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Social Services Administration
Center for Excellence in Foster Family Development
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Final Progress Report
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Executive Summary

The Center for Excellence (CfE) in Foster Family Development grant was awarded eight million dollars by the Children’s Bureau to Maryland Department of Human Services Social Services Administration (DHS/SSA) for the period of October 1, 2019, through September 30, 2023. The University of Maryland, Institute for Innovation and Implementation (The Institute), partnered with DHS/SSA to implement the CfE. As a result, the CfE cooperative agreement was developed, outlining the model to improve child and family well-being through increased timely reunification or guardianship, and prevention of re-entry after reunification or guardianship. Its theory of change to achieve these outcomes was to prepare and support resource parents and families of origin to partner in shared parenting and use evidence-based parenting approaches, to improve child well-being.

The CfE developed and implemented the five strategies to implement this theory of change and support the attainment of desired outcomes.

1. To set expectations for child welfare staff and resource parents regarding their roles and responsibilities to ensure families of origin have the opportunity to engage in a co-parenting relationship with resource parents when their children are placed out of home, and they are working toward reunification and guardianships.
2. To prepare and support resource families to effectively embrace their roles in parent partnership and use of evidence-based parenting approaches through preparation and support. The evidence-based parenting models are similar but also designed for each population. Keeping Foster and Kinship Parents Supported and Trained (KEEP and KEEP SAFE) was designed for resource parents. Parenting through Change for Reunification (PTC-R) was designed for families of origin.
3. To prepare and support child welfare workers to embrace their roles to effectively support resource and family of origin partnership.
4. To invest in resource parent recruitment and support, and other innovative strategies, to support resource parents with practicing parent partnership.
5. To deliver comprehensive support to resource parents and families of origin such as mobile response and stabilization and enhanced planned respite.

The four-year agreement had two phases: Phase 1 (Fall 2019 through Summer 2021) and Phase 2 (Summer 2021 through Fall 2023).

- Phase 1 beginning was marked by a kick-off meeting with the Children's Bureau in December 2019 and wrapped up with the selection of Local Department of Social Services (LDSS) and their jurisdictions. Five LDSS were selected to pilot the CfE: Baltimore, Carroll, Frederick, Montgomery, and Prince George's counties. These jurisdictions represented Maryland's geographic diversity with one large, two medium and two smaller Maryland counties.

During this period DHS/SSA also sought and obtained Children's Bureau approval of the detailed model proposal, final evaluation plan, implementation tools and training curriculum, and a workplan to guide engagement of local staff who would lead implementation. The approved evaluation was designed to assess worker capacity to implement parent partnership practices, as well as resource and birth parent program outcomes and perceptions.

- Phase 2 beginning was marked by a kick-off for selected LDSS Implementation Teams in the Summer of 2021. Preparation, readiness assessment and engagement of selected LDSS sites' staff occurred throughout 2021. Delivery of services and support to families began in the Spring of 2022 and continued for 18-months through the agreement's conclusion on September 30, 2023. In the Summer of 2023, DHS/SSA and The Institute planned and conducted a sustainability assessment. Approval for a 5th year to fully implement the local sustainability plans and spend carry-over funding was requested by DHS/SSA but was not granted. The provision of an additional year would have allowed for better navigation of challenges encountered as a result of the global pandemic and staff shortages, ensuring an additional period to reach recruitment and evaluation goals and implement Mobile Response Stabilization Services (MRSS).

During this final period, The Institute provided technical assistance to DHS/SSA and LDSS to assess and reflect upon the local implementation capacity built and other strengths, as well as challenges. The evaluation team implemented data collection that gathered the perspectives of LDSS staff and families. Over the course of the 18 months that the CfE was serving families, 55 workers provided feedback on their understanding of the components of a parenting partnership program, 88 resource families (consisting of 136 individuals) committed to be CfE resource homes, and 19 families of origin (consisting of 19 individuals) were referred to PTC-R.

The CfE evaluation revealed positive outcomes. The education provided to the workforce, resource parents, birth parents through the CfE was found to be informative and useful. Overall strain experienced by resource families in the CfE program decreased, based on the training and support provided. Fully trained CfE resource homes demonstrated higher placement stability overall. This was measured through remaining in the same placement or moving to a less restrictive placement or permanency, compared to children placed in other homes.

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I. Introduction

The Center for Excellence (CfE) in Foster Family Development was a cooperative agreement awarded by the Children’s Bureau to Maryland Department of Human Services Social Services Administration (DHS/SSA) for the period of October 1, 2019, through September 30, 2023.

[Center for Excellence in Resource Family Development Overview](#)

The CfE cooperative agreement developed an approach or model to improve child and family well-being through increased timely reunification or guardianship, and prevention of re-entry after reunification or guardianship. Its theory of change to achieve these outcomes was to prepare and support resource parents and families of origin to partner in shared parenting and use evidence-based parenting approaches, to improve child well-being. This theory of change is founded on the idea that maintaining essential connections and providing consistency of care, protects against the trauma children/youth experience in out of home placement and transitions.

The CfE developed and implemented the five strategies to implement this theory of change and support the attainment of desired outcomes. Detailed description of activities and accomplishments to implement the five strategies is provided in the “Major Activities and Accomplishments” section of this report.

The first strategy was to set expectations for child welfare staff and resource parents regarding their roles and responsibilities to ensure families of origin have the opportunity to engage in a co-parenting relationship with resource parents when their children are placed out of home and they are working toward reunification and guardianship. LDSS and DHS/SSA leadership established these expectations through multiple communications. One key communication was guidance issued by DHS/SSA, “[Promoting Partnerships Between the Family of Origin and Resource Parents - Guidance on Comfort Calls and Icebreakers and Continuum of Contact](#)”.

CfE resource homes were recognized as such when at least one resource parent in the home committed to the completion of all required training on co-parenting with family of origin and evidence-based parenting. (These training requirements are described in the following strategy description.) CfE resource parents were recognized, rewarded, and incentivized in multiple ways, but a key incentive was an increased “CfE Differential” board rate for all eligible children placed in the CfE resource home. (This rate was to be provided ongoing for children placed in CfE resource homes to recognize the higher level of skills and professionalism achieved as a result of resource parent efforts, permanency goal and age).

The second strategy was to prepare and support resource families to effectively embrace their roles in parent partnership and use of evidence-based parenting approaches through preparation and support. Resource parents and family of origin were provided a shared foundation by participating in one of two well-established, evidence-based parenting models. This allowed resource parents and birth families to receive the same information and skills-based training and support so that resource parents and birth families have a shared framework for co-parenting while youth are in foster care. The evidence-based parenting models are similar but also designed for each population. Keeping Foster and Kinship Parents Supported and Trained (KEEP and KEEP SAFE) was designed for resource parents. Parenting through Change for

Reunification (PTC-R) was designed for families of origin. These models were selected based on New York City Administration for Children and Families' experience implementing both models. In New York City, KEEP and PTC-R, were implemented alongside a casework practice model and showed a 20% increase in permanent exits from foster care and a 14% decrease in placement moves (Chamberlain, Feldman, Wulczyn, Saldana, & Forgatch, 2016)" (GenerationPMTO).

Maryland's licensed kin and foster parents in Cfe jurisdictions who committed to being a Cfe home were expected to complete KEEP or KEEP SAFE. KEEP is a 16-week evidence-based support and skill enhancement program for resource parents of children ages 4-12 years old. ([KEEP Supporting Foster and Kinship Families: Foster/Kin Parent Handouts Standard Model](#)). KEEP SAFE is for resource parents¹ caring for youth ages 13+ years old ([KEEP Keeping Families Supported: Parent Handouts: KEEP SAFE](#)).

KEEP/ KEEP SAFE was selected because of its proven positive impact on resource parents and the children in their care. Rigorous evaluation has documented positive outcomes that include:

- Increased rates of reunification with biological or adoptive families;
- Reduced emotional and behavioral challenges for children and youth;
- Reduced lengths of stay in care;
- Reduced rates of placement disruptions;
- Increased rates of positive parenting and lower rates of harsh discipline;
- Reduced parent stress; and
- Longer tenure for foster parents providing care.

(Source: [CEBC](#) and [KEEP Research Page](#)).

Caregivers who participate in KEEP or KEEP SAFE attend weekly peer support and training sessions to learn to support child cooperation and new behaviors, use effective limit-setting, and manage their own emotions while parenting. The sessions are conducted by two trained facilitators who tailor each group session to the specific needs, circumstances, and priorities of participating parents.

Families of origin (including informal kin caregivers) with the goal of reunification or guardianship were offered PTC-R. PTC-R is a structured group intervention for parents separated from their children with a plan for reunification. Like KEEP/ KEEP SAFE, PTC-R focuses on improving parenting and social skills and preventing, reducing, and reversing the development of conduct problems in children and families. Also, like KEEP/ KEEP SAFE, caregivers who participate in PTC-R attend weekly peer support and training sessions conducted by two trained facilitators who tailor each group session to the specific needs, circumstances, and priorities of participating parents. A difference is that PTC-R is first offered for 10 weeks. Then as reunification approaches or occurs, six additional sessions are offered where the facilitator reviews relevant strategies and materials, focusing on the strength of the parents and rebuilding the family to support a stable reunification. This six-week follow-up is referred to as Parenting through Change-Return Home (PTC-RH).

¹ KEEP and KEEP SAFE models are also designed for informal kin caregivers, however this was not an included focus population for the Center for Excellence.

PTC-R has the following documented outcomes:

- Reduced coercive family processes
- Reduced child/youth behavior problems
- Stronger academic functioning and prosocial skills in youth
- Enhanced parental mental health and communication skills
- Prevent out-of-home placement

(Source: [CEBC](#))

Resource parents participated in foundational training developed by The Institute for Innovation and Implementation, University of Maryland, School of Social Work's Child Welfare Academy. This training for CfE resource parents allowed them to explore their role in leading the process of establishing and maintaining co-parenting, including developing trust and addressing implicit bias. These trainings drew on prior training provided by Maryland's Child Welfare Academy but were enhanced and compiled into a comprehensive curriculum through funding from the Children's Bureau Cooperative agreement. This training is described in greater detail in the "Major Activities and Accomplishments" section of this report.

The third strategy was to prepare and support child welfare workers to embrace their roles to effectively support resource and family of origin partnership. Child welfare workers participated in training focused on their responsibilities in fostering parent partnership. This training session is built upon the Maryland DHS/SSA integrated practice model training facilitated by the Child Welfare Academy. Additionally, it incorporates the integration of those skills into pre-service training for all workers. Alongside this training for workers was the expectation that child welfare staff access and provide comprehensive support to facilitate permanence. This training is described in greater detail in the "Major Activities and Accomplishments" section of this report.

The fourth strategy of the CfE was new investment in resource parent recruitment and support, and other innovative strategies to support resource parents with practicing parent partnership. In Maryland, resource parent recruitment is the responsibility of the Local Department of Social Services. Each of the CfE sites was provided with funding that allowed them to significantly revise or develop new recruitment materials and enhance recruitment efforts. A key new benefit LDSS participating in the CFE included in their recruitment communication was the opportunity to participate in the CfE and receive provided training and support and the CfE differential board rate.

The fifth strategy was the delivery of comprehensive support to resource parents and family of origin. These comprehensive supports included services such as: mobile response and stabilization, and enhanced planned respite. Mobile Response and Stabilization Services (MRSS) is a model that was to be offered as a main support within the CfE. It delivers immediate support and stabilization services to children, youth, and families in order to prevent or mitigate crises in diverse settings such as homes, schools, or communities. As will be discussed in the challenge section, MRSS could not be fully procured and implemented in the timeline associated with the cooperative agreement period. In lieu of this, LDSS participating in the CfE were provided additional funds to enhance the existing crisis support services available to CfE resource families and families of origin. Enhanced planned respite allowed resource parents greater flexibility and expanded access to respite care services.

The sixth strategy was to provide training, technical assistance, and continuous quality improvement data to local and state leadership in order to build capacity to co-design, implement, and sustain the CfE. Technical assistance (TA) was to be provided to both DHS/SSA and the participating LDSS to support their implementation of the CfE and build capacity to sustain the efforts. This technical assistance included opportunities for cross-jurisdiction learning of best practices to support resource parent preparation and support and management of a change effort. Technical assistance was informed by, and built local capacity to implement, best practices from implementation science.

II. Administration and Partnerships

Maryland is a state-run child welfare system where direct services to children and families are provided through Maryland's twenty-four Local Departments of Social Services (LDSS). Each LDSS Director reports to the DHS Principal Deputy Secretary and is responsible for ensuring that child welfare services are delivered to children and families in accordance with vision and policies set forth by Maryland DHS/SSA. DHS/SSA and LDSS partner regularly to develop improvement plans and implement new initiatives to support the transformation of Maryland's child welfare system. DHS/SSA collaborates with community-based organizations, non-profits, and university partners to coordinate resources and leverage expertise to create a more comprehensive support system for Maryland residents.

