline and materials A key part of planning for KEEP groups is preparing to hire KEEP Group Leaders and, in some instances, a Recruiter. During the Readiness Phase, you will work with ODI to develop your hiring plan, including customizing your job description and interview questions. (See pages 28-30 for **KEEP Group Leader Overview**, **Example KEEP Group Leader Job Description**, and **Suggested KEEP Group Leader Interview Questions**.)	**Date hiring plan and timeline completed:**

Referral mechanisms/recruitment of foster/kin parents for KEEP groups This is perhaps the single most important – and time consuming – undertaking of the Readiness Phase. Having a recruitment protocol in place early in the Readiness Phase will have a significant impact on the initial success of your implementation. Recruitment of foster/kin parents for the first KEEP groups start as soon as the five-day KEEP training for Group Leaders is scheduled. Although parents at all phases of providing care are eligible to participate in KEEP, most placement data show that the majority of disruptions occur within the first 12 months of placement. Therefore, earlier participation in KEEP is better if possible.	**Source(s) of internal referrals for KEEP, and the referral mechanism:** **Date of first meeting with Recruitment Lead (see Example KEEP Foster Parent Recruiter Job Description and Suggested Recruiter Interview Questions on pages 31 and 32):** **Date foster parent referral/recruitment plan finalized with ODI:** **Date foster/kin parent recruitment for first KEEP groups begins (should coincide with the scheduling of the five-day training):** **Strategies for communicating to foster/kin parents (newsletters, certifiers, etc. See Recruiting Foster Parents on page 33 and Recruitment Brochure on page 36):**
Kickoff meetings with stakeholders We know from experience that the earlier we can get stakeholders and staff informed of and onboard with the KEEP program, the better – and the better the outcomes for your youth and foster families. The structure of these meetings is flexible; your budget may include a site visit from ODI leadership who will run a formal presentation or informal meeting with your stakeholders, depending on your preference. An added benefit of a site visit from ODI is an increased understanding of your organization's cultural context, which can help us tailor some aspects of the implementation. Another option is to lead this meeting yourself, using materials and guidance provided by ODI. There isn't a "right" way to run these meetings; it's all about what works best for you and your organization.	**Date and location of stakeholders meeting:** **Stakeholders identified, e.g.:** • **Your agency leadership and key participants:** • **Representatives from foster and kinship care:** • **Key personnel from your child welfare system leadership:** • **Others:**

Define desired outcomes
 	
Clearly defining your organization's goals at this early stage will help guide the whole implementation process. What information do you want to track, and what are the steps to collecting it? KEEP's fidelity monitoring software can generate reports tailored to your site's needs. Once we know your desired outcomes, we can help you set up a system for tracking it!
	Date desired outcomes communicated to ODI:
	
	Desired outcomes (circle and add if needed):
	
	    Fewer placement disruptions
	
	    Fewer lateral moves
	
	    Fewer placements in Group or Congregate care
	
	    Shorter length of stay in foster care
	
	    Lower rates of foster parent turnover
	
	    Lower rates of child/teen behavioral and emotional problems

Staff trainings organized and scheduled The goal is to transition quickly from KEEP training into running KEEP groups (the optimal time between a five-day training and the first KEEP group is two to three weeks). (See pages 39-41 for more information about **KEEP Trainings**.)	**Date(s) of two-day Foundation training:** **Location of two-day Foundation training:** **Two-day Foundation training attendees identified?** **Y/N**

	Date of five-day Group Leader training:
	
	Location of five-day Group Leader training:
	
	Five-day Group Leader training attendees identified?
	    Y/N
	
	Caseload coverage organized for trainees?
	    Y/N

	Date of virtual FIDO training:
Recruit foster parents for first KEEP groups As soon as staff training dates are on the calendar, recruitment for foster parents begins. The optimal number of parents for a new group is 8-10, the maximum is 12, and we suggest no fewer than 6 confirmed parents at group's start.	**Number of foster parents recruited for first groups:**
IT Champion works with ODI FIDO staff to upload agency information and prepare the site for use by KEEP Group Leaders	**Date of IT Champion's FIDO orientation with ODI staff:**

Cultural Adaptations: Review and refine KEEP materials The KEEP curriculum and resources work best if they fit the site's cultural context. The Readiness Phase is the right time to give feedback to ODI about any changes that will make the KEEP materials relevant and accessible to your community.	**Date KEEP manual received:** **Date site has finished reviewing KEEP materials:** **Date site completes review of requested changes:**
Translation The KEEP curriculum is currently available in English, Spanish, and Danish. If you are planning to offer KEEP groups in a different language, Readiness is the time to set up a plan for translating the curriculum materials – as well as arranging for ongoing translation of recorded KEEP groups to English to enable coaching by ODI.	**Date translation plan agreed upon with ODI (or n/a):** **Date translator hired (or n/a):**
KEEP coaching technology requirements Every team of KEEP Group Leaders (two KGLs per team) will have weekly consultation calls with an ODI Coach for the duration of each KEEP group they lead (16 weeks per group plus one introductory call before the group begins). Meetings are done online via a videoconferencing platform. Group Leaders can attend the coaching session together or separately, but if they attend separately they must each have access to the required technology.	**Do KEEP Group Leaders have access to a computer/tablet with a camera, microphone, and internet connection for their once-weekly consultation with ODI?** **Y/N**
KEEP Group Logistics	
A KEEP Group entails a number of logistical considerations. (See page 42 for **Anatomy of a KEEP Group**.)	**Site Leadership has reviewed Anatomy of a KEEP Group?** **Y/N**
Map out a KEEP group schedule In general, the best time to start U.S.-based KEEP groups without a lot of holiday interruptions and rescheduling is after the winter holidays (in January), after Spring Break (in April), and after Labor Day (in September). It's also best to avoid holding KEEP groups on Mondays, because of school and federal holidays. (See page 43 for more information on **Scheduling KEEP Groups**.)	**Date KEEP group schedules reviewed with ODI:**

Home visits to potential KEEP foster parents Home visits are an important step between initial recruitment of foster parents and the beginning of their participation in a KEEP group. Plan to conduct home visits to the foster/kin parents who are signed up for your first KEEP groups in the weeks preceding the first KEEP session. (See page 34 under **Recruiting Foster Parents** for detailed information and key content for the initial home visit.)	**Date home visit protocol (including video consent) review:**
Plan for KEEP group meeting space Aim to hold KEEP groups in a location that is easily accessible to, and comfortable for, parents. It's also best to plan groups at times that work for foster/kin parents, including evenings and weekends. Make sure the same location will be available for the entirety of the 16-week group. It's also important to have enough table space and seats for all participants, including the KEEP Group Leaders.	**Physical location(s) of KEEP groups:**

KEEP group technology requirements	**Is a recording device available for each night a KEEP group is held?**
	        Y/N
	Has FIDO Retriever software been installed on the recording device?
	        Y/N
	Is an external microphone available for each night a KEEP group is held?
	        Y/N
	Does the room have a flip chart for writing?
	        Y/N
	Does the room have an internet connection?
	        Y/N
	Is a password required to access the internet?
	        Y/N
	Is there a DVD player or additional computer in the room (required for Session 5 only)?
	        Y/N

KEEP group food KEEP groups share a meal or snack every time they meet, as do their kids in childcare. This is an informal incentive that supports foster parents' participation. A per group or per person budget should be set for snacks and planned into your budget for the duration of the implementation (including throughout the Sustainability Phase). (See page 44 for more information about **KEEP Group Food**.)	**Budget for snacks:** **Is the group scheduled for meal time?** **Y/N** **Plan for who will order and deliver the snacks:** **Plan/budget for snacks during the Sustainability Phase:**
KEEP group childcare Childcare is provided at all KEEP groups for all children in the foster/kin parents' homes. This is an important incentive for parents, and one that requires substantial planning ahead of time. (See page 45 for more information about **Setting Up KEEP Childcare**.)	**Date childcare plan discussed:** **Date childcare providers identified/hired:**
Foster parent training hours It is important to develop a system for tracking foster parents' training hours in KEEP that works for your training department, and to make sure key staff know the protocol for reporting hours. This is another key incentive for parents' participation in KEEP. (See page 46 for more information about **Training Hours for Foster Parents**.)	**Our plan for tracking foster parent training hours:**
Identify and plan for foster parent incentives All KEEP implementations have formal incentives for the foster parents, although they vary widely. In one KEEP implementation site, parents received $20 for attending each KEEP session and $180 when they completed 80% of the total sessions for that group. Another site offers parents a daily board rate increase upon completion of KEEP for as long as they have a child age 4-12 in the home. (See page 47 for more information about **Foster Parent Incentives**.)	**Our site's plan for foster parent incentives (including budget and attendance requirements):**

16

Implementation Phase One: Staff Hiring and Training, Fidelity Monitoring Processes in Place

Sample Timeline of KEEP Implementation Process

You are here →

Pre-implementation: Feasibility and Readiness	January 5th – April 5th	Work with ODI to complete the Readiness Checklist, e.g.: Foster parent recruitment, installing technology requirements, staffing, scheduling trainings, etc.
Implementation Phase One	April 3rd – 4th	Two-day Foundation Training
	April 23rd – April 27th	Five-Day KEEP Trainings for KEEP Group Leaders
	April 30th – May 4th	KEEP Group Leaders record and upload mock groups, and complete home visits with families who are signed up for KEEP groups
	May 7th – 11th	KEEP Group Leaders have first coaching session with ODI coaches
	May 14th – 18th	First KEEP groups begin

The work you put in during the Readiness Phase has set you up for success, and you are prepared to dive into implementation. The first phase of implementation begins with the following activities:

- **Two-day Foundation trainings.** Foundation trainings are for all staff who may lead groups, and for those who will be supporting groups in some way – typically case workers, supervisors, placement specialists, and key support staff. Two ODI trainers will lead this interactive training on the principles of KEEP across two full days; it is lively, encouraging, and experiential. Immediately after the Foundation training, your leadership and ODI trainers will compare notes about which training participants stood out as great potential KEEP Group Leaders. Training group size ranges from 12-25 people per training; ODI sometimes sends out multiple teams of trainers to run concurrent sessions to accommodate more trainees. (See page 39 for more information on **KEEP Two-Day Foundation Training**.)

- **KEEP Group Leaders identified and hired (including backup KGLs).** ODI will provide information about strong candidates after the Foundation trainings and is happy to give input during the hiring process. (See page 28 for **KEEP Group Leader Overview**.)

- **Five-day KEEP trainings for Group Leaders.** This experiential training is for all identified KEEP Group Leaders and any potential substitutes, including supervisors. Two ODI trainers and 6-12 trainees spend five full days covering the entirety of the KEEP 16-week curriculum. It is a fun and highly interactive training; participants spend the week alternating between a KEEP Group Leader role – in which they deliver the session

content – and a role as a foster parent. This immersive training is excellent preparation for KGLs to run their first group. (See page 40 for more information on **Five-Day KEEP Training for KEEP Group Leaders**.)

- **Web-based fidelity monitoring: FIDO access and training.** During the five-day training your staff will also be introduced to our online fidelity monitoring software, FIDO. This tool is integral to your staff's success as KEEP Group Leaders and for collecting data for the evaluation of program outcomes. All KEEP Group Leaders will be enrolled in a virtual FIDO training with our IT staff so that they feel very confident setting up their groups, adding parents and target children, and attaching session data to the videos of KEEP sessions they'll be uploading. Our FIDO support team is excellent, and can be reached for help at fidosupport@oslc.org or via the FIDO homepage.

- **KEEP Group Leaders conduct home visits for foster parents enrolled in KEEP groups.** Home visits for foster parents participating in upcoming KEEP groups begin as soon as the five-day training is completed. (See page 33 for more information on home visits and **Recruiting Foster Parents**.)

- **ODI coaches for KEEP Group Leaders assigned.** Each team of two KEEP Group Leaders will be assigned an ODI coach. Each week the coach will watch the uploaded KEEP session, rate it for fidelity, and provide written feedback for the KEEP Group Leader team. The ODI Coach and KEEP Group Leaders will schedule a weekly one-hour call via videoconference. Group Leaders should plan to be at a computer with video capabilities for this call so the meeting can be conducted "face to face." The coach will work to keep their coaching sessions at the same time each week. If for some reason our coach is unable to attend any week, we will substitute a coach to run the call at that same time.

- **Mock groups uploaded to FIDO.** Within 1-2 weeks of the five-day training, each team of KEEP Group Leaders will conduct a mock group in which they record themselves delivering Session One content. The mock group allows Group Leaders to troubleshoot any technological issues, such as microphone audibility or camera angles, before the actual group begins, and also to practice uploading the session video to FIDO. In their first coaching session with ODI, KEEP Group Leaders will receive feedback and help to make their first KEEP session with foster parents run smoothly.

- **KEEP groups start!** Within approximately a month of the five-day training, your first KEEP groups begin. A lot of work goes into getting the staff, technology, space, incentives, snacks, foster parent recruitment, and childcare in order – making it to this step is no small feat! (See page 48 for more details on **Preparing for the First KEEP Group**.)

Implementation Phase Two: Ongoing KEEP Groups, Group Leader Certification, Advanced Training, and Initiation of Sustainability

Sample Timeline of KEEP Implementation Process

Pre-implementation: Feasibility and Readiness	January 5th – April 5th	Work with ODI to complete the Readiness Checklist, e.g.: Foster parent recruitment, installing technology requirements, staffing, scheduling trainings, etc.
Implementation Phase One	April 3rd – 4th	Two-day Foundation Training
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	May 7th – 11th	KEEP Group Leaders have first coaching session with ODI coaches
	May 14th – 18th	First KEEP groups begin
Implementation Phase Two	Approximately 18 – 24 months from start of Readiness Phase	• Group Leaders apply for certification after successfully running three KEEP groups • ODI comes to site for one-day 'Masterclass' training • Booster groups are offered • Ongoing recruitment of foster/kin parents

You are here

At this stage your KEEP groups are up and running, your staff are trained and receiving weekly ODI coaching on the model, and your foster parents are enjoying groups and starting to reduce the stress levels in their homes. The big push to get the program rolling is over – now it's time to develop and hone your strategies for supporting a sustainable implementation.

- **Reduced number of calls between the Program Champion and ODI.** During this stage we will switch from weekly meetings to bi-weekly or monthly meetings. The frequency relies entirely on the amount of support needed to ensure you're having successful groups, your staff are well supported, and that any program concerns are being addressed quickly. Meeting frequency may increase during data collection/sharing for research, planning for trainings, working through staff turnover, etc.

- **Ongoing recruitment of staff and foster parents.** Recruitment is everyone's job all the time! The more understanding every level of your staff have of KEEP and the support foster families will receive in KEEP groups the better. Successful recruiters will know

when the next groups are starting and know how to identify parents who are a good fit for KEEP. Foster parent word-of-mouth is key to recruitment – you'll want to identify the natural influencers at your agency and make sure they have the information and resources to spread the word about KEEP groups.

- **Ongoing groups with ODI supervision.** KEEP Group Leaders run their second and third 16-week KEEP groups for foster parents. In our experience, KGLs really hit their stride by the end of leading their second group, and coaching during their third group is focused on improving their model fidelity in preparation for applying for certification.

- **Certification process and follow-up.** When Group Leaders have successfully run three KEEP groups, they can apply for certification. Certified Group Leaders attend ODI consultation calls once a month rather than once a week, and are qualified to run Booster groups (see below). (See page 50 for more information about the **KEEP Group Leader Certification Process**.)