The Institute for Innovation and Implementation at the University of Maryland Baltimore School of Social Work (The Institute) contracts with Maryland DHS/SSA to serve as its primary workforce and resource parent training partner and provide technical assistance and evaluation for system transformation efforts. It provided technical assistance, training, and evaluation for the Center for Excellence cooperative agreement. DHS/SSA established annual contracts with The Institute. The Institute provided technical assistance; described in detail in the "Major Activities and Accomplishments" section. Technical assistance was provided to both state and local partners. The Institute supported partners by providing materials for and/or planning and facilitating all meetings, including filling in to provide project management for the DHS/SSA team before being fully staffed.

DHS/SSA was responsible for CfE project administration with support provided by The Institute. Throughout the duration of the grant period, The Institute and DHS/SSA met with the Children's Bureau, at least monthly, to provide updates on the CfE and to receive input, feedback, and approval on relevant action items and materials. These meetings provided an opportunity to ensure the project was moving forward according to expected timelines and to problem-solve barriers and challenges with the expertise of the program officer assigned to the project.

The Steering Committee held retreats at The Institute on November 1 and December 13, 2022, which focused on assessing progress in model development and implementation and developing a workplan for the next fiscal year to further advance the implementation and sustainability for the CfE.

Other contracted partners included the purveyors for the evidence-based programs (EBPs) that were core components of the CfE: Oregon Social Learning Center Developments, Inc. (ODI), the

purveyor of the Keeping Resource Parents Supported and Trained (KEEP) and KEEP SAFE models; and Implementation Science International, Inc. (ISII), the purveyor of Parenting through Change for Reunification (PTC-R). These agencies were contracted annually through sub-awards under The Institute. The Institute contracted with the purveyors to build capacity within The Institute to serve as trainer of trainers and coaches of coaches for the models, and to build lasting capacity to serve as intermediate purveyor of the model to support sustainability after the grant period. Until The Institute staff reached certification to take on this responsibility, the purveyors of the models provided oversight and training for the implementation of the EBP models. DHS/SSA and Institute staff with key roles and responsibilities — related to designing, implementing, evaluating the CfE and meeting grant deadlines and expectations— participated in the CfE Steering Committee. The Steering Committee met weekly throughout most of the award period to ensure development and implementation was on track, and to navigate challenges and questions.

The CfE was guided by an Advisory Committee that included key stakeholders such as, representatives from the Maryland Coalition of Families, the Maryland Resource Parent Association, Department of Human Services-Communications, Department of Human Services-Social Security Administration, Oregon Social Learning Center, Implementation Science International, Inc, the CEO of GroCharity Events, Maryland’s appointed Foster Youth Ombuds and Resource Parent Ombuds, and a youth and two adults with lived experience. The composition of the committee changed throughout the project to reflect the project’s needs and transitions within the represented organizations and teams. Over the course of the cooperative agreement, the Advisory Committee typically met on a quarterly basis with technical assistance provided by The Institute.

The CfE was implemented in five Maryland jurisdictions. In these jurisdictions, the Local Department of Social Services was responsible for CfE implementation. Each LDSS formed a local Implementation Team to lead the implementation of the CfE in their jurisdiction. Each team was composed of a lead facilitator, representatives from relevant departments of the agency (including foster care, resource parent recruitment, independent living) and a data manager. Throughout implementation, teams brought in new members as needed to ensure adequate connections throughout the agency to allow for the practice changes outlined by the CfE.

III. Major Activities and Accomplishments

Phase I: Design, Planning, Site Selection and Initial Readiness

The CfE cooperative agreement was awarded in Fall, 2019. In the first year, initiation of the CfE involved a December 2019 kick-off meeting at Maryland DHS/SSA with the Maryland DHS/SSA Secretary and Children’s Bureau. Concurrently, the Advisory Committee was formed. The Advisory Committee reviewed and made initial decisions about the CfE model design and development. Their activities included the review of a comprehensive national scan conducted by The Institute to identify trainings and interventions which could be used to support the goals articulated in the CfE proposal. The Advisory Committee assessed the PRIDE (Parent Resources for Information, Development, and Education) training curriculum to assess its alignment with the CfE goals. It also explored multiple resource parent training models and potential vendors.

Following a thorough review, The Advisory Committee concluded that the current Child Welfare Academy (CWA) training catalog provided a solid foundation for the development of a new resource parent training program. Similarly, the committee explored promising and evidence-based interventions that facilitate resource parent and birth parent partnership leading the committee to identify and select two EBPs: KEEP/KEEP SAFE and PTC-R/PTC-RH. See [Maryland's Center for Excellence in Foster Family Development Comprehensive Model Proposal](#), approved by the Children's Bureau.

In the Fall of 2020, The CfE Steering Committee conducted a webinar for Maryland's Local Departments of Social Services (LDSS) Directors and Associate Directors. The purpose was to provide an overview of the CfE model, enabling jurisdictions to consider their capacity and readiness for potential participation. The LDSS were subsequently invited to apply to the CfE using a standardized application created by the CfE Steering Committee that assessed their readiness and capacity to implement the model. An accompanying rubric was then used to review the applications and select 4-6 jurisdictions to participate. The Steering Committee also met with leadership in all jurisdictions that applied to assess their capacity and readiness to implement the CfE.

Five LDSS were selected in the Spring of 2021 to pilot the CfE, which consisted of one large, two medium and two smaller Maryland counties. The selected CfE sites were Baltimore, Carroll, Frederick, Montgomery, and Prince George's counties. SSA's Executive Director approved the selected sites and presented the slate to the Children's Bureau for final approval. The five LDSS were informed of their selection on April 14, 2021. The selected LDSS and DHS/SSA agreed to sign a [Memorandum of Understanding \(MOU\)](#) expressing their commitment to fulfilling the agreements of being selected as a CfE site.

The Steering Committee simultaneously engaged in the development of materials that would summarize the CfE to support each CfE site's recruitment of resource parents and family of origin. Materials referenced throughout this report were developed to support stakeholder understanding and interest in partnering to implement the CfE model and were made available on a DHS/SSA website promoting the public and stakeholder's understanding of the CfE. A key resource developed was the [Center for Excellence in Foster Family Development Overview](#).

On June 21, 2021, the Steering Committee hosted a kickoff to publicly celebrate the selected LDSS and to formally launch the CfE. Leadership, implementation teams, and LDSS staff from each of the five CfE LDSS were in attendance, as well as various community partners and stakeholders. The event intended to inform the broader community about the exciting opportunity awarded to Maryland by the Children's Bureau and to consider how they may support the work and the overall mission and values of the CfE within their role. Additionally, DHS/SSA issued a Press Release in August, 2021 ([DHS News Maryland Awarded Federal Grant to Establish National Model for Foster Family Development](#)).

Phase 1 activities addressed readiness, particularly aiming to support the first strategy of setting expectations for child welfare staff and resource parents' responsibilities under the CfE. This included the development of a CfE resource parent commitment form that described the preparation and practice CfE resource parents committed to, and in return, DHS/SSA provided a

differential (higher) board rate for eligible children placed in their home.

Materials were developed and distributed in partnership with the LDSS for families and staff.

To become a CfE resource parent, resource parents signed a commitment form that outlined training commitments and ongoing practices expected. The benefits and expectations of being a CFE resource home are outlined in the [Center for Excellence in Foster Family Development \(CfE\): Becoming a CfE Resource Parent](#) handout. (It is also provided in Spanish, [Centro de Maryland para la Excelencia en Desarrollo De Familias de Crianza Temporal \(CfE\): Como ser padre de acogida del CfE](#)).

In exchange, CfE resource homes were provided the [CfE Differential Board Rate](#) for any CfE eligible youth in their home, or the bed retainer rate to reserve the space in their home for CfE eligible youth. The differential board rate was provided to resource families once a CfE eligible child was placed in the CfE home. (Resource parents caring for children who are not designated as CfE children, including those ages 0-3 and ages 19-20 received the base monthly board rates.)

There were continuous efforts to set expectations and build buy-in for the responsibility associated with supporting parent partnership. The Steering Committee co-created with the LDSS the [Center for Excellence in Resource Parent Development Parent Partnership Practice Profile](#) and LDSS Child Welfare Worker Profile which can be found in [Guidance for Local Department of Social Services: Center for Excellence in Resource Family Development \(CfE\) Engagement and Preparation](#). The latter reframes the Parent Partnership Guidance issued by DHS/SSA to reflect the DSS worker's responsibilities. These practice profiles were referenced in the development of training to prepare and support resource parents and workers in fulfilling the role as outlined. The former builds on the Integrated Practice Model's Resource Parent Practice Profile.

The local implementation teams were provided materials that outlined the CfE and eligibility for participation. The Institute created a [Guidance for Local Department of Social Services: Center for Excellence in Resource Family Development \(CfE\) Engagement and Preparation](#) which provided detailed information on eligibility criteria for both resource parents and families of origin, instructions for how to refer families, and considerations for how to support families in building parent partnership. Additionally, a [Birth Family Guide](#) was developed to educate and engage families of origin in the CfE process. This guide is also provided in Spanish, [Guía para familias biológicas](#).

Last, when necessary, materials provided about the evidence-based parenting models were augmented or adapted. For example, The Institute collaborated with the PTC-R purveyor to develop a one-pager on PTC-R for LDSS staff in order to help them better consider the model for families with whom they work([Assessing Parenting Through Change Reunification's Fit](#)).

Throughout Phase 2, education and support to LDSS for family engagement was a primary area of focus.

- The Institute and purveyor provided KEEP model overviews for all sites on September 29, 2021 and October 1, 6, and 12, 2021 dates with 67 staff attending.

- PTC-R model overviews for all LDSS were provided by the model purveyors and The Institute on September 10 and 17, 2021 with 42 staff attending. A refresher on the model was also provided on July 18 and July 19, 2023 with 21 staff attending across all five LDSS.
- Implementation Science International Inc completed in-person site visits on April 24 and 25, 2023, meeting with all five CfE LDSS' site staff. A total of 78 staff and supervisors attended across all LDSS' sites.
- There were also ad-hoc and recurring meetings upon request with teams of staff and supervisors in jurisdictions. In total, The Institute provided 15 presentations to LDSS staff groups, including providing the quarterly presentation for all child welfare staff in Montgomery County which offered CEUs.

Phase 2: Capacity Building Through Implementation

Phase 2 was characterized by the initiation of capacity building before and throughout the period of engagement, training and support of parents. Phase 2 activities primarily aimed to support the second strategy, preparing resource families and families of origin to effectively embrace their roles in parent partnership. To establish a shared foundation for partnership, both resource parents and family of origin participated in one of two evidence-based parenting models that included capacity building, and initial as well as ongoing efforts to prepare the LDSS workforce to effectively engage, refer and support parents in participating in these evidence-based models.

Responsibility to facilitate, or deliver, the two evidence-based parenting models was initially the responsibility of the five LDSS. Through initial site agreements, LDSS committed to identifying staff to deliver the evidence-based parenting models. The Institute was to deliver the models alongside the LDSS staff with the objective of attaining the first level of certification required to deliver the models, and then continuing on to achieve Train the Trainer status. The Institute would then be able to continue to train new group leaders to deliver the model. As described in the following sections, LDSS were challenged to provide the staff time to facilitate the models and achieve certification. See [Lessons Learned](#) section. Additionally, see [Appendix I: Final Evaluation Report](#) for findings of KEEP, KEEP SAFE, PTC-R/RH impact.

PTC-R

LDSS and Institute staff who were interested in becoming PTC-R facilitators first completed a 10-day facilitator training. Shortly after, group facilitators (also referred to as group leaders) applied their acquired skills by facilitating either a real parent group or a mock parent cohort. The PTC-R facilitator training was held on January 10 through 14, 2022, February 15 and February 16, 2022, and March 8 and 9, 2022. Due to the COVID-19 pandemic safety precautions, these trainings were conducted entirely virtually, rather than in-person. Eight LDSS staff participated in the training to deliver PTC-R, including one staff from Baltimore County, three from Carroll County, two from Frederick County, and two from Prince George's County. Not all staff who started the training to become a facilitator completed the training.

Three Institute staff immediately applied their training to the first PTC-R Cohort, which began in January 2022. Meanwhile, staff awaiting the start of a second cohort were involved in PTC-R facilitator training, which included co-facilitating 10 sessions of a mock group from late January

to early April 2022. Five LDSS staff co-facilitated mock sessions to better prepare them for co-leading a live group. Trained LDSS staff were invited and encouraged to facilitate groups to progress towards certification as Group Leaders able to facilitate groups independently. For a variety of reasons, particularly staffing capacity issues, only two out of five LDSS' sites were able to fulfill their initial commitment to have a staff person certified as PTC-R Group Leader.