- **Ongoing Training: Masterclasses**. Once Group Leaders have two or three full KEEP groups under their belts, ODI will deliver a one-day, on site Masterclass for all active Group Leaders at your agency. These typically begin a year from the initial training date and happen every six months after that, and are designed to fine tune your staff's skills after they have experienced leading groups and have a deeper understanding of the KEEP principles. One of the initial Masterclasses covers running the KEEP Booster (defined below), and subsequent Masterclass content is designed based on your implementation's specific needs.

- **Booster Groups.** The KEEP Booster is an eight-week curriculum designed to strengthen foster parents' skills and give them additional support on an annual basis after they complete a full 16-week KEEP group. The KEEP Booster follows the same basic structure as the full-length group but in a condensed format, focusing on content most relevant to the parents' current needs. Therefore, only certified KEEP Group Leaders who have skill and experience with the KEEP material will run Booster groups. Typically parents are excited to return to a KEEP group, and some will request to be with the same Group Leader and/or group of parents; you are welcome to set this up, but it is not required.

- **Progress Reports:** ODI will use FIDO data to send you monthly progress reports, detailing the number of foster parents who have attended groups, foster parent attendance and graduation rates, and Parent Daily Report (PDR) completion rates. This data can also be accessed by your organization at any time using the "reports" function on FIDO. (See page 52 for more information about the **Parent Daily Report**.)

Sustainability: Maintaining your KEEP Program

Sample Timeline of KEEP Implementation Process

Pre-implementation: Feasibility and Readiness	January 5th – April 5th	Work with ODI to complete the Readiness Checklist, e.g.: Foster parent recruitment, installing technology requirements, staffing, scheduling trainings, etc.
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Implementation Phase Two	Approximately 18 – 24 months from start of Readiness Phase	• Group Leaders apply for certification after running three KEEP groups • ODI comes to site for one-day 'Masterclass' training • Booster groups are offered • Ongoing recruitment of foster/kin parents
Sustainability	Approximately 24 – 36 months from start of Readiness Phase	• Ongoing KEEP 16-week and Booster groups • Ongoing certification and re-certification of KEEP Group Leaders • Long-term planning • Consideration of KEEP expansion to include other age groups/languages • Consideration of Local Coaches

You are here

The goal at this stage is for your team to have the information, experience, and resources to be in charge of the majority of work involved in running the KEEP program at your agency. Sites entering the Sustainability Phase will have a number of certified KEEP Group Leaders, a reliable system for foster parent recruitment, and a number of foster and kin parents who have completed a KEEP Booster group. For most implementations, this is 24-36 months after the first KEEP group starts. Now is the time, with help from ODI and using data collected throughout your implementation, to delineate a path for sustaining KEEP at your site.

Common questions sites address in sustainability planning with ODI include:
- How to address staff turnover
- Expansion of KEEP to include other age groups and/or languages
- Budget sustainability
- Cascading implementation (explained below)

There are two paths forward for sustainability. One option is for ODI staff to continue leading trainings for new KEEP Group Leaders and providing weekly coaching for active KEEP Group Leaders – essentially, your agency could choose to continue running KEEP as you have been. This option can work well for agencies with a small service population or a relatively stable staff. Alternatively, your agency may choose a "cascading implementation" model, in which you employ and train your own staff to be KEEP trainers and coaches.

Cascading implementation: Considering Local Coaches. In the cascading implementation model, Local Coaches assume the role previously held by ODI coaches. They watch videos of KEEP Group Leaders and provide weekly feedback, rate fidelity using the Fidelity Adherence Rating (FAR) for each session they watch, and lead trainings for incoming KEEP Group Leaders. Local Coaches are supported by an ODI Coach, with whom they meet weekly then monthly to receive feedback and to troubleshoot any issues. Having KEEP coaching and training capacity within your agency makes it easier to train and support successive generations of KEEP Group Leaders, which can be especially helpful for agencies with a more dynamic workforce (i.e. higher turnover) or a large population. (See page 53 for more information on **KEEP Local Coaches**.)

If you opt to staff Local Coaches at your site, ODI would continue to provide support to maintain model fidelity, including but not limited to:

- Semiannual reviews of all Group Leaders (see page 55 for more information on **Group Leader Fidelity Reviews**)
- Certifications and Re-certifications
- Training of any new Local Coaches
- Ongoing consultation for trained Local Coaches
- Annual Masterclasses at your agency or at ODI
- Quarterly Fidelity Adherence Rating (FAR) reliability calls for all Local Coaches

Working Together in the Sustainability Phase

Your site's **Program Champion** will continue to meet with the **KEEP Implementation Manager** at ODI to track training and data and keep the sustainability of your program a top priority. During this stage we will decide together on the optimal frequency of these meetings. **ODI will re-certify KEEP Leaders on an annual basis.** ODI will do two fidelity checks each year on certified KEEP Group Leaders' recent sessions, offer feedback, and rate their fidelity to the model. **Agency leadership** is less involved in operations than in earlier stages of implementation, but are encouraged to take part in an **annual meeting** to assess program goals and define what success will look like for your program in the coming year.

The Point of it all: KEEP Outcomes

The implementation of an evidence-based practice such as KEEP requires a significant investment of time and money, but the outcomes are significant. The effectiveness of KEEP model has been demonstrated in trials funded by the US Department of Health and Human Services and the National Institute of Mental Health. We've highlighted just some of the positive outcomes from those studies below; for a complete list of peer-reviewed publications about the effectiveness of KEEP, please visit our website: www.keepfostering.org.

For Children & Adolescents:
- Lower rates of emotional and behavioral problems
- Shorter lengths of stay in care
- Lower rates of placement disruptions for youth with multiple previous placements
- More frequent reunification with family
- Less substance use (for adolescents)
- Lower rates of health-risking sexual behavior (for adolescents)

For Foster Parents:
- Higher rates of positive parenting
- Lower rates of discipline
- Spillover of positive effects to other children in the home

For the Child Welfare System/Workforce:
- Longer tenure for foster parents providing care
- More successful days in care

24

List of Supplemental Information

Program Champion Role

The Program Champion is a critical role for both the implementation and sustainability of KEEP at your site. This person will represent your site leadership and front-line staff, and will be the primary contact for ODI throughout the implementation. The Program Champion needs to be someone who can keep an eye on the larger program goals while also staying apprised of the details of day-to-day operations. At most KEEP sites, the Program Champion is also the supervisor of KEEP Group Leaders.

Supervisor Duties

- Attends weekly one-hour calls with the KEEP Implementation Manager at ODI

- Provides direct oversight and coordination for KEEP groups

- Conducts weekly coordination/supervision meetings with KEEP Group Leaders

- Is available at all times for Group Leaders' KEEP-related questions and to support the successful delivery of groups

- Monitors group process objectives

- Monitors use of PDR

- Monitors KEEP Group Leaders' fidelity to the KEEP model

- Maintains list of individual and group objectives from previous supervision and outcomes

- Identifies and monitors content and engagement skills

- Attends the two- and five-day KEEP trainings led by ODI staff

- May be asked to stand in as a back-up KEEP Group Leader

KEEP Group Leader Overview

Interpersonal skills are much more difficult to train than the KEEP model itself. When looking for new KEEP Group Leaders, we first consider whether they are engaging, curious, and able to ask questions and relate easily with others. In our experience, candidates who start with these qualities and receive training and coaching in the model become successful KEEP Group Leaders.

KEEP Group Leader FTE
For an uncertified KEEP Group Leader we project six hours (or 0.15 FTE) per group per week. That covers:

- 1.75 hours prep (including site prep, materials and content prep, and FIDO data entry)

- 2 hours to run the group (includes room set-up)

- 1 hour with ODI Coach

- 0.75 hours to collect and enter PDRs (can vary depending on the size of the group)

- 0.5 hours for makeups

There is some flexibility with the time spent on makeups and prep. When a new group is starting (especially in a new place), there can be an increase in hours as the KEEP Group Leaders conduct home visits.

For a certified KEEP Group Leader, we project about five hours per group per week, because they are more familiar with the content and have the expectation of only one hour/month for ODI coaching.

Example KEEP Group Leader Job Description

*This is provided as a starting point, but can be customized to fit the hiring practices at your site.

Job Title	KEEP Group Leader
Reports to	KEEP Program Champion

Position Summary

KEEP is an evidence-based support and skill enhancement program for foster and kinship parents of children ages 4-12 (KEEP Standard) and teens (KEEP SAFE). The KEEP Group Leader co-leads 16-week groups. Each weekly session is 90 minutes and is a blend of peer-support and manualized curriculum. All KEEP sessions are recorded for model fidelity and coaching support. Prior to running the groups, KEEP Group Leaders will participate in a 5-day training on the KEEP model with trainers from Oregon Social Learning Center Developments, Inc. (ODI). The KEEP Group Leader will be responsible for conducting recruitment home visits, scheduling and facilitating KEEP group sessions, attending weekly coaching with ODI via videoconference, and completing project data entry promptly and accurately.

Functions and Responsibilities

- Attends KEEP trainings
- Schedules KEEP groups (sometimes multiple concurrent groups at once, depending on program needs)
- Assists with the recruitment of foster and kinship parents into KEEP groups
- Co-leads KEEP group sessions for foster and kinship parents (90-minute weekly sessions) and in-home make-up sessions
- Completes the weekly Parent Daily Report (PDR) phone call with each household and enters PDR data into the fidelity website (FIDO)
- Prepares for each session by reviewing the manual material, coaching feedback, and the group's PDRs, and by printing foster parent handouts
- Works with group co-lead and supervisor to ensure that child care is available for all KEEP group sessions
- Sets up the room prior to foster and kinship parents' arrival, e.g., setting up camera, handouts, food and drinks, sign-in roster, name tags, toys, etc. and greeting foster and kinship parents
- Uploads all KEEP session videos to FIDO immediately after each session
- Enters session data into FIDO (attendance, engagement ratings, self-evaluation) immediately after each session
- Prepares for and attends weekly KEEP coaching (occurs via videoconference)

Qualifications

The applicant should have strong social skills, time management skills, problem-solving skills, and excellent communication skills. The applicant should demonstrate the ability to work with populations with diverse cultural and socio-economic backgrounds. Applicant should be comfortable with computer use and able to enter attendance and other data with a high level of attention to detail. The applicant must be able to engage in the coaching process—specifically, to be receptive to feedback, willing to role-play, and willing to try new skills.

Suggested KEEP Group Leader Interview Questions

These can be done in any order and interspersed with your agency's existing interview questions in whatever way makes sense for the structure of the interview.

For the interviewers: The main qualities we are looking for in a KEEP Group Leader are social skills, curiosity about the foster families, and coachability (receptivity to feedback and the willingness to apply it to their work). These questions do not address other important qualifications such as the ability to accurately complete data entry, experience working with – or familiarity with – the child welfare system, and general work expectations such as punctuality and reliability.

1. Team work is an important component of this project. What is an example of a time that you have worked in a team role?

2. In this role you will receive coaching to help you meet fidelity to the KEEP model. Describe a time that you received coaching and incorporated feedback into your work.

    [For the interviewers: Coachability is key! We want a KGL who is open to hearing feedback and who will incorporate coaching feedback into future sessions in order to meet model fidelity and improve their skill set.]

3. Describe a time that you delivered content or taught a skill that wasn't fully aligned with your own beliefs.

    [For the interviewers: The KEEP model may not be perfectly aligned with every KEEP Group Leader's personal parenting style, but it's important that their own beliefs/practices do not supersede the model content.]

4. Role-play: This is the first session of a 16-week KEEP Group and you are meeting the foster parents for the first time. In KEEP we want to model the behavior we want to see. Come in and meet us during the few minutes we have until the group starts!

    [For the interviewers: In this role-play we are looking for social skills. The candidate should be friendly, ask questions, make small talk, and connect with all of you.]

5. Role-play: KEEP is about teaching new skills. Take 5 minutes and teach us how to do something. It can be anything! Something silly like the Hokey Pokey. It doesn't have to relate to foster parents.

Example KEEP Foster Parent Recruiter Job Description

Job Title	Foster Parent Recruiter – KEEP
Reports to	KEEP Program Champion

Job Purpose

The Foster Parent Recruiter is responsible for identifying, contacting, and registering eligible foster parents for KEEP support and training groups. Additionally, the Recruiter provides presentations to, and forges community partnerships with, organizations that interface with the Child Welfare system. The Foster Parent Recruiter meets regularly with foster parent certifiers, DHS caseworkers, community partners, and others to provide an overview of the program and solicit referrals. The Foster Parent Recruiter maintains a collaborative working relationship with the Oregon Department of Human Services, Oregon Social Learning Center, and Options Counseling and Family Services.

Duties and Responsibilities

Primary Duties:
- Attends training with the KEEP Oregon Project's Recruitment Lead, Anthony Fox
- Identifies possible referral sources and performs outreach
- Meets with DHS and community partners to solicit referrals
- Prepares and provides public speaking presentations
- Researches and forges partnerships with community agencies
- Connects with referred foster parents by phone, email, and/or text
  - Explains program details and benefits
  - Fields questions about the program
  - Completes intake questionnaire
- Accurately records and inputs information
- Maintains spreadsheets for tracking outreach efforts and completed intakes
- Takes part in regular calls with DHS recruitment Liaison
- Maintains client confidentiality at all times
- Coordinates with KEEP Group Leaders

Qualifications

Required Experience and Skills
- One – two years of office/administrative experience
- Public speaking ability
- Demonstrated competence with Excel, Microsoft Word, and web-based applications
- Cultural competence and humility

Requested Skills:
- Experience in Child Welfare
- Experience in a Social Service field
- Experience providing outreach and presentations
- Experience building coalitions
- Spanish language proficiency
- Experience in trauma-informed practices, adult education, and/or peer support groups

Suggested Recruiter Interview Questions

For the interviewers: The main qualities we are looking for in a KEEP Recruiter are organization, persistence, comfort with public speaking, the ability to work with the foster care system, and social skills – both over the phone with foster/kin families and in forging community partnerships for possible referrals.

1. What kinds of experience do you have giving presentations to groups and how comfortable are you in this role?

2. This position requires significant public outreach in person and over the phone – how has your previous work or volunteer experience prepared you for this?

3. This position requires the fortitude to perform a large volume of outreach calls to foster parents over the phone. You will encounter rejection, difficulty making contact and skepticism. How would you manage these challenges and stay motivated?

4. This role requires basic knowledge and/or experience regarding the foster care system and key players such as foster parents, foster parent certifiers, and caseworkers. What is your level of experience working in this system and/or your understanding of these key players?

Recruiting Foster Parents

Foster parent recruitment begins as soon as training dates are set for the five-day KEEP Group Leader training.

Initial recruitment of foster parents for KEEP is a four-part process:

1. **Initial Contact**: The organization will send a letter to potential foster parents describing the groups and incentives for participation.

2. **Follow-Up**: A Group Leader will schedule a home visit with the foster parent.

3. **Home Visit**: One of the Group Leaders will conduct a visit to the foster parent's home (30 minutes + travel time)

4. **Ongoing Contact**: Determine who will maintain contact until the group starts; this contact can be casual – a quick email, text, or phone call – and is critical for keeping prospective KEEP group participants engaged.

When recruiting foster parents, consider:

- Age range (Standard KEEP is for 4-12 years; KEEP SAFE is for parents of ages 12-16)

- Aside from the age range of the target child, there are no exclusion criteria for foster parents participating in KEEP groups. We will work with your agency to establish your priorities and develop a recruitment plan relevant to the families you most want to serve.