PTC-R group leaders must meet the following criteria for certification established by the purveyor, Implementation Science International, Inc.:

- Attend 80% or more of the initial group leader training
- Co-facilitate a minimum of two parent groups (10-sessions each) with acceptable Fidelity of Implementation Rating System (FIMP) scores
- Co-lead at least 50% in a two-leader group, or 33% in a three-leader group
- Upload videos from each session, complete session feedback forms, and review and incorporate coaching feedback (co-facilitator/reflective team coaching and written feedback)
- Complete self-assessment interview
- Achieve fidelity ratings in the "green" range (using the Fidelity of Implementation Rating System (FIMP))

Once the criteria above were met, group leaders were required to co-lead two certification specific groups, 10 sessions each. From those groups, four sessions were identified and rated for certification. Included were videos, session forms, and FIMP evaluations.

Once PTC-R certification was attained by a group leader, the PTC-R model purveyor determined that co-leaders were eligible to participate in Parenting Through Change- Return Home (PTC-RH) groups. For those eligible, training for PTC-RH was held on September 18, 20, and 21, 2023. There were four participants from three CfE sites (Carroll, Frederick, and Prince George's counties).

PTC-R and PTC-RH were offered when the minimum number of three participants required by the PTC-R purveyor to hold a group were enrolled.

In order to conduct groups for Spanish-speaking parents, a Spanish-speaking facilitator was contracted through the PTC-R purveyor to partner with a Spanish-speaking LDSS group leader from Prince George's LDSS to co-lead Spanish speaking groups. Key dates and major milestones are outlined below.

PTC-R Groups:

- Cohort 1 graduated on April 25, 2022, with 3 families.
- Cohort 2 (Spanish speaking) graduated on June 17, 2022, with 3 families.
- Cohort 3 graduated on September 1, 2022, with 6 families.
- Cohort 4 graduated on November 7, 2022, with 3 families.
- Cohort 5 (Spanish speaking) graduated on January 5, 2023, with 3 families.
- Cohort 6 graduated on February 23, 2023, with 10 families.
- Cohort 7 graduated on April 13, 2023, with 3 families.
- Cohort 8 graduated on June 29, 2023, with 6 families.

- Cohort 9 graduated on September 19, 2023, with 10 families.
- Cohort 10 graduated on October 12, 2023, with 7 families.

PTC-RH (Return Home) Groups:

- Cohort 1 graduated on December 20, 2022, with 2 families.
- Cohort 2 graduated on March 21, 2023, with 5 families.

KEEP/ KEEP SAFE

KEEP Group Leader (KGL) training began with an initial five-day foundation KEEP training. After this initial training, KGLs were required to complete one mock training session before beginning with a live parent cohort. KEEP groups were led by two KEEP Group Leaders who were trained and supervised to skillfully implement the program, adhering to the validated model. The purveyor requires KGL's to draw from the established model but also tailor each session to the specific needs, circumstances, and priorities of participating parents and their children. During this time KGLs attended weekly coaching sessions with purveyors.

KGLs who co-facilitated three complete cohorts and met fidelity indicators established by the purveyor, ODI, were able to achieve model certification. KGLs must submit an application which was reviewed and approved. Criteria:

- Present and lead 80% of the sessions over three groups
- Attend 80% of coaching calls
- Collect and enter parent daily reports, parent attendance, parent engagement, and their self-evaluation for each session
- Meet fidelity on their most recent group as a whole
- Deliver key content to fidelity across four key sessions

Once a KGL was certified in KEEP, they are then eligible to train in the KEEP SAFE model which serves parents caring for children over the age of 13. KEEP SAFE training occurs over multiple days, and after the successful completion of one KEEP SAFE group (meeting the same criteria as above), KGLs may apply for KEEP SAFE certification as well. After successful certification in KEEP and KEEP SAFE, KGLs are eligible to participate in training to allow them to begin providing training for new facilitators and to provide coaching directly.

Initial KGL training was delivered in two cohorts, January 26 through February 1, 2022 and February 23 through March 1, 2022. Between both sessions, a total of nine LDSS staff across the five jurisdictions participated: one from Baltimore County, one from Carroll County, three from Frederick County, three from Montgomery County, and one from Prince George's County. Two resource parents from Baltimore County also participated in training to become KEEP Group Leaders. Montgomery County contracted with a previous employee who was trained as a KGL to build their capacity to provide KEEP locally. (Not all training participants completed the training.)

Mock KEEP session facilitation occurred on February 4, 9, and March 17, 2022.

Participating staff were then invited and encouraged to facilitate groups to progress towards certification as KGLs. For a variety of reasons, particularly staffing capacity issues, only 1 LDSS

staff from Prince George's County was certified as a KEEP Group Leader.

Training for KEEP SAFE was held on February 8-10, 2023 with four staff participating (three from The Institute, and one from Prince George's County Department of Social Services).

KEEP Coaches and Train the Trainer sessions were held on September 25-27, 2023 with three staff participating (two from The Institute, and one from Prince George's County Department of Social Services).

KEEP or KEEP SAFE Groups were offered when the minimum number of participants required to hold a group were enrolled. Key dates and major milestones are outlined below.

KEEP Groups:

- Cohort 1 graduated on June 1, 2022, with 8 families representing all five CfE sites.
- Cohort 2 graduated on July 13, 2022, with 6 families.
- Cohort 3 graduated on October 10, 2022, with 5 families.
- Cohort 4 graduated on October 27, 2022, with 6 families.
- Cohort 5 graduated on January 25, 2023, with 5 families.
- Cohort 6 graduated on March 13, 2023, with 7 families.
- Cohort 7 graduated on September 26, 2023, with 5 families.

KEEP SAFE Groups:

- Cohort 1 graduated on June 22, 2023, with 8 families.

Parent Partnership Training with Resource Parents

The CWA at The Institute designed The Parent Partnership Curriculum for CfE Resource parents. It spans four training modules totaling eight hours.

- Module 1 – [Promoting Partnership Recorded Webinar](#) (On-Demand webinar, pre-KEEP completion). The module sets the expectations for resource parents, families of origin, and the workforce. This recording was provided by the Maryland Resource Parent Association, (who had created the initial webinar for resource parents on DHS/SSA behalf) and then edited for CfE use. The training discusses the formalization of partnerships including Comfort Calls, Ice Breakers, and Continuum of Contact.
- Module 2 – Partnering with Family of Origin: A Foundation (2 hours, live webinar, pre-KEEP completion). This module focuses on Maryland's Child Welfare Transformation Efforts, including [DHS/ SSA Integrated Practice Model for Child Welfare and Adult Services](#) (IPM) and Family First Prevention Services Act (FFPSA). The module reviews the short- and long-term benefits of maintaining family of origin connection for children, families, and the workforce. The training addresses personal bias and introduces strategies to support authentic partnership, while highlighting the critical role of the resource parent.
- Module 3 - Building Partnership in Support of Reunification (3 hours, live webinar, mid-KEEP completion), This module applies a trauma-responsive approach to addressing

biases and barriers to building parent partnership in support of reunification. Actionable strategies for parents, caregivers, and the support of children through reunification are addressed. Time was also spent acknowledging the emotional and psychological impact of reunification on resource parents.

- Module 4 – Ongoing Partnership and Bridging KEEP & PTC-R (2 hours, live webinar, after KEEP completion). This module introduces mentoring and shared parenting in the context of the skills learned in KEEP and PTC-R. There was also discussion around post-permanency relationships, self-care, boundaries, and relationship repair.

The training was delivered on the following dates, with the following number of resource parents participating. *See evaluation report for a summary of impact.*

- *Promoting Parent Partnership DHS Guidance* (available on-demand) - 74 parents completed the training.
- *Partnering with the Family of Origin - A Foundation*: 84 parents completed the training.
 - March 25, 2022, with 16 participants.
 - April 11, 2022, with 19 participants.
 - May 23, 2022, with 11 participants.
 - August 23, 2022, with 14 participants.
 - October 21, 2022, with 5 participants.
 - January 11, 2023, with 5 participants.
 - March 27, 2023, with 7 participants.
 - May 23, 2023, with 7 participants.
- *Building Partnership in Support of Reunification*: 54 parents completed the training.
 - April 29, 2022, with 7 participants.
 - June 16, 2022, with 7 participants.
 - July 20, 2022, with 7 participants.
 - September 21, 2022, with 11 participants.
 - November 17, 2022, with 7 participants.
 - February 15, 2023, with 4 participants.
 - September 5, 2023, with 11 participants.
- *Ongoing Partnership and Bridging KEEP & PTC-R*: 47 parents completed the training.
 - June 28, 2022, with 11 participants.
 - October 25, 2022, with 12 participants.
 - January 27, 2023, with 7 participants.
 - March 20, 2023, with 6 participants.
 - October 17, 2023, with 11 participants.

Additional Phase 2 activities included those designed to support the third strategy to prepare child welfare workers to embrace their roles to effectively support resource and family of origin partnership.

The Institute drafted and disseminated a survey for all child welfare staff in the five CfE

jurisdictions to assess staff's understanding of the expectations outlined in the *DHS/SSA Promoting Parent Partnership Guidance* and their experiences implementing the practices. The results provided insight into the training and support needed to fully implement these partnership practices. The survey results were reviewed during LDSS Quarterly Leadership meetings where there was opportunity to discuss and provide feedback on a plan to train all LDSS staff in parent partnership. See [Final Evaluation Report](#) for survey results.

The Institute's Child Welfare Academy developed a training curriculum for LDSS staff on Parent Partnership for the five LDSS participating in the CfE. This training was built upon the Maryland DHS/SSA integrated practice model training provided by the Child Welfare Academy. It provides a foundational knowledge and understanding of the critical role of the child welfare workforce in supporting parent partnership between birth parents and resource parents. The [Promoting Partnerships Between the Family of Origin and Resource Parents - Guidance on Comfort Calls and Icebreakers and Continuum of Contact](#) was reviewed and utilized to promote and outline best practices for facilitating authentic engagement, partnership, and teaming to build a positive, trusting co-parenting relationship. The benefits and challenges of parent partnership for the child, birth parents, and resource parents were outlined, and actionable strategies for facilitating parent partnership were analyzed and discussed. At the conclusion of the training, participants developed an action plan based on the identified needs and challenges of their LDSS to begin to actualize best practices around engagement and parent partnership practices.

Ten training sessions were scheduled to accommodate up to 400 LDSS staff between June-September 2023 occurring varying days and times of the week. Two initial sessions were targeted specifically for supervisors, with the eight remaining sessions open to any staff. LDSS staff were able to earn Continuing Education Units (CEUs) for their participation. By the close of the cooperative agreement, 229 LDSS staff across the five CfE LDSS' sites were trained. Supervisors were encouraged to attend one of the first sessions to enable them to further help their staff understand the expectations and support the implementation of new practices. The sessions were well attended and feedback from participants was very positive. [See Final Evaluation Report for a summary of training impact.](#)

Several jurisdictions used CfE funding allocated to their jurisdiction to bring resource parents and families of origin together through events that created opportunities for dialogue and/or fun centered around the children/youth such as a magic show or trip to a petting zoo. These events had the intent and impact of supporting "normalization" of the resource parent and family of origin relationship. One jurisdiction created a dedicated space at the LDSS for family of origin and resource parent visitation together with the child/youth.

A fourth strategy of the CfE was investment in resource parent recruitment and other innovative strategies generally developed and led by resource parent units.

LDSS implementation teams developed strategies and action plans for resource family recruitment, and progress was shared with other LDSS implementation teams in Quality Improvement Collaboratives (QICs). Jurisdictions all engaged in a process of shifting their recruitment messaging and outreach to resource parents so that they were able to attract resource families who were committed to family of origin partnership and supporting reunification.

LDSS used CfE funding allocated to their jurisdiction to create brief promotional videos including a 3-minute video spotlight on the need of resource homes for older youth.

A fifth strategy was the delivery of comprehensive support to resource parents and family of origin.

A key support to be made available to resource parents as well as family of origin, was mobile response and stabilization. Originally, the intent of the CfE model was to make MRSS available to every resource family when a child was placed. Despite federal cooperative agreement funding, the procurement of MRSS services had to adhere to Maryland state procurement regulations. DHS/SSA initially aimed to procure MRSS in Maryland through a Request for Proposal (RFP), but unfortunately received no bids. Consequently, two procurement attempts were made. DHS held two pre-bid conferences and an open forum involving potential vendors to bolster these procurement efforts. DHS/SSA then undertook a third effort and partnered with the Maryland Department of Health (MDH)/Behavioral Health Administration (BHA) to implement a modified approach. DHS/SSA consulted with the Children's Bureau regarding the procurement challenges and presented a modified plan that was subsequently approved. The plan became a statewide approach that required existing MDH/BHA vendors, who had crisis service capacity, to add in components of MRSS. It was also understood that an approach that supported all Maryland families who contacted BHA requiring crisis response and stabilization services and used federal funding available to MDH/BHA for these types of services was sustainable. This was a change from the original conception of MRSS in the CfE. MDH/BHA drafted vendor contract modifications to incorporate components of the MRSS and prioritized the five CfE LDSS sites. DHS/SSA provided MDH/BHA CfE funds to support the additional components. MDH/BHA then ran into challenges procuring the training and technical assistance in MRSS for vendors. At the point of CfE ending on September 30, 2023, MDH/BHA indicated they were planning to issue an RFP to procure MRSS training for vendors.

A key aspect of the LDSS Resource Parent worker role is the planning and engagement of resource parents to use "enhanced respite" made available through CfE funding. DHS [Center for Excellence in Resource Family Development Respite Care Guidance](#) was finalized on 5.12.22. The QICs offered opportunities to share and discuss resource parent unit worker's efforts to engage resource parents in the changes in their practices necessary to improve the use of planned respite.

A sixth strategy was to provide training, technical assistance, evaluation, and continuous quality improvement data to local and state leadership in order to build capacity to co-design, implement and sustain the CfE.

Throughout the cooperative agreement period, The Institute provided technical assistance (TA) to the participating LDSS to support the implementation of the CfE and build capacity of local staff to sustain the efforts. TA was tailored and comprehensive.

Customized TA was provided to LDSS Implementation Teams through monthly engagement in each LDSS's Implementation Team meetings to monitor and discuss implementation progress.

This time often led LDSS to consider new strategies for engaging families in the CfE and supporting the continued implementation of the CfE. TA calls also allowed for the implementation teams to celebrate their successes and identify next steps to expand implementation of the CfE in their jurisdiction.

The Institute's TA Lead held one-on-one prep calls monthly with each LDSS's implementation team lead to identify upcoming priorities and provide an opportunity for problem-solving between monthly TA calls with the full LDSS Implementation Team. Also, LDSS Implementation Teams were meeting without TA present, so this one-on-one provided an opportunity to support the work that happened outside of meetings. For the two LDSS with the most significant staffing challenges, enhanced TA support was provided to compensate for staffing challenges, including direct outreach to eligible resource parents, and onboarding new staff to the CfE.

On a monthly basis, beginning with the first PTC-R and KEEP Groups, The Institute prepared and shared monthly data reports by jurisdiction. The monthly CQI data reports included CfE resource parents' referrals, enrollment, and completion of KEEP/PTC-R and other training modules.

Additionally, The Institute planned and facilitated individualized Quarterly LDSS Leadership Meetings with LDSS. These meetings were consistently attended by LDSS Administrators or Assistant Directors and DHS/SSA CfE leadership. They provided an important opportunity for the leadership in each jurisdiction to stay apprised of the successes, challenges, and needs of the site's implementation team. CQI data reports were the primary focus of the Individualized Quarterly Leadership meetings. The data informed goals and strategies for the next quarter. In each subsequent quarter progress was reviewed and barriers to achieving the site's goals were discussed. This Plan-Do-Study-Act approach allowed LDSS and DHS/SSA to reflect on implementation of the CfE, which strategies were successful and should continue, and identifying shifts to make in strategy or approach.

To support consistency and learning across jurisdictions, The Institute planned and facilitated quarterly Quality Improvement Collaborative (QIC) meetings that brought together the LDSS CfE Implementation Teams from the five LDSS' sites, the Children's Bureau, and DHS/SSA. Additionally, special guests attended the QICs as needed, for example the state's Local Behavioral Health Authorities, who were implementing Mobile Response and Stabilization Services (MRSS). These meetings provided an opportunity for CfE LDSS' sites to share successes, challenges, and co-develop strategies to increase engagement and successful implementation. During QIC meetings, the LDSS CfE Implementation Teams reviewed data, and participated in breakout group activities and full group discussions that facilitated cross-site sharing of ideas and techniques and encouraged consideration of how to achieve CfE goals. QIC meetings were held on June 21, 2021, August 4, 2021, September 30, 2021, December 14, 2021, March 17, 2022, July 11, 2022, September 20, 2022, December 1, 2022, March 29, 2023, June 21, 2023, and September 20, 2023. QIC topics included:

- Orientation to implementation science
- Readiness assessment
- Work planning

- Family engagement and outreach, including successes, challenges, and strategies for overcoming barriers to engagement.
- Envisioning success from the perspective of families, aiming to set goals and build on accomplishments to-date.
- Preparation for assessment of implementation sustainability
- Extensive opportunities to deepen understanding of the CfE strategies and activities associated, such as MRSS, KEEP/KEEP SAFE, PTC-R/ PTC-RH, Planned respite, etc.

Throughout the cooperative agreement period, there was continuous TA provided to support DHS/SSA and LDSS with building stakeholder understanding and engagement with the CfE. In addition to the materials and presentations described previously, The Institute delivered or supported presentations to stakeholders upon LDSS and SSA request, such as court workgroups and local CASA providers.

IV. Evaluation Activities and Results

The evaluation was designed to assess worker capacity to implement parent partnership practices, as well as resource and birth parent program outcomes and perceptions. The Institute's evaluation team received Requirements Review Board approval in December 2021 and full Institutional Review Board approval from the University of Maryland, Baltimore on August 21, 2021. The [Maryland Center for Excellence Evaluation Plan](#) was modified a couple of times, primarily to adjust the consenting process and the ability to provide incentives via electronic gift cards due to the COVID-19 shutdowns.

Over the course of the 18 months that the CfE was serving families, 55 workers provided feedback on their understanding of the components of a parenting partnership program, 88 resource families (consisting of 136 individuals) committed to be CfE resource homes, and 19 families of origin (consisting of 19 individuals) were referred to PTC-R.

The broad consensus is the education provided to the workforce, the resource parents, and the birth parents through the CfE were informative and useful.

In the workforce training on the Promoting Parent Partnership, participants identified that they had an increased level of competence (increasing their perceived level of competence in the topic from 7.7 out of a 10-point scale to 8.9 out of a 10-point scale). Workers also felt that the training will have a large impact on their work in the future and they had confidence that they could integrate the training content into their work.

Resource family caregivers who graduated KEEP and KEEP SAFE identified that they had an increased level of competence (increasing their perceived level of competence in the topic from 6.9 out of a 10-point scale to 8.5 out of a 10-point scale). Resource family caregivers also felt that the training will have a large impact on their caregiving in the future and they had confidence that they could integrate the training content into their caregiving.

The birth families that participated in PTC-R reported that they had gained skills in ways to communicate more effectively with their children/youth and to control their own emotions and

reactions toward their youth. These participants felt that the parent training program was effective and wanted additional trainings.

The overall strain experienced by resource families in the CfE program decreased based on the training and support provided to them.

As expected, the overall strain experienced by resource families decreased significantly between pre-test and post-test and at the three-month follow-up. This change suggests that the resource families are able to use the skills that they learned during the CfE to manage the behaviors of the children placed with them. Similarly, the perceived severity of problem behaviors experienced by resource families had a significant decrease between pre-test and post-test, dropping from a score of 143.8 at pre-test to 98.7 at post-test. Similarly, the number of behaviors that resource parents viewed as problematic also decreased from pre-test to post-test, dropping from an average of 9.8 problem behaviors to an average of 6.9 problem behaviors. However, at the three-month follow-up the perceived severity of problem behaviors had increased to 129.7, higher than at post-test, but below the pre-test level, as had the number of problem behaviors reported.

Fully trained CfE resource homes have higher placement stability overall (as measured through remaining in the same placement or moving to a less restrictive placement or permanency) compared to children placed in other homes.

The results of the administrative data examination of placement stability suggests that children placed in CfE resource homes (either those that became fully certified or who just graduated from KEEP/KEEP SAFE) have greater stability in their placements or will move to more desirable placements or permanence compared to resource homes in the same counties that did not participate in the CfE, and when compared to a matched group of children. Of the children placed in fully trained and certified CfE homes, 86.5% (90% of those who had a permanency plan of reunification) achieved what is considered positive stability (either remain in the same home, move to a relative placement, or exit care to permanency). Of the children who were placed in resource homes that graduated from CfE, 73% (72.5% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the children who were placed in resource homes that were referred to the CfE but did not complete or chose not to participate, 68.2% (56% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the administrative data comparison children who were matched to children placed in fully trained and certified CfE homes, 47.1% (50% of those who had a permanency plan of reunification) achieved what is considered positive stability.

Please see the [Appendix I: Final Evaluation Report](#) for further information.

V. Implementation Lessons Learned

The CfE provided an opportunity for Maryland to build upon more than a decade of sustained efforts to improve permanency, safety, and well-being. These efforts included the state's investment in preventing entry into out of home care through its Title IV-E Demonstration Waiver; significant investment in practice improvement by implementing the Integrated Practice Model; and, most recently, efforts to implement the Family First Prevention Act and the Quality

Service Reform Initiative. Through all of these initiatives Maryland DHS/SSA is making substantial efforts to learn what worked and apply lessons to future implementation.

As the evaluation section just described, the CfE had an overall positive impact on children/youth in CfE resource homes where the caregivers completed KEEP/ KEEP SAFE or all the CfE training requirements. This is extremely noteworthy because it upholds two key lessons learned:

- KEEP/ KEEP SAFE and the Parent Partnership training, which were provided to resource parents, positively impacted them and the CfE eligible children placed in their homes.
- The Promoting Parent Partnership training provided to the workforce in CfE LDSS' sites was reported to improve staff competency as well as other predictors supporting resource and family of origin parent partnership.

The CfE implementation challenges, efforts to address challenges, and lessons learned for future improvement efforts are summarized in this section. As the evaluation report describes, challenges in many ways limited the ability of the evaluation team to conduct as robust an evaluation of impact, particularly on families of origin, as initially planned.

Provide materials and family of origin supports/ interventions in Spanish, and other languages, when possible

The CfE recognized early in the implementation process that it would need to make materials and PTC-R available in Spanish in order to reach the populations that could benefit from the intervention. This was not originally included in the initial contracts. However, to address this challenge, The Institute was able to amend its subcontract with the PTC-R purveyor and partner with Prince George's LDSS, who had the highest number of Spanish-speaking families to deliver PTC-R in Spanish.

No "planning year" allowed in cooperative agreement and a delayed start due to COVID pandemic disruption

The CfE did not begin to serve families until 2.5 years after the cooperative agreement was awarded. This was due primarily to delays getting started in the first 1.5 years. The LDSS implementing the CfE were not selected until Spring 2021, and readiness did not begin until Summer 2021, nearly two years after the award began. Ultimately, services were only available to families for roughly 18 months of the four-year agreement.

The first year of the Cooperative Agreement was the beginning of the COVID-19 pandemic, which created early and significant challenges adequately engaging staff and stakeholders, because all were stretched responding to the associated challenges for systems across Maryland and the country.

Additionally, when Maryland applied for the CfE, its vision was strongly held by DHS/SSA Executive Director, Rebecca Jones Gaston, and the DHS/SSA Director for Permanency and Placement. Both leaders left DHS/SSA soon before or soon after receipt of the award, resulting

in a brief loss of direction. There then remained a vacancy in the Permanency and Placement Director position, which further contributed to delay starting in the first year.

The proposed “CfE model” and Phase I work plan were subsequently approved by the Children’s Bureau for implementation in Year 2 of the grant period, later than agreed through the initial Cooperative Agreement.

Lessons Learned: The CfE would have benefited greatly from the allowance of an initial planning year, so that, even with the wholly unexpected event of a global pandemic and staff turnover, there would have been one more additional year to reach recruitment goals.

Early and often engagement of LDSS staff at all levels throughout the LDSS

One of the most effective implementation strategies was regular engagement of LDSS and SSA Leadership to review continuous quality improvement data and to charge local implementation teams. One fallacy that was established and had to be overcome early, was the idea that the CfE was limited to engagement of resource parents. Within the first year, it became clear that implementation teams required representation from administrators and managers across all three areas of children’s services: protection, foster care, and family preservation.

Also, while the LDSS selected always demonstrated a strong commitment to the CfE model, site selection occurred after model development - LDSS implementing the model were not involved in its development. The initial proposal’s timeline did not provide for sufficient time in the first year to seek adequate LDSS input. It also did not allow for sufficient time to fully accommodate early readiness issues in the jurisdictions when presented with challenges early on.

Lessons learned: Replicate quarterly leadership meetings and quality improvement collaboratives to build staff buy-in and build local capacity. Also, sequence LDSS selection so that LDSS have greater opportunity for input before the model is final. In addition, create flexibility to adjust the timeline to be able to pause and both address local readiness challenges and adapt the model design to accommodate potential local solutions to challenges.

LDSS staff shortages

There were ongoing challenges and concerns around staffing capacity that had a direct impact on the LDSS’ ability to dedicate time and resources to the CfE. Baltimore County and Montgomery County DSS were battling particularly severe staffing shortages throughout the duration of the cooperative agreement. This left their staff inadequate time to fully engage parents in the CfE. LDSS Implementation Teams consistently acknowledged that the vacancies in their jurisdiction led to overwhelming caseloads and workloads for staff throughout the agency. The overwhelming workload limited workers’ ability to implement best practices for assessing, teaming, and referring to services and supports. Supervisors and managers were protective of staff time and hesitant to commit staff to new practices.