Other considerations:

- Average distance to meetings

- Specific cultural or language considerations

- Transportation

1. Information to include in the initial contact letter:

- A description of KEEP (number of sessions, length of each session, the provision of childcare and food, additional incentives)

- Emphasize that KEEP is a support group, not a lecture!

- Information about who at your agency to contact to find out more and to get the schedule

- Quotes from foster parents who have completed KEEP (we're happy to supply these when you're just starting)

Maryland's Center for Excellence in Foster Family Development: Comprehensive Model Proposal

2. Follow-Up with Foster Parents

About seven days after the letter has been sent to the foster parents, a representative from your agency/program will call the foster parent to schedule a home visit. The home visit is conducted by one of the KEEP Group Leaders assigned to the group.

3. Home Visit

The Group Leader conducts the home visit with potential KEEP foster parents. The initial home visit needs to be in the family home so that the KGL can introduce him/herself while also getting a sense of the home. This also familiarizes the foster parent with the Group Leader and increases the likelihood that the foster parent will participate in the KEEP group. Finally, this visit will give the Group Leader something positive to say about the parent during the early sessions.

During the home visit, it is important to cover all of the points outlined below. We anticipate that each Group Leader will have their own personalities and styles so some individual differences in reviewing the content are fine. For training, have the Group Leader role-play and the tape record a practice home visit. It should have a friendly and inviting tone and convey the information.

Content to cover during the initial home visit:
- Explain KEEP:
  - This is a 16-week support group – it's not a lecture, it's fun!
  - Each session is 90 minutes
  - KEEP groups focus on common challenges faced by foster/kin parents
  - The KGLs will provide evidence-based parenting skills, but the foster parents will do most of the talking
  - KEEP was shown to be effective in large research study—decreased child problems and foster parent stress
  - Amount of payment each week plus continuing education credits
  - Child care provided for all children in the home
  - Food provided for everyone who attends, including kids
  - Another Group Leader will also be there
  - One of the KEEP Group Leaders will call once per week to complete the Parent Daily Report (PDR) about child behavior and parent stress in the last 24 hours
  - Foster parents share experiences and "what works" in their own homes
  - At the end of the 16 weeks, foster parents provide feedback about their experience with KEEP

- Groups will be held at a convenient time; ask foster parents about convenient times
- Following your agency's protocol, obtain foster parents' consent for video recordings of KEEP groups
- Collect one PDR during the initial home visit

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4. Ongoing Contact with the Foster Parents

Determine who (one of the KEEP Group Leaders or another agency/program representative) will maintain regular contact with the foster parents until the group starts. This contact is critical for keeping prospective participants engaged. Once the details have been decided, let the foster parents know the start date, time, and location of the group.

A Final Note on Recruitment

Ongoing recruitment is everyone's job, at all times. The more understanding that staff in every role of your organization have of KEEP, the better. Keeping your staff informed of upcoming KEEP group schedules, making sure they know where to send prospective participants for enrollment, and sharing positive outcomes of current KEEP groups are all ways to help the program succeed. Foster parents who have completed a KEEP group are often the best recruiters; identify those natural influences are your agency and make sure they know where to send their foster parent colleagues for more information!

Recruitment Brochure

ODI will provide an editable file for this trifold brochure that can be customized for your site.

Inside fold   *Back of brochure*   *Front of brochure*

What foster and kinship parents are saying:

"The reaction of the young people to our changes was unbelievable. KEEP really does work."

"Our group seems so willing to share experiences and has a total of 62 years of experience. This group is so personable and fun."

"I wish I could have had all this information when I first became a Kinship provider. This program is a goldmine."

"Super helpful, actual tools. Really helped us balance our lives."

Foster and kinship parents, KEEP is an opportunity for you to:
- Connect with other foster and kin families in your community
- Get evidence-based parenting tools that you can use today

Referrals and More Info:
RECRUITER NAME
Phone: 111.222.3333
RECRUITERNAME@xxxx.com

Your agency logo here

DHS | Oregon Department of Human Services

Oregon Social Learning Center
Science benefiting families

ODI OSLC DEVELOPMENTS, Inc.

KEEP

Supporting Foster and Kinship Families in Communities Across Oregon

www.keepfostering.org

KEEP is for all foster and kinship families with a child age 4-12 in the home!

KEEP supports foster/kin families by promoting child well-being, reducing foster parent stress, and preventing placement breakdowns.

What is a KEEP group?
- 7-12 foster/kinship parents and 2 trained group leaders
- 16 weekly, 90-minute sessions
- Evidence-based parenting curriculum tailored to each group's specific needs
- KEEP is trauma-informed
- Refreshments, childcare, and other incentives provided

"I met with [foster parents] last week and they raved about the KEEP program. They found it hugely impactful and of great help. It sounds like they have continued to implement what they have learned with this program. This is the first time in a long while I've sensed this level of confidence and calm in them." — DHS Certifier

Tele-KEEP groups are available for families in rural communities and take place via videoconference.

For Tele-KEEP details, contact:
RECRUITERNAME@xxxx.com

Research shows that KEEP works for families!

KEEP homes have:
- Kids with lower rates of emotional and behavioral problems
- Kids with a faster path to permanency
- Lower rates of placement disruptions
- Higher rates of positive parenting
- Lower rates of harsh discipline
- Spillover of positive effects to other children in the home

KEEP is currently implemented internationally and in regions across the United States.

37

38

KEEP Two-Day Foundation Training

Regional considerations for trainings will be discussed in detail during weekly calls with the KEEP Implementation Manager. The following is a brief and general synopsis.

Overview

The Two-Day KEEP Foundation Training is optional, though recommended for agencies with large workforces and/or regions with KEEP programs operating far from the central leadership hub. Foundation trainings are for all staff who may lead groups, and for those who will be supporting groups in some way. Caseworkers, supervisors, placement specialists, and key support staff are all recommended to attend. Two ODI trainers will lead the training; it is lively, encouraging, and experiential. Immediately after the Foundation training, your leadership and ODI trainers will compare notes on which training participants stood out as great potential KEEP Group Leaders during the training.

Participant Expectations
- Participants will arrive on time and stay all day.
- Cell phones will be silenced for the duration of training, and we ask that participants wait until break time to check and respond to texts, emails, etc.
- These are highly participatory (and fun!) trainings, and the expectation is that trainees will actively engage with the trainers and the material.

Scheduling Two-Day Foundation Trainings
- The two-day training is scheduled from 9:30am – 4pm with two 15-minute breaks and a one hour lunch break. It is encouraged that all staff attend both days.
- Training group size ranges from 12-25 people per training; ODI will sometimes send out two teams of trainers to run concurrent sessions to accommodate more trainees.
- When the training schedule is set, please secure conference rooms for those dates and start tracking attendees. A final head count will be needed two weeks prior to the training.
- Makeup trainings will be offered after *all* KEEP trainings have been completed.

Room and Equipment Requirements
- Before the training, desks and chairs will need to be set up in a U-shape with enough seats to accommodate all attendees.
- Rooms need to be equipped with a laptop with DVD player and USB port, projector, projector screen, audio speakers, markers, a flip chart with stand (paper must have sticky side to hang on the wall), and enough colored paper for each attendee to have one piece.

Five-Day KEEP Training for KEEP Group Leaders

Regional considerations for trainings will be discussed in detail during weekly calls with the KEEP Implementation Manager. The following is a brief and general synopsis.

Overview
This experiential training is for all identified KEEP Group Leaders and any potential substitutes. Two ODI trainers and 6-12 trainees spend five full days covering the entirety of the KEEP 16-week curriculum. It is a fun and highly interactive training; participants spend the week alternating between a Group Leader role – in which they deliver the session content – and a role as a foster parent. This immersive training is excellent preparation for KEEP Group Leaders to run their first group.