Additionally, LDSS staff tasked with leading the implementation of the CfE did not have responsibilities removed from their workload.

Each of the LDSS remained engaged in the CfE despite their staffing challenges. Counties required enhanced TA support to compensate for staffing challenges. The Institute conducted direct outreach to eligible resource parents and families of origin identified by the LDSS to enroll them in the CfE. The Institute onboarded new LDSS staff to the CfE. As discussed, monthly TA assisted leaders with problem-solving and identified creative ways to resolve challenges. Institute staff attended staff meetings and other events hosted by the LDSS to help promote the CfE.

Lessons learned: Commit local staff positions who have time to lead change efforts.

Need for earlier targeted support/ training for LDSS on how to facilitate parent partnership

Maryland DHS/SSA implemented the CfE on the heels of rolling out statewide training for all staff on the Integrated Practice Model, which communicated the expectation of and supported workforce to partner with families through collaborative assessment, teaming, planning, intervening, etc. However, during implementation, staff reported mixed levels of skill and comfort facilitating parent partnership (practices beyond facilitating Comfort Calls and Icebreakers). To respond to workforce needs for support, the CfE added training for LDSS staff on the importance and benefits of parent partnership. However, this was implemented in Summer, 2023, instead of at the outset.

Lesson learned: Staff needed targeted training earlier in the CfE implementation on their roles and the skills needed to facilitate parent partnership.

Lower than desired rates of referrals

The CfE sites faced a number of unexpected challenges with recruiting and referring both resource parents and families of origin to participate in the CfE. Reasons vary by site but include the aforementioned staffing challenges.

Resource Parent Referrals: Generally, LDSS reported a lack of resource parents to refer. This was due either to a general lack of resource homes, or the fact that the children in the resource homes in the LDSS were not in the focus age range for KEEP. Resource homes with older youth, 13 and up, were required to wait until KEEP SAFE became available.

KEEP/KEEP SAFE requires resource parents to have a child currently placed in their home 4 years or older. Many LDSS reported that the resource homes that wanted to participate in the CfE currently only had children aged 3 and under placed with them or were unable/unwilling to accept teen placements without further support. The resource parent(s) committed to completing all the training requirements and may have started the parent partnership training, but never had an eligible child placed with them.

LDSS expressed that a statewide recruitment of resource parents for teens, the availability of KEEP SAFE, and MRSS would have helped them to better recruit resource parents interested in having older youth placed with them. KEEP SAFE was only available for the last 9-months of

the CfE, which also limited time to test that concept. This was due to the capacity building timeline. KEEP SAFE facilitator certification requires certification in KEEP first, but certification in KEEP requires a certain number of groups to be completed. Only a few KGLs were able to complete these requirements, in part due to the low-referral rates of resource parents eligible for KEEP and the minimum required participants for each cohort to run. The KEEP SAFE training in February 2023 allowed the CfE to begin working with resource parents caring for youth thirteen and older.

Additionally, MRSS was not able to be implemented during the grant period. The LDSS' sites reported this impacted referral rates because they could not recruit resource parents who were committed to caring for older youth without these supports. Many resource parents did not feel they could care for teens in their homes without the added support provided by MRSS. As discussed, DHS/SSA attempted to procure MRSS directly twice and through partnership with MDH/BHA a third time. In light of the procurement challenges, all LDSS were provided additional funds to augment their existing crisis support services to ensure all CfE children, youth, and families received crisis and stabilization services as needed.

Family of Origin Referrals: Overall, family of origin referrals were much lower than desired. Another consistent challenge to family of origin referrals was family readiness to engage. LDSS reported families needed to focus on working to meet other critical needs, such as substance abuse or mental health, before strengthening parenting skill development. Also, two LDSS reported that competing parenting programs for families of origin may have impacted referrals. Implementation Team members noted that there was a parenting program that they had a long-standing relationship with that staff generally referred families to first. In the event that the other parenting program was full, they were more likely to explore referrals to PTC-R. As understanding and awareness of PTC-R grew among all foster care staff, staff were more likely to consider which program fit the needs of the family best and refer based on family needs. However, LDSS reported that initially, this competition impacted PTC-R referrals.

The Institute supported the LDSS to address these challenges by supporting them, when possible, to develop a list of eligible families of origin to consider if a PTC-R referral was appropriate and to assess the families' interest. The team held multiple planning meetings with the PTC-R purveyor to focus on utilization strategies. The team also designed the March 2023 QIC to share strategies to increase staff buy-in and referral rates. PTC-R purveyors then held in-person site visits with each of the CfE jurisdictions, spending the most time with the LDSS who were most challenged to make referrals. Throughout these steps, the LDSS teams were encouraged to highlight and share the positive experiences of families who participated in PTC-R to gain interest from other families.

However, there were barriers that remained unaddressed. A key CfE child eligibility criteria, defined in agreement with the Children's Bureau, was a permanency goal of reunification or guardianship. Therefore, the focus population within the child's family of origin was those who were the child's planned permanent caregivers for reunification or guardianship. This excluded children placed with informal kin who were not the planned permanent caregiver. Another related challenge was that families of origin were not tracked in the data reporting system if they were partnering with resource families but did not participate in PTC-R. Therefore, families of

origin who engaged with resource parents under the parent partnership component were not counted because they did not participate in PTC-R.

Lessons learned: Eligibility criteria defined by the CfE may have created a missed opportunity to serve informal kin caregivers and, possibly to serve more families overall, and allow for less complication in communicating about referral criteria to staff. A lesson learned may be to widen eligibility as much as possible when implementing new services and supports.

Additionally, offering an evidence-based parenting model that addressed the needs of children 0-3 years old would have allowed the CfE to have served the entire age range of children/youth in care. To better assess the number of families of origin ready to participate in a service, a lesson-learned is to conduct more upfront, in-depth qualitative analysis of data on family readiness. As discussed, including LDSS early in the model selection or development process may have allowed for a better assessment of demand or readiness.

VI. Sustainability Plan

At the QIC in March 2023, the [Implementation Sustainability Assessment Tool](#), developed by The Institute for previous evidence-based practice work, was introduced to the LDSS. The tool was designed to assess the capacity for fully implementing evidence-based practices and was adapted to be appropriate for the CfE model. The Implementation Sustainability Assessment Tool helped LDSS reflect on their successes and challenges, and to determine priority areas for further attention and resources to be able to achieve full implementation. Each LDSS was then able to consider how to further develop areas needing strengthening to reach more families with the support available in the CfE and to expand the practice changes outlined and supported by the CfE.

PTC-R Sustainability Plan: Maryland is beginning the process of selecting evidence-based programs for inclusion in its next 5-year Family First Prevention Plan. Evidence-based programs listed on the Family First Prevention Clearinghouse are eligible to be included in this plan. When included, DHS/ SSA can receive federal reimbursement for half the cost of these services, as well as the cost of administration and training, assuming all other criteria are met. Generation PMTO- Group and Generation PMTO- Individual, are listed on the Family First Prevention Clearinghouse. PTC-R is an adaptation of these models. Therefore, DHS/SSA is exploring the option of including these models in its new Prevention Plan.

Through the sustainability assessment, CfE LDSS sites who developed internal capacity to deliver PTC-R (Frederick, Carroll, and Prince George's) indicated that they would like to explore opportunities to continue to deliver the model. However, the Montgomery and Baltimore Counties were unable to build this capacity due to staffing challenges, and did not anticipate a means to sustain PTC-R. With the end of the grant support, DHS does not anticipate continued support of the LDSS in ongoing PTC-R/RH groups, due to the requirement that PTC-R requires ongoing fidelity monitoring with an authorized purveyor.

KEEP/ KEEP SAFE Sustainability Plan: DHS/SSA is exploring sustaining the KEEP/ KEEP SAFE program as a component of its development of resource parents and placement continuum and supporting the administration's focus and supports keeping youth with families. Under the

CfE, in agreement with the Children’s Bureau, Kin families could not be part of the project, however, KEEP/KEEP SAFE was designed to serve kin. Supporting Kin families in caring for their children is a critical need but has been an underserved family setting. The LDSS developed some local capacity to co-lead delivery but expressed concerns about sustaining that delivery without additional resources. DHS/SSA is exploring options to cost-effectively deliver the model and had some very preliminary conversations with The Institute on feasibility to provide the required coaching and monitoring.

Parent Partnership Training for LDSS Workers and Resource Parents: DHS is exploring if The Institute’s Child Welfare Academy training contract would support DHS/SSA in continuing the delivery of a shortened version of the training offered to workers and resource parents on Parent Partnership ([The Role of the Workforce in Supporting Birth and Resource Parent Partnership Maryland: Center for Excellence in Resource Parent Development](#)).

VII. Dissemination Activities

DHS/SSA promoted statewide understanding of the CfE model in multiple ways. These included hosting a statewide virtual conference on May 3, 2023, themed *Fostering Partnerships & Connections Through Transformative Change*. [Center for Excellence \(CfE\) in Resource Family Development Presents 2023 Spring Conference](#) The conference was split into two sessions – the morning session was oriented towards child welfare staff throughout the state, and the evening session was geared towards resource parents and community partners throughout the state. The Institute worked with the five CfE LDSS’ sites to prepare a presentation on their successes and experiences implementing the CfE.

In addition, DHS/SSA and its partners have undertaken the following to disseminate the CfE model to other states.

Presentations and Publications

- *American Bar Association Spotlight:* For National Reunification Month in June (2023), the American Bar Association (ABA) spotlighted CfE. An article overview of CfE was displayed on the ABA’s website with a spotlight of a resource family who participated from Frederick County.
- *Children’s Bureau Grantee Connection:* The Maryland CfE was highlighted in the Children’s Bureau newsletter, Grantee Connection in June 2022 and March 2023. The June edition included an overview of CfE, model highlights, anticipated resource parent outcomes, and overall anticipated outcomes. The March edition included another overview of the model and outreach activities which took place over the three years of the project ([The Grantee Connection: June 2022](#); [The Grantee Connection: March 2023](#)).
- *Child Welfare League of America Conference - Preparing resource parents to partner with families of origin to support reunification and permanency:* In April 2024, members of the CfE Steering Committee have agreed to present at the annual CWLA conference to highlight elements of the model that supported positive outcomes for children and families within different communities, allowing attendees to consider how to bring the model to their jurisdiction.

- *Children's Bureau Permanency Summit Presentation:* In May 2023, the Children's Bureau hosted its annual convening for CB foster care and adoption managers from various jurisdictions to explore strategies related to kinship and shared parenting implemented in other states. Members of the CfE Steering Committee were invited to present at this summit, sharing insights about our CfE model and articulating our vision for transformative practice.

VIII. Appendix I: Final Evaluation Report

**Maryland Department of Human Services
Social Services Administration
Center for Excellence in Foster Family Development
Grant # 90CW1146**

***Final Evaluation Report Prepared by The Institute for Innovation and Implementation,
University of Maryland, School of Social Work
Submitted: 1/30/24***

As presented in the introduction of the CfE Final Progress Report, the CfE cooperative agreement developed an approach or model to improve child and family well-being through increased timely reunification or guardianship, and prevention of re-entry after reunification or guardianship. Its theory of change to achieve these outcomes was to prepare and support resource parents and families of origin to partner in shared parenting and use evidence-based parenting approaches, to improve child well-being. This theory of change is founded on the idea that maintaining essential connections and providing consistency of care, protects against the trauma children/youth experience in out of home placement and transitions.

In collaboration with the CfE Steering Committee the CfE Evaluation Team focused on the evaluation of two strategies most essential to the CfE's theory of change, and core to the model: 1) Prepare child welfare workers to embrace their roles to effectively support resource and family of origin partnership; and 2) Prepare and support resource families to effectively embrace their roles in parent partnership through preparation and support. Therefore, this evaluation was designed to assess worker capacity to facilitate resource parent and family of origin partnership, as well as resource and birth parent program outcomes and perceptions.

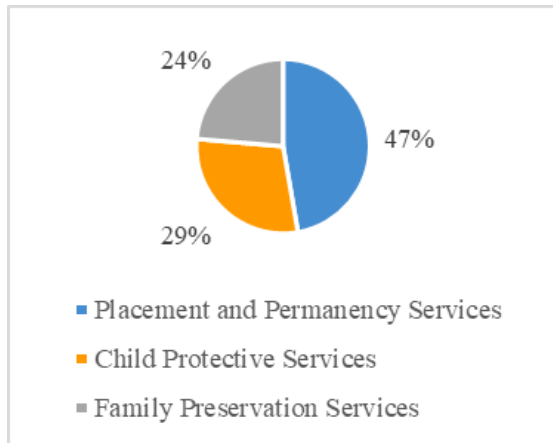
Over the course of the 18 months that the Center for Excellence served families, we were able to get feedback from 55 workers on their understanding of the components of a parenting partnership program, we received referrals of a total of 88 resource families (consisting of 136 individuals) and 19 birth families (consisting of 19 individuals).

Workforce Assessment - Use of Parent Partnership Guidance Components

In early 2023, a survey related to knowledge, needs, and utilization of the Parent Partnership Guidance was given to child welfare workers in the CfE jurisdictions. It focused on three components of this guidance: comfort calls, continuum of contact, and icebreakers. 55 LDSS employees, of roughly 300 eligible, completed this survey. Respondents to the survey represented all three major child welfare service areas: 1) Placement and Permanency Services; Child Protective Services; and Family Preservation Services. Almost half of the respondents were Placement and Permanency Services Workers, or out of home workers (n=26, 47%). Child Protective Service Workers were next (n=16, 29%), followed by Family Preservation Services, or In-home services workers (n=13, 24%).

The respondents consisted of both supervisors and workers, with 36 out of the 55 respondents identifying themselves as workers (66%). On average, the respondents had been with the agency

for 11 years (ranging from one year to 20 years).



Survey respondents were asked how much training they have received on the skillsets of facilitating comfort calls, ice breakers, or continuum of contact. Results suggested that 18% (n=11) reported receiving no training on comfort calls, ice breakers, or continuum of contact at all and 34% (n=19) reported receiving very little amount of training on comfort calls, ice breakers, or continuum of contact.

A comprehensive look at the results of the survey suggests that respondents felt that they had little to no training in any of these skills (e.g., comfort calls). Although, close to half (41.8%) of the

respondents felt that they had the most training in providing a continuum of contact with birth families. Respondents were asked, “How competent do you feel to facilitate these practices?” Slightly over half of respondents (51%) felt they were not competent in facilitating comfort calls, ice breakers, or continuum of contact.

Respondents were asked what trainings they felt would be helpful in increasing their feelings of competence and preparedness to implement parent partnership practices like comfort calls, icebreaker meetings, and continuum of contact. Respondents suggested a number of training courses including:

- Supporting ongoing relationships between families of origin and resource parents
- Working with resistant resource parents and families of origin
- Working with parents with mental health issues
- Partnering with resource parents in co-parenting
- Boundaries and effective communication
- How to implement comfort calls, ice breakers, and continuum of contacts

The survey went on to ask a series of questions related to each specific skill in the parent partnership guidance component.

Comfort Calls – All 55 respondents answered these questions, and 1/3rd of respondents that completed the survey reported the agency always or usually implements comfort calls (n=18), 1/3rd of respondents felt comfort calls were implemented sometimes or rarely implemented these calls (n=19), and 1/3rd of respondents did not know if the agency implements comfort calls (n=18). This suggests that there is not a consistent understanding of comfort calls and how they are used as part of ongoing practice.

Respondents who use, or know of the use, of comfort calls (n=39) were asked “How often are comfort calls made within the first 24 hours of a child being removed?” Of the 39 individuals who responded to this question, 16, or 42% used comfort calls within the first 24 hours and 92% (n=36) of these respondents made these calls within the first 1 to 2 days.

Icebreakers - 54% of respondents that participated in the survey said they either didn't know how

often their agency implements ice breakers or they never/rarely or sometimes happen. Of the 39 individuals who responded to this question, 16, or 42% used icebreakers within the first 24 hours and 87% (n=34) of these respondents used icebreakers within the first 1 to 2 days.

Respondents were also asked how important it was to maintain a continuum of contact between resource parents and family of origin members. Most respondents, 93%, said maintaining a continuum of contact between resource parents and family of origin members is very important and/or essential.

Finally, respondents were asked, via a write-in option, what would help them in implementing these practices. Seven out of the 59 respondents (13%) provided some feedback. These included increased trainings on facilitating comfort calls, refresher trainings on all of these topics, and having access to trainings regardless of position/department rather than only for out of home workers. Also, a number of respondents called for more resources to be made available to support resource and birth parents to participate in icebreakers and maintain the continuum of contact. Resources to help provide transportation for birth parents for visits was mentioned several times, with one respondent suggesting that the agencies have high expectations for birth parents with too little resources to assist them in meeting these needs.

The results of the child welfare survey suggest there was a need for additional training surrounding comfort calls, icebreakers, and continuum of contact. Many employees spoke of too little or no training in implementing these practices, which may correlate with why these skills were not being implemented.

Workforce Training - "Promoting Parent Partnership" Participant Feedback

The Institute’s Child Welfare Academy used the findings from the survey to inform the development of the “Promoting Partnership with Parents” training, which was available to the workforce between June and September 2023. During this period, a total of 222 participants completed a feedback survey after completing "Promoting Parent Partnership" - Workforce training session. These 222 participants represent 214 unique individuals as 8 people took a training more than once. Participants were asked questions related to mastery & competence, training satisfaction, and expected impact on future work in a post-training feedback survey.



Participants indicated the training will have a large impact on their work in the coming months and they felt confident they will be able to integrate the training content into their work within the next two months. Participants were asked to rate their level of competence with the training goals before and after training on a scale from 1 (Complete Beginner) to 10 (Full Expert). A paired samples t-test showed the participants’ perceived level of competence significantly increased from $M=7.7$ ($SD=2.3$) before training to $M=8.9$ ($SD=1.2$) after training ($t=-9.70$, $p<.001$).

Participants found what they learned in the training to be somewhat different from their current work approach ($M=6.5$, $SD=3.3$). Participants indicated the training will have a large impact on their work in the coming months ($M=8.2$, $SD=2.2$) and they are confident they will be able to integrate the training content into their work within the next two months ($M=8.6$, $SD=1.8$). Participants appeared to appreciate the tools that were provided and commented in the qualitative feedback section of the survey on how these would help them be more intentional and transparent in their work with both resource families and birth parents. A full listing of the qualitative feedback is in Appendix II: Center for Excellence Impact of Training and Technical Assistance (IOTTA) – Workforce Summary Report, but a sample is provided below, detailing how workers see this training impacting their work.

- *“Have a better understanding of how foster and birth parents interact and its effect on children.”*
- *“Inform prospective foster parents that they will work as team to support stability and reunification.”*
- *“I will be able to proactively assist in the parenting partnership model versus it only happening when issues arise.”*
- *“Checking in with birth parents and resource parents to ask about how they feel the partnership is going and ask what they would like to see happen, how do they feel about the dynamic/relationship currently, how could the relationship be improved, etc.”*

The *CfE Final Progress Report* describes a CfE strategy of preparing resource families and families of origin to effectively take up their roles in parent partnership through preparation and support. Resources parents and family of origin were provided a shared foundation for co-parenting by participating in one of two offered evidence-based parenting models. The following summarizes the impact of these models.

Results for Resource Parents and Children Placed in their Care

Resource Parents in licensed resource homes were eligible to commit to being CfE Resource Homes. Table 1 below presents the graduation and completion statuses for the 88 resource homes who were committed to being CfE Resource Homes. The column labeled “CfE Resource Homes” is a count of any resource home that was referred to the CfE.

For this report, “Families” refers to licensed LDSS resource homes (including both kin and non-kin), while “Individuals” allows us to identify members of the resource family homes independently.

As discussed, CfE Resource Homes who had a child placed with them who met eligibility criteria completed KEEP or KEEP SAFE, which is a 16-week evidence-based parenting support and education group. The number of Individuals/Families who are “KEEP/KEEP SAFE Graduates” consist of instances where at least one individual in the resource home completed 12 of 16 weekly sessions of KEEP/ KEEP SAFE. Attendance of 12 out of 16 are required for graduation. It should be noted that, as discussed in the challenges section, many CfE resource homes lacked a child who met eligibility requirements, which impeded starting KEEP/ KEEP SAFE for some.

As discussed, The Parent Partnership Curriculum for CfE Resource parents spans four training modules totaling eight hours. The number of Individuals/Families identified as ‘CfE Certified’ have both graduated KEEP/ KEEP SAFE (again, meaning that they have completed at least 12 sessions) and at least one individual, or individual in the family, completed all four required Parent Partnership training modules.

Table 1: CfE Resource Homes Certified (Completed all trainings)

County	CfE Resource Homes		KEEP/ KEEP SAFE Graduates		Certified CfE Resource Homes (Completed all requirements)	
	Individuals	Families	Individuals	Families	Individuals	Families
Baltimore	34	24	18	16	18	11
Carroll	23	11	10	6	7	4
Frederick	8	5	6	4	6	4
Montgomery	30	19	6	6	4	4
Prince George’s	41	29	19	18	5	4
Total	136	88	59	50	42	27

Of the 88 resource families who were referred to the CfE, 50 of them graduated KEEP/ KEEP SAFE (56.8%, meaning at least one individual in the home completed 12 of 16 sessions in the KEEP/ KEEP SAFE program), and 27 families became fully certified CfE homes (30.7%, meaning at least one individual graduated KEEP and at least one individual completed all 4 required training modules).

Resource parents who participated in any component of the CfE resource parent training were asked to participate in the CfE evaluation. The evaluation team reached out to all the participants to present information on the evaluation and request their participation. At this point, information was provided on the overall goals of the evaluation, stating that participants would receive a \$20 gift card for each evaluation questionnaire they submitted. After the individual expressed their interest and agreed to participate, the consent form was sent to them. Upon receiving the signed consent form, the individual was then considered part of the evaluation.

As part of the Parent Partnership training for resource parents, participants were asked to fill out an evaluation of the training they received. After each training, participants were asked questions related to mastery and competence, training satisfaction, and expected impact on future work in a post-training feedback survey. The ratings were based on a scale of 1 to 10. The specific anchors for these scales varied depending on the question (e.g., 1=Not met at all, 10=Fully met), but for all items higher scores indicated more positive ratings. Data was compiled for four different training modules: 1) Promoting Parent Partnership, 2) Partnering with Family of Origin - A Foundation, 3) Building Partnership in Support of Reunification, and 4) Ongoing Partnership and Bridging KEEP and PTC-R.

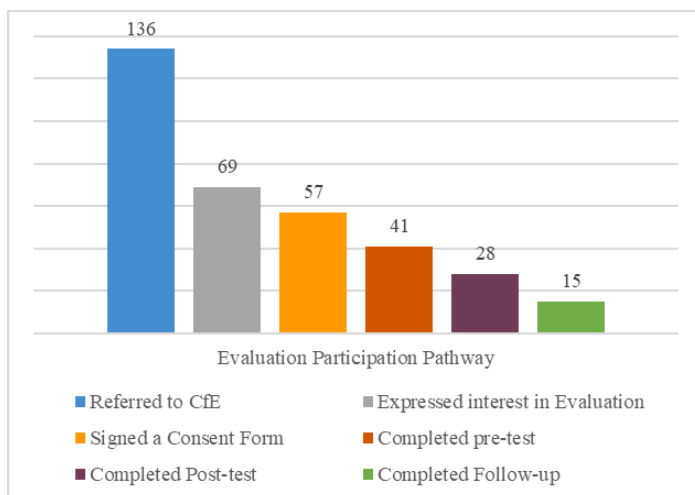


Participants were asked to rate their level of competence with the training goals before and after training on a scale from 1 (Complete Beginner) to 10 (Fully Expert). A paired samples t-test showed that the participants' perceived level of competence significantly increased from $M=6.9$ ($SD=2.1$) before training to $M=8.5$ ($SD=1.4$) after training ($t=-13.86, p<.001$). Participants indicated the training will have a significant impact on their caregiving in the coming months ($M=8.7, SD=1.6$) and they are confident they will be able to integrate the training content into their caregiving within the next two months ($M=8.7, SD=1.8$). Participants found what they learned in the training to be somewhat different from their current caregiving

approach ($M=6.0, SD=3.0$). A full listing of the qualitative feedback is in Appendix III: Center for Excellence Impact of Training and Technical Assistance (IOTTA) – Parent Modules Summary Report, but a sampling is below on how workers see this training impacting their work.

- *“A deeper appreciation and renewed sense of empathy for the life and challenges of a family of origin”* (Building Partnership in Support of Reunification)
- *“I believe I am better equipped to interact with the biological parents to establish a relationship which is both uplifting for the parents and child.”* (Promoting Parent Partnership)
- *“Continue to take opportunities to hear from other resource parents for ideas and greater context to own experiences”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Figuring out a way to communicate more openly”* (Partnering with Family of Origin – Foundation)

Of the 88 resource families, consisting of 136 individuals, who were referred to the CfE, a total



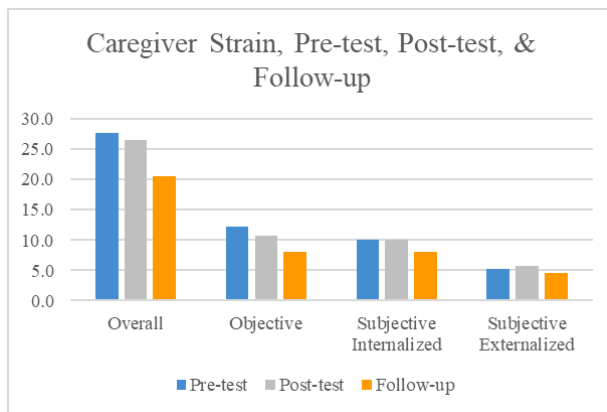
of 69 individuals expressed an interest in the evaluation and were contacted by the evaluation team (51.5%). Of those individuals the evaluation team was able to contact, 57 individuals agreed to be a part of the evaluation and signed a consent form (82.6%). Of those, 41 individuals completed the pre-test (73%). Of the 41 individuals who agreed to participate in the evaluation and completed the pre-test, 28 completed a post-test (68.3% of the pre-test group, 49% of the group in the evaluation). Of the 41 individuals who agreed to participate in the evaluation and

completed the pre-test, 15 completed a follow-up test three months after the completion of the program (36.6% of the pre-test group, 36% of the group who agreed to be part of the evaluation).