During training, KEEP Group Leaders will learn:
- The components of KEEP
- Effective group process skills
- How to make the content relevant to individuals with specific needs within a group context
- How to prepare for leading KEEP groups and how to work successfully as a Group Leader pair
- Use of FIDO, our fidelity-tracking site

Participant Expectations
- Participants will arrive on time, stay all day, and **have full caseload coverage** during the training days.
- Cell phones will be silenced for the duration of training, and we ask that participants wait until break time to check and respond to texts, emails, etc.
- These are highly participatory (and fun!) trainings, and the expectation is that trainees will actively engage with the trainers and the material.
- Trainees are given Sessions 1-4 of the KEEP manual prior to the training and asked to read through them so they can hit the ground running on day one of the training.
- 80% attendance is required.

Scheduling Five-Day KEEP Group Leader Trainings
- The five-day training is scheduled for five consecutive days, from 9:30am – 4pm Monday – Thursday, and 9:30am – 1pm on Friday. There will be a one hour lunch break and one or two short breaks each day.
- Training group size ranges from 6-12 participants per training.

Room and Equipment Requirements
- Before the training, tables and chairs in the room need to be arranged in a square to accommodate approximately 14 people (all attendees and the two trainers)
- Rooms need to be equipped with a laptop with DVD player and USB port, projector, projector screen, audio speakers, markers, a flip chart with stand (paper with a sticky side to hang on the wall is best), and Wi-Fi access or another means of internet connection.
- ODI will provide manuals that trainees will use throughout the week (ODI will coordinate with you ahead of time about where and to whom the manuals will be shipped).

FIDO / Technology Training

Fidelity Tracking System

The <u>Fid</u>elity and <u>O</u>bservation System (FIDO) is a web-based application designed to support remote training and coaching of a range of interventions and programs. Using a combination of on-site training, video recordings, and telephone or video conference calls, we are able to monitor critical aspects of program implementation including participant attendance at sessions, staff participation in consultation activities, the level of fidelity of the intervention delivery, and program-specific indicators of progress on selected outcomes.

Technology Training

Once KEEP Group Leaders have completed their Five-Day Training, they will receive an email from ODI describing how to set up their accounts for FIDO. After accounts are created, the ODI FIDO team will conduct a virtual training to help guide the KEEP Group Leaders through recording and uploading videos, entering foster parent and child information, tracking attendance, Parent Daily Reports (PDRs), and self-evaluation. This training will also teach KEEP Group Leaders how to review written feedback after their coaching call. During this training Group Leaders will learn how to complete their Mock Group, a requirement prior to starting their first group.

Anatomy of a KEEP Group

Staffing Needs:
- Two trained KEEP Group Leaders and one back-up KEEP Group Leader who can substitute if an assigned KGL is sick or has a scheduling conflict. (Except for holidays or another scheduling conflict that affects the majority of the group, we try not to reschedule KEEP groups.)
- Childcare providers

Session Details:
- 16 sessions – a KEEP group always goes for 16 weeks!
- Each session is 90 minutes

Location Requirements:
- The location of the group is decided based on foster parent proximity. The goal is to make it easy for foster parents to get there.
- The room must be large enough to accommodate 14 adults.
- The room should be arranged so chairs are in a circle around a large table, or desks in a circle
- There must be a flip-chart in the room; ones with sticky sheets of paper are best so KEEP Group Leaders can re-hang important information on the wall each week
- A nearby room for childcare

Foster Parent Incentives:
- Food for all adults and children. The type of food provided depends on the time of day – a morning group might eat bagels or muffins and drink coffee; a group taking place at 6 pm might have pizza and salad or sandwiches. Some sites try to schedule groups at non-meal times to maintain a smaller food budget.
- Some sites provide foster parents with a gift card at the end of each session; if your site is planning to present a gift card each week, make sure to have a plan for who is in charge of obtaining and distributing them.
- Tracking group attendance is the responsibility of the KEEP Group Leaders; some sites opt to provide incentives to group participants who have attended a minimum number of sessions (e.g. 80%). Attendance is tracked on FIDO.

Materials:
- A computer or tablet with FIDO "Retriever" software installed to record each session
- An external microphone that can be placed in the middle of the group to easily record audio from all participants
- All KEEP group materials, such as handouts for participants, are provided by the KEEP Group Leaders each week. The KEEP manual contains a Pre-Session Checklist.

After each KEEP Session:
- Audio and video of the session are uploaded to FIDO
- One or both KEEP Group Leaders fill out foster parent attendance and engagement rating, a self-evaluation, and session topics (all forms located on FIDO)
- Both KEEP Group Leaders participate in weekly consultation with their ODI coach via videoconference

Scheduling KEEP Groups

Identify who will do the scheduling. This can be the KEEP Group Leaders, the Program Champion, another agency staff person, or a combination of the above—as long as there is a clear communication structure in place, and all the foster and kin parents are being communicated with on a regular basis while they await group assignment.

The scheduler(s) will contact each foster parent to determine their availability for the KEEP group. We suggest using the Hollywood Squares method to identify the most accommodating time to hold the KEEP group:

1. Create a grid with each day of the week across the top and the times of day down the side.
2. Include information on your staff's schedule limitations
3. If there are days you do not have access to any training sites, note that as well.
4. Call each foster parent and, using this grid, identify when they are and are not available.

Example:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: No Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: No	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: **Yes** Lee: No Byers: **Yes** Gold: **Yes** James: No Myers: No	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: No
Afternoon	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: **Yes**	Smith: **Yes** Lee: **Yes** Byers: **Yes** Gold: No James: No Myers: No	Smith: **Yes** Lee: **Yes** Byers: **Yes** Gold: **Yes** James: **Yes** Myers: **Yes**	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: No	Smith: No Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: No	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: No Lee: **Yes** Byers: **Yes** Gold: No James: **Yes** Myers: No
Evening	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: No	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: **Yes**	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: **Yes**	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: **Yes**	Smith: **Yes** Lee: No Byers: **Yes** Gold: **Yes** James: **Yes** Myers: **Yes**	Smith: **Yes** Lee: No Byers: **Yes** Gold: No James: **Yes** Myers: **Yes**	Smith: No Lee: No Byers: **Yes** Gold: No James: No Myers: No

Based on the schedules of the foster parents, it would be best to hold the KEEP group on Tuesday afternoon.

The next best option is Thursday afternoon.

43

KEEP Group Food

Every KEEP group session includes snacks or a meal for the foster parents as well as for the children in childcare. Providing food is a required component of delivering KEEP to fidelity. It's one of the things that keeps foster and kin parents coming back; it's a break from preparing food at home and it adds greatly to the support environment.

Some programs have contracted with local caterers to have meals delivered at a very affordable cost. Others have to-go food menus for each group and the foster parents place their order for the upcoming week. Some groups keep it simple and bring a variety of sandwiches or wraps.

We ask that you try and avoid giving out chips or snacks in small crinkly bags. The sound comes through the fidelity recording software and makes it very hard/impossible for the KEEP Coach to rate and give feedback on the session!

Setting Up KEEP Childcare

Providing childcare during KEEP groups is an important incentive for foster/kin parents attending the groups, and is an integral part of the KEEP model. When planning the number of childcare providers, keep in mind that the foster/kin parents attending a KEEP group may bring all the children in their home, so there may be many children. There may also be children with difficult behaviors. We encourage you to share KEEP principles on encouragement with the providers as a way to reinforce what the foster/kin parents are discussing in their groups.

When planning, try to find a space for childcare that is adjacent to the KEEP group, but not so close there are noise issues!

Sample Agency Childcare Plan

Gather a list of licensed daycare providers approved by your agency
- Communicate with the foster parent recruiters (if different from KGLs) on estimated number of children and age groups of children needing sitter service
  - This is needed in order to help the provider know how many staff they need to provide.
- Gather interested provider's information:
  - Provider Name
  - Provider's Address
  - Main Point of Contact's Name
  - Main Point of Contact's Telephone Number
  - Main Point of Contact's Email Address
- Have vendor complete application required by your agency

Background Checks

Sitter Service Vendors who are not a registered licensed DHS daycare provider need to complete and maintain documentation of the following background checks on any person providing sitter services.