Two tools were utilized in the evaluation to understand how the resource families interacted with the youth in their care. Specifically, these tools aimed to assess how caregivers managed overall strain using the Caregiver Strain Questionnaire and addressed challenging child behaviors using the Eyberg Child Behavior Inventory.

Caregiver Strain Questionnaire

The Caregiver Strain Questionnaire (CGSQ) is designed to provide measures assessing the demands and challenges of caring for children and youth. (Brannan, Heflinger, & Bickman, 1997). The CGSQ consists of 21 questions that the responding caregiver is asked to rate how much of a problem the child/youth's behavior was in the prior six months. Each rating is scored on a 3-point scale ranging from ('not at all,' 'yes, but not stressful,' and 'yes, and stressful'). The CGSQ has been found to contain three overall factors along with an overall score. These factors



consist of objective caregiver strain, internalized subjective caregiver strain, and externalized subjective caregiver strain. The objective caregiver strain factor examines the negative occurrences that are part of caring for a child with emotional or behavioral problems. The internalized subjective caregiver strain factor measures internalized feelings experienced by the caregiver. The externalized subjective caregiver strain factor measures negative feelings directed at the child due to the caregiver's experiencing caring for the child.

For each of these factors, a higher number suggests greater caregiver strain. The evaluation expects to see a decrease in these factors based on the education resource families are provided through KEEP. Table 2 shows the overall results on the caregiver strain questionnaire for evaluation participants and Figure 2 shows the results in graphical form. As expected, the overall strain experienced by resource families had a significant decrease between pre-test and post-test and at the three-month follow-up. This change suggests that the resource families are able to use the skills that they learned through the CfE to manage the behaviors of the children placed with them. Similarly, the objective strain factor also shows a significant decrease from pre-test to post-test and through follow-up. The other two factors, subjective internalized strain factors and subjective externalized strain factors are more complex. For both subjective internalized strain and subjective externalized strain, there was no change from pre-test to post-test, suggesting that resource parents continued to feel stressed and worry about their ability to successfully care for the child and youth in their care. In both factors, however, the results suggest that there is a decrease in caregiver strain at the three-month follow-up.

Table 2: Caregiver Strain Questionnaire Results

Caregiver Strain Questionnaire	Count	Overall	Objective Strain	Subjective Internalized	Subjective Externalized
Pre-test	41	27.7	12.2	10.1	5.3
Post-test	28	26.6	10.8	10.1	5.7
Follow-up	15	20.5	8.01	8.0	4.5

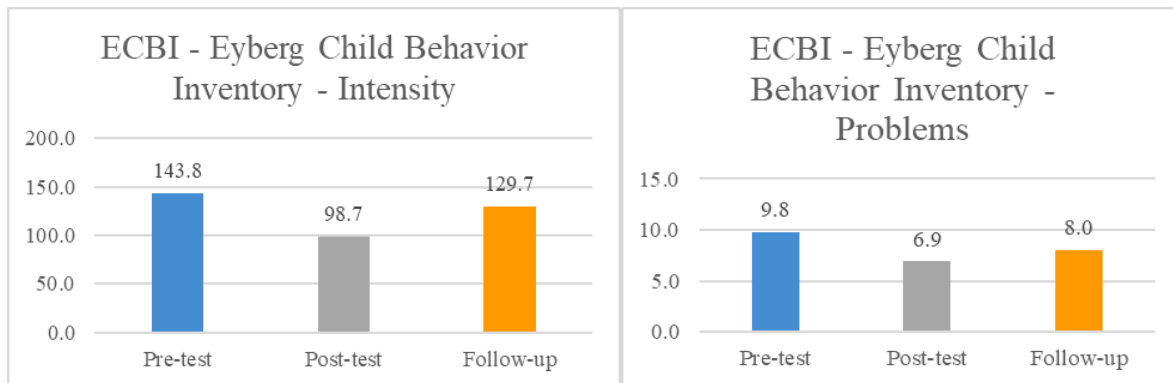
The Eyberg Child Behavior Inventory

The Eyberg Child Behavior Inventory (ECBI) caregiver-rating scale is designed to measure the frequency of disruptive behaviors and the severity of the child’s behavior for the caregiver. The ECBI consists of 36 items, with higher scores suggesting that the caregiver finds the problem behaviors to be more stressful. The evaluation team expected to see a decrease in the severity or number of behaviors based on the education resource families are provided through KEEP.

Table 3 shows the overall results of the Eyberg Child Behavior Inventory (ECBI) for evaluation participants and Figures 3 and 4 shows the results in graphical form. As expected, the perceived severity of problem behaviors experienced by resource families had a significant decrease

Table 3: Eyberg Child Behavior Inventory

Eyberg Child Behavior Inventory	Count	Overall	Problems
Pre-test	41	143.8	9.8
Post-test	28	98.7	6.9
Follow-up	15	129.7	8.0



between pre-test and post-test, dropping from a score of 143.8 at pre-test to 98.7 at post-test. Similarly, the number of behaviors that resource parents viewed as problematic also decreased

from pre-test to post-test, dropping from an average of 9.8 problem behaviors to an average of 6.9 problem behaviors. However, at the three-month follow-up, some of this improvement had disappeared. At follow-up, resource families scored the severity of behaviors as 129.7 and the number of behaviors were up to an average of 8.0.

The two measures together (CGSQ and the ECBI) suggest that though the resource families are experiencing a higher average number of problematic behaviors, and that the severity of those behaviors are perceived as problematic (as seen in the ECBI), resource parents have been able to internalize what they learned through the CfE, and these problems continue to cause them less strain (as seen in the CGSQ scores).

Administrative Data

The initial evaluation plan was to identify a group of resource homes who did not participate in the CfE training to compare scores on the Caregiver Strain Questionnaire and the Eyberg Child Behavior Inventory. Due to the challenge in recruiting homes to participate, the evaluation pivoted to an examination of outcomes for the children who were housed within CfE trained families compared to other children.

Using data from the Maryland Comprehensive Child Welfare Information System, locally known as CJAMS (Child, Juvenile, Adult Management System), information on placement stability outcomes for four groups of children were compared. The first group consisted of children placed with certified CfE resource parents (37 children). The second group consisted of children placed with resource parents who graduated from KEEP/KEEP SAFE (63 children). The third group were children placed in homes where the resource parents committed to being CfE Resource Homes but did not complete or ultimately chose not to participate (44 children). The final group consisted of an administrative data comparison group of children matched to the first group (children placed with certified CfE resource parents) using propensity score matching (34 children). The administrative data comparison group was matched to the first group on several factors related to child and system characteristics. Child level factors included: Age when the child entered out of home care, the type of family from which the child was removed, the number of times the child had been removed from their home in the past, the gender of the child, the race of the child, whether parental drug abuse was a factor at the removal of the child, and whether child behavior was identified as a factor at the removal of the child from their home. System level factors included: the year of removal and how long the child has been in out-of-home care in the current placement.

Table 4: Placement Experiences for CfE Children (All Ages)

Placement Experience from CfE Placement							
Level of Training Received through CfE	Permanency Plan	Children	Remain in placement	Moved to Relatives	Moved to Permanency	Total Positives - Stability, Relatives, or Permanency	
		n	n	n	n	n	%
Fully Trained and Certified CfE Homes	Total	37	29	1	2	32	86.5%
	Reunification	20	15	1	2	18	90.0%
	All Other Plans	17	14	0	0	14	82.4%
CfE Homes that have graduated	Total	63	40	1	5	46	73.0%
	Reunification	40	23	1	5	29	72.5%
	All Other Plans	23	17	0	0	17	73.9%
Referred to CfE but did not complete/participate	Total	44	26	1	3	30	68.2%
	Reunification	25	13	0	1	14	56.0%
	All Other Plans	19	13	1	2	16	84.2%
Comparison Children – caregiver not referred to CfE	Total	34	7	8	1	16	47.1%
	Reunification	12	3	3	0	6	50.0%
	All Other Plans	22	4	5	1	10	45.5%

For the first 3 groups (fully certified, graduated, and committed but did not complete), the base placement was the placement the child was in that corresponded to the resource family's participation in the CfE training. The administrative data comparison group was assigned a base placement equivalent to the base placement from the matching fully certified case. For example: if the child in group 1 (children placed with certified CfE resource parents) was placed with the CfE resource parent as their 4th placement while in the removal episode, the administrative data comparison matched child would be assessed starting with the 4th placement. Likewise, if the child in group 1 was in their first placement, then the comparison group would be compared starting with their first placement in the administrative data comparison group. Results of this comparison can be seen in Table 4, with a full age breakout shown in Appendix 3.

Placement stability was examined from the point of CfE home placement (or for the comparison group, from the similar placement number). Placement moves were considered positive if the

child remained in the resource home, or if the child either moved in with a relative or returned home (reunification). Movement to another placement type was considered to suggest a lack of stability.

These results suggest that 86.5% of the children placed in fully trained and certified CfE homes (90% of those who had a permanency plan of reunification) achieved what is considered positive stability, that is they either remained in the foster home (n=29), moved to a relative placement (n=1), or were reunified (n=2). Of the children who were placed in resource homes that graduated from CfE (attended at least 12 of the 16 sessions), 73% achieved what is considered positive stability (72.5% of those who had a permanency plan of reunification), that is they either remained in the foster home (n=40), moved to a relative placement (n=1), or were reunified (n=5). Of the children who were placed in resource homes that committed to the CfE but did not complete or chose not to participate, 68.2% achieved what is considered positive stability (56% of those who had a permanency plan of reunification), that is they either remained in the foster home (n=26), moved to a relative placement (n=1), or were reunified (n=3).

These results clearly show that resource homes that graduated KEEP/ KEEP SAFE were able to have better outcomes of either positive moves or stability overall compared to other CfE homes.

Of the administrative data comparison children who were matched to children placed in fully trained and certified CfE homes the differences in positive stability were more striking. Of the children in this group, 47.1% achieved what is considered positive stability (50% of those who had a permanency plan of reunification), that is they either remained in the foster home (n=7), moved to a relative placement (n=8), or were reunified (n=1).

The results of the administrative data examination of placement stability suggests that children placed in fully certified CFE Resource Homes, or KEEP/ KEEP SAFE graduated, have greater stability in their placements or will move to more desirable placements or permanence compared to CfE resource homes in the same counties that did not complete the CfE training and when compared to a matched group of children in Maryland.

Results for Families of Origin

As discussed, Parenting Through Change for Reunification (PTC-R) is an evidence-based program designed to engage birth parents whose children are in foster care with a plan of reunification. The program is set up to provide birth parents skills to help them effectively interact with their children in order to reunify. We used the Caregiver Strain Questionnaire (CGSQ) and the Eyberg Child Behavior Inventory (ECBI) to measure the overall stress of birth parents participating in PTC-R and their perception of their child's behavior.

The evaluation team reached out to birth families who said they were interested in the evaluation to inquire about their experiences with the PTC-R process. The evaluation team reached out to all families who had shown interest in the evaluation between September and November 2022. Outreach to families included a maximum of 3 attempts to connect over the phone. If the birth parent did not answer the phone, a message was left providing a means for them to return the evaluation team's call. The evaluation team was able to reach a total of 8 birth families who agreed to speak with us. This conversation consisted of 4 broad questions that are described

below.

Participants were asked to provide three main things they learned or three techniques they started using based on the PTC-R training. The quotes below show that the parents who provided feedback were able to:

Gain skills in ways to better communicate with their child/youth.

- “Three things I learned was listening to the kids, communicate better, and be more adept to their needs.”
- “Giving direct instructions and communication”

Develop methods to control their own reactions to their child/youth’s behavior.

- “I learned coping skills, rewarding behavior methods, and opening up during parenting.”
- “Managing my anger, breathing and counting, and being consistent”
- “Token system, counting method, and taking deep breaths”
- “Coping with kids, being patient, and brainstorming”

Enhance their ability to set appropriate boundaries.