Staff will need to be finger printed and have a nationwide background check completed. TBI provides this service for $38.00 a person. A church will need to request an OIR number to become a Qualified Vendor in order to have the fingerprinting completed. In addition, an Internet Records Clearance needs to be completed that is of no cost to the provider.

Training Hours for Foster Parents

How the training hours are handled is different for each implementation, and you can make it work for you and your foster parents.

You'll want to confirm that the system that will work for your training department and make sure the KEEP Program Champion and the Group Leaders know the protocol for reporting those hours in a way that gets the parents credit.

We do not have an opinion on how this is done, but do encourage you to use this as an incentive to get parents into the groups and keep them coming back for the shorter KEEP Booster groups.

Foster Parent Incentives

Parent incentives are a required component of a KEEP Program. They are shared with foster parents at each group they attend in person. The attendance goal for a successful KEEP group is to have parents in the room for 80% of the sessions. If for any reason they are unable to make the group, they don't get that session's incentive but are still offered a make-up group. This is done so they are able to stay up on the content along with their group and never feel behind or like they missed something. The make-up sessions count towards the 80% attendance goal, but parents do not receive a weekly incentive for these home sessions.

Formal foster parent incentives vary among sites. It's up to you what you decide to use as an incentive for your foster parents. In the past, agencies have used gas cards, metro cards, gift cards, daily rate increases, and cash. Whatever it is, the incentive should be useful and valuable to your foster parent population.

For example, at one KEEP site the foster/kin parents received $25 per session and a $100 bonus for attending at least 80% of group sessions. At another, parents who successfully complete the KEEP group (by attending 80% of the sessions) receive an increase in the daily board rate.

Once you choose what the incentive will be for the first group, make sure you know:

- Who is in charge of purchasing that incentive, if necessary

- Where Group Leaders can go to re-stock as needed

- What tracking procedures your fiscal departments need in place for this

You will also want to consider possible incentives for foster parents taking the KEEP Booster in the years following.

Preparing for the First KEEP Group

ODI Coaches Assigned

KEEP Group Leaders will be assigned an ODI coach. There will be a weekly videoconference call for the coaches and KGLs to discuss the most recent KEEP session, and for the coaches to provide feedback and suggestions. The ODI coaches will also provide written feedback in FIDO that the Group Leaders can refer back to. To be eligible for certification, KEEP Group Leaders need to attend 80% of coaching calls. KEEP Group Leaders who actively participate in the coaching process are more highly skilled, more reliable to the model, and more likely to be certified in KEEP.

Mock Groups

After the KEEP Group Leaders complete their Five-Day Training and technology training, they will gather a group of 3-4 participants and present Session One to them. The mock group will need to be 30-45 minutes, or until all material is presented. The KEEP Group Leaders are expected to complete all of the tasks associated with a real KEEP group session: record and upload video, assign parents and children to the group, enter attendance, rate participant engagement, complete the session self-evaluation, and select topics.

Group Participants Entered in FIDO

Once KEEP group details are finalized, KEEP Group Leaders enter parent and child information in FIDO.

Pre-session Checklist (also available in the KEEP Manual):

Set Up Materials:

- ☐ **Cart** with wheels for misc. supplies
- ☐ **Webcam and microphone**
- ☐ **Device recording software up to date**
- ☐ **Extension** cord (3 prong multi-plug)
- ☐ **Tape** – wide to tape down cords
- ☐ **Laptop for recording**
- ☐ **TV-DVD or 2nd Computer for projecting** when needed for the session
- ☐ **2 Plug Adapters**
- ☐ **_____**

Group Materials:

- ☐ **Sign-in Roster** for Foster Parents
- ☐ **Release of Liability for Childcare Agreements**
- ☐ **Incentive for attending**

- ☐ **Name tags** for everyone in the room
- ☐ **Binders** for first session attendees
- ☐ **Handouts** for foster parents
- ☐ **Pens** and pencils
- ☐ **Flip chart**
- ☐ **White board**
- ☐ **Markers**
- ☐ **Visual aids**

"Engagement" Materials:

- ☐ **Zip-lock bags** for many of the items that follow
- ☐ **Coffee pot or air pot**
- ☐ **Coffee and coffee filters**
- ☐ **Condiments** for coffee
- ☐ **Snacks** for adults
- ☐ **Snacks** for kids
- ☐ **Napkins/paper towels**
- ☐ **Cups**
- ☐ **Paper plates**
- ☐ **Trash bags**
- ☐ **Paper or plastic table covering**
- ☐ **Non-violent movies for kids, books, puzzles, etc**.

KEEP Group Leader Certification Process

KEEP Group Leaders are eligible to apply for certification when they met the following criteria:

- They have completed three successful KEEP groups
- They have been present and leading at least 80% of the sessions over the three groups
- They have attended 80% of coaching calls
- They have collected and entered PDR, Parent Attendance, Parent Engagement, and their self-evaluation for each session
- They have met fidelity on their most recent group as a whole
- They have delivered key content (sessions on Charts, Limit Setting, Super-Tough Behaviors, and Power Struggles) to fidelity in at least one of their groups
- They have met with their supervisor and all parties agree that they are ready to apply and are strong candidates for certification. If their supervisor wants to check in on the likelihood of certification prior to submitting an application, that can be done in a meeting with the KEEP Implementation Manager.

Application for KEEP Group Leader Certification

Name:	Date of Application:	Agency:

To be eligible to apply, you must have:

- Attended initial 5-day KEEP training
- Led a minimum of three 16-week KEEP groups
- Attended at least 80% of the associated coaching calls
- Completed PDR, Attendance, Topics, and Session Evaluation for all groups. Please explain any missing data within the Session Evaluation or by using the FIDO icons.

Please list the groups you led:

- Include the name and date of the following key sessions below
- If you were absent for any of the key sessions, please note that and indicate when you were able to demonstrate the key strategy during another session
- We will always rate video from your most recent group unless you note otherwise

Group Name:	Key Content Session			
	Charts:	Discipline Strategies:	Power Struggles:	Super-Tough Behaviors:

Submit completed application to: KEEP@oslc.org

Receipt of your application will be confirmed via email. We will review and process your application within 30 days of your receipt confirmation.

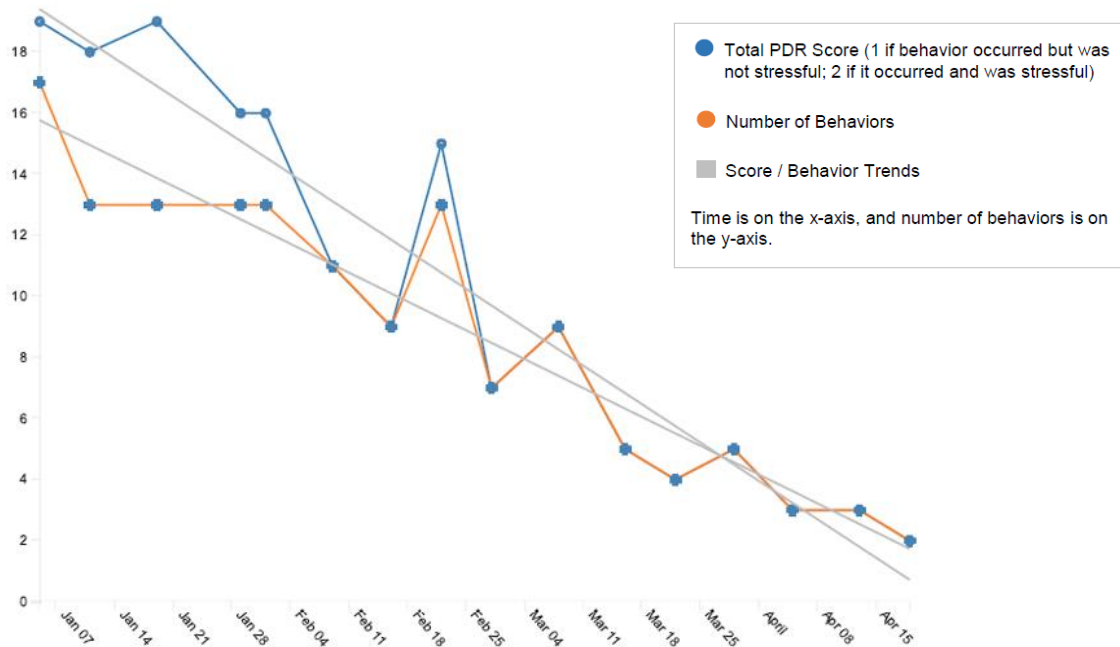The requirements for annual re-certification are:

- Lead at least one successful KEEP group per year
- Upload all videos to the fidelity monitoring website (FIDO) and complete associated data
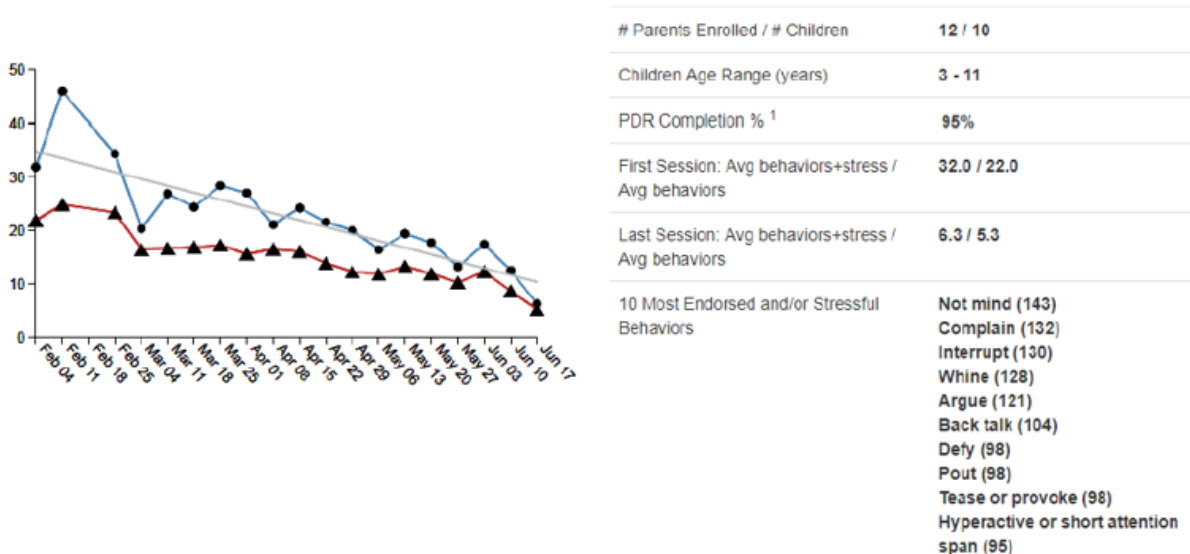- Attend monthly coaching with an ODI coach or local coach when actively running a group

Parent Daily Report

The Parent Daily Report (PDR) is collected once weekly via a phone call from KEEP Group Leaders to the foster/kin parents in their group. The PDR gathers information on child behavior and associated foster/kin parent stress within the last 24 hours. The PDR is shown to be a strong predictor of placement disruption.

Example PDR for a child:

Average PDRs of 10 children across a 16-week KEEP group:

# Parents Enrolled / # Children	12 / 10
Children Age Range (years)	3 - 11
PDR Completion % [1]	95%
First Session: Avg behaviors+stress / Avg behaviors	32.0 / 22.0
Last Session: Avg behaviors+stress / Avg behaviors	6.3 / 5.3
10 Most Endorsed and/or Stressful Behaviors	Not mind (143) Complain (132) Interrupt (130) Whine (128) Argue (121) Back talk (104) Defy (98) Pout (98) Tease or provoke (98) Hyperactive or short attention span (95)

KEEP Local Coaches

Local Coaches assume the role previously held by ODI coaches, including watching videos of KEEP Group Leaders and providing weekly feedback – both in writing and during consultation, completing the FAR (see below) for each session they watch, and leading trainings for incoming KEEP Group Leaders. Local Coaches are supported by an ODI Consultant, with whom they meet weekly for their first two groups to receive feedback and to troubleshoot any issues. When approved by their ODI Consultant, the meetings can move to once-monthly. Having KEEP coaching and training capacity within your agency makes it easier to train and support successive generations of KEEP Group Leaders, which can be especially helpful for agencies with a more dynamic workforce.

The coach–group Leader relationship is not therapeutic. The role of the coach is to further the professional development of the Group Leader with upbeat and focused coaching. Their job is to get Group Leaders to be reliable on the model, to prevent "drift," and to gradually help them increase their skills and understanding of the KEEP principles as they gain experience facilitating the groups.

On-site Training. Local Coach training is run by two ODI staff and can be done as a five-day training or be broken into two parts: three days for the coach training and two days teaching Local Coaches to run the five-day KEEP training with incoming Group Leaders. A Local Coach manual is provided for all participants in the training. Once Local Coaches have completed the two-day trainer training, an ODI staff member will shadow them as they lead a five-day KEEP Group Leader training to provide support and feedback.

Fidelity Adherence Rating (FAR) Training for Local Coaches. Local Coaches are trained using standardized training tapes on FIDO. They attend 3-5 videoconference meetings with an ODI FAR trainer to discuss their FAR rating. Before they begin coaching, they must reach 75% reliability with expert KEEP coders from ODI.

Local Coach/Trainer Job Activities

Coach	Trainer
Weekly coaching of active group leaders • Key principles • Session content • Role-play the role-play • Next session planning Coaching with your ODI Coach (weekly for the first two 16-week groups they coach)	Set up 5-day training • Supervisor support for no cell phones, coverage for court, etc. • Manual printing • Snacks, room, handouts, certificates etc. • Record sessions 4, 6, 8, 10 and upload to a KEEP Training Group in FIDO.

Watch and rate videos: • All sessions by uncertified Group Leaders • Key sessions from certified Group Leaders *FIDO hygiene for video review:* • *FAR on every video watched, unless you are running the group* • *Quarterly FAR reliability* • *Session feedback entered on all videos you are the coach for*	Lead 5-day training (see **Five Day KEEP Training for KEEP Group Leaders** on page 40 for more details) *Note: Schedule and plan a shadow training with the KEEP Program Implementation Manager*

KEEP Local Coach FTE

For each team of uncertified KEEP Group Leaders, a Local Coach will work 6 hours/week or .15 FTE. That covers:

- 3 hours to watch group video, code it for fidelity, and enter written feedback into FIDO
- 2 hours to prep coaching session, coach the KEEP Group Leaders for one hour, and upload video of coaching session and associated data to FIDO
- 1 hour consultation with ODI

Certified KEEP Group Leaders receive coaching monthly instead of weekly – so for a certified team, the Local Coach's FTE is 6 hours/month.

Group Leader Fidelity Reviews

ODI conducts two fidelity reviews per year on all certified KEEP Group Leaders. One is a semi-annual review and the other is recertification. ODI fidelity experts will watch and rate one or more key sessions (Sessions 4, 6, 8, and 10) from the Group Leader's most recent KEEP Group. The Group Leader, and leadership identified by your agency, will be sent specific feedback about the Group Leader's strengths and about areas for continued growth.

If a Group Leader does not pass a fidelity review, they will complete a "Fidelity Recovery Plan" which includes six weeks of skill-focused coaching with an ODI coach or a Local Coach at their organization and a follow-up fidelity review.