- “How to discipline, knowing when and how to set boundaries, and praising behaviors”
- “Consequences, listening, and having more patience”

Parents were also asked what ways they have changed their parenting practices with their child/youth based on what they had learned in the PTC-R trainings. Their responses support the areas that they stated they had learned in the PTC-R trainings. Parents said that they were trying to control their behaviors and using learned strategies with their children/youth.

- “How to give a timeout or high five, or consequence”
- “By being more understanding”
- “Now I take a step back, breathing, and listening”

Parents were also asked if they have noticed any changes in the relationship they have with their child/youth related to what they learned in PTC-R. The respondents felt that PTC-R had allowed them to feel like they had learned a new perspective on how to parent their children/youth: “Yes, it helped from how I was raised and gave me another perspective.” In addition, some parents said they felt there was an enhanced connection with their children/youth.

- “Yes, there’s more cooperation.”
- “Stronger connection”
- “Yes, more concerned and involved with children.”

Finally, participants were asked if they had any overall feedback about PTC-R. The respondents provided exclusively positive feedback, and several even asked if there were additional opportunities to participate in these groups.

- “It’s a great program!” (4 participants said this)
- “It’s a great program, It’s very helpful, and it’s an eye opener for a lot of parents. Not just parents with problem kids but it’s a lot of good ideas.”
- “Do you have any more classes coming up” (3 participants asked)
- “They are doing a lot to help parents parent their children. It wasn’t just me; it was a group of people. I think they are playing a bigger role in society to help parents improve the way they operate with their children.”
- “PTC-R trainers were great!”

The Caregiver Strain Questionnaire (CGSQ) is designed to provide measures assessing the demands and challenges of caring for children and youth (Brannan, Heflinger, & Bickman, 1997). The CGSQ consists of 21 questions where the responding birth parent is asked to rate the extent to which the child/youth’s behavior posed a problem in the preceding 6 months. Each rating is scored on a 3-point scale ranging (‘not at all,’ ‘yes, but not stressful,’ and ‘yes, and stressful’). The CGSQ has been found to contain three factors along with a combined overall score, these factors consist of objective caregiver strain, internalized subjective caregiver strain, and externalized subjective caregiver strain. The objective caregiver strain factor examines the negative occurrences that are part of caring for a child with emotional or behavioral problems. The internalized subjective caregiver strain factor measures internalized feelings experienced by the caregiver. The externalized subjective caregiver strain factor measures negative feelings directed at the child due to the caregiver’s experiencing caring for the child.

For each of these factors, a higher number suggests greater birth parent strain around caregiving. The evaluation expects to see a decrease in these factors based on the education and support families of origin receive through the CfE. Table 5 shows the overall results on the caregiver strain questionnaire for evaluation participants and Figure 5 shows the results in graphical form.

Table 5: Caregiver Strain – Overall for the full sample of respondents

Parent Caregiver Strain Questionnaire	Count	Objective Strain	Subjective Externalized Strain	Subjective Internalized Strain	Global Score
Pre-test	14	7.6	4.2	11.1	23.0
Post-test	11	9.9	5.4	11.1	26.4
Follow-up	3	9.3	5.7	14.3	29.3

The results showed an increase in caregiver strain. Overall strain experienced by birth parents increased between pre-test and post-test before stabilizing at the three-month follow-up. This change suggests that birth parents continue to feel strain throughout their participation in the PTC-R program and this strain likely intensifies as they navigate the stress of completing additional tasks required for the reunification process with their children. However, when we look more closely at the results it becomes apparent that the overall scores are surprisingly low when compared to the resource parents scores. This is due to a large number of respondents choosing to answer the scale using the “not at all” category because the child is not currently placed with them.

Table 6: Caregiver Strain – Overall for the full sample of respondents

Parent Caregiver Strain Questionnaire	Count	Objective Strain	Subjective Externalized Strain	Subjective Internalized Strain	Global Score
Pre-test	6	58	15.9	20.3	94.3
Post-test	5	21.8	15.8	23.8	61.3
Follow-up	2	12.5	15.8	14.5	42.8

Removing the instances where a parent had responded with ‘not at all’ across all categories led to a smaller number of respondents, but also changed the direction of the amount of strain faced by parents related to caring for their children. The results are in Table 6. The number of respondents is very small, so it is possible to see trajectories, but not significance.

As originally expected, the overall strain (global score) experienced by birth families had a large decrease between pre-test and post-test and at the 3-month follow-up. This change suggests that the birth parents who participated in the training and the evaluation are able to use the skills that they learned from the PTC-R training to manage the behaviors of their children. Similarly, the objective strain factor also shows a precipitous decrease from pre-test to post-test and through follow-up. The other two factors, subjective internalized strain factors and subjective externalized strain factors are more complex. In both of these factors there is no change from pre-test to post-test, and for subjective externalized strain factors there was actually an increase suggesting that resource parents continue to feel stressed and worry about their ability to successfully care for their child and youth and that there is a slight increase in the negative feelings toward the youth based on their behavior.

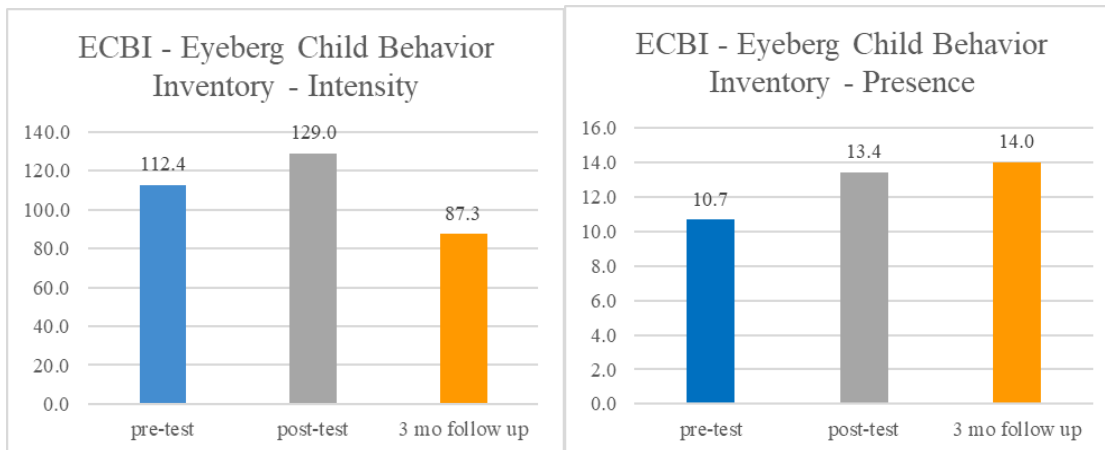
Eyberg Child Behavior Inventory (ECBI)

The Eyberg Child Behavior Inventory (ECBI) caregiver-rating scale is designed to measure the frequency of disruptive behaviors and the severity of the child’s behavior for the caregiver. The ECBI consists of 36 items, with higher scores suggesting that the caregiver finds the problem behaviors to be more stressful. The evaluation expected to see a decrease in the severity of the behavior if not the number of behaviors based on the education resources families are provided through PTC-R.

Table 7 shows the overall results of the Eyberg Child Behavior Inventory (ECBI) for family of origin evaluation participants and Figures 3 and 4 shows the results in graphical form. Of note, the ECBI scores instances where a behavior is “never ” disruptive. Therefore, there is no need to exclude respondents who used the response. The evaluation expected to see a decrease in the perceived severity of problem behaviors experienced by birth families between pre- and post-test. However, results suggest that there was actually an increase between pre-test and post-test, increasing from a score of 112.4 at pre-test to 129.0 at post-test. Similarly, the number of behaviors that resource parents viewed as problematic also increased from pre-test to post-test, increasing from an average of 10.7 problem behaviors to an average of 13.4 problem behaviors. However, at the three-month follow-up results suggest a drop in how birth families scored the severity of behaviors 87.3 even as the number of behaviors were up to an average of 14.0.

Table 7: Eyberg Child Behavior Inventory – Overall Results

Eyberg Child Behavior Inventory	Count	Overall	Problems
Pre-test	14	112.4	10.7
Post-test	11	129.0	13.4
Follow-up	3	87.3	14



Reflecting on the results of the ECBI for birth parents it seems that the increased stress of having the children spending more time with the families as visitation naturally increases and trial home visits might be in place seems to increase the overall stress felt by birth parents. It is possible that at follow-up, the birth parents have been able to utilize the skills provided to them in the PTC-R training while at the same time there is increased comfort between the birth parent and their child.

Conclusion

The evaluation was designed to assess worker capacity to implement parent partnership practices, as well as resource and birth parent program outcomes and perceptions. Over the course of the 18 months that the Center for Excellence was serving families, 55 workers provided feedback on their understanding of the components of a parenting partnership program, 88 resource families (consisting of 136 individuals) committed to be CfE resource homes, and 19 families of origin (consisting of 19 individuals) were referred to PTC-R.

The broad consensus was that the education provided to the workforce, the resource parents, and the birth parents through the CfE were informative and useful.

In the workforce training on the Promoting Parent Partnership, participants identified that they had an increased level of competence (increasing their perceived level of competence in the topic from 7.7 out of a 10-point scale to 8.9 out of a 10-point scale). Workers also felt that the training will have a large impact on their work in the future and they had confidence that they could

integrate the training content into their work.

Resource family caregivers who graduated KEEP and KEEP/SAFE identified that they had an increased level of competence (increasing their perceived level of competence in the topic from 6.9 out of a 10-point scale to 8.5 out of a 10-point scale). Resource family caregivers also felt that the training will have a large impact on their caregiving in the future and they had confidence that they could integrate the training content into their caregiving.

The birth families that participated in PTC-R reported that they had gained skills in ways to communicate more effectively with their children/youth and to control their own emotions and reactions toward their youth. These participants felt that the parent training program was effective and wanted additional trainings.

The overall strain experienced by resource families in the CfE program decreased based on the training and support provided to them.

As expected, the overall strain experienced by resource families decreased significantly between pre-test and post-test and at the three-month follow-up. This change suggests that the resource families are able to use the skills that they learned during the CfE to manage the behaviors of the children placed with them. Similarly, the perceived severity of problem behaviors experienced by resource families had a significant decrease between pre-test and post-test, dropping from a score of 143.8 at pre-test to 98.7 at post-test. Similarly, the number of behaviors that resource parents viewed as problematic also decreased from pre-test to post-test, dropping from an average of 9.8 problem behaviors to an average of 6.9 problem behaviors. However, at the three-month follow-up the perceived severity of problem behaviors had increased to 129.7, higher than at post-test, but below the pre-test level, as had the number of problem behaviors reported.

Fully trained CfE resource homes have higher placement stability overall (as measured through remaining in the same placement or moving to a less restrictive placement or permanency) compared to children placed in other homes.

The results of the administrative data examination of placement stability suggests that children placed in CfE resource homes (either those that became fully certified or who just graduated from KEEP/KEEP SAFE have greater stability in their placements or will move to more desirable placements or permanence compared to resource homes in the same counties that did not participate in the CfE, and when compared to a matched group of children. Of the children placed in fully trained and certified CfE homes, 86.5% (90% of those who had a permanency plan of reunification) achieved what is considered positive stability (either remain in the same home, move to a relative placement or exit care to permanency). Of the children who were placed in resource homes that graduated from CfE, 73% (72.5% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the children who were placed in resource homes that were referred to the CfE but did not complete or chose not to participate, 68.2% (56% of those who had a permanency plan of reunification) achieved what is considered positive stability. Of the administrative data comparison children who were matched to children placed in fully trained and certified CfE homes, 47.1% (50% of those who had a permanency plan of reunification) achieved what is considered positive stability.

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CfE Final Evaluation Report Attachment I

Center for Excellence Impact of Training and Technical Assistance (IOTTA) Promoting Parent Partnership - Workforce Summary Report

June 1, 2023 – September 30, 2023

Overview

This report summarizes data from participant feedback surveys completed by child welfare professionals who participated in CfE Workforce training modules between June 2023 and September 2023. This information is intended to provide an assessment of satisfaction and knowledge gain as well as intent, confidence, and commitment to apply the course material to daily practice. Open-ended questions ask about the perceived utility, application, and impact of training and additional training needs. Training participants are asked to complete the survey at the conclusion of each Workforce training session. All training sessions were delivered through a virtual platform, so survey responses were collected online. Additional questions related to each training's learning objectives and the virtual learning experience were included.

Participants were asked to rate their mastery and competence, the impact of the training, and their satisfaction with the training on a scale of 1 to 10. The specific anchors for these scales varied depending on the question (e.g., 1=Not met at all, 10=Fully met), but for all items **higher scores indicated more positive ratings**. Mean scores for each item are presented along with the standard deviations. Additionally, participants were asked to rate whether specific training objectives were met using a five-point scale from *Strongly Disagree* (1) to *Strongly Agree* (5). The average for all training objectives is presented, including the corresponding standard deviation. Finally, given the large number of qualitative comments provided across many training sessions, a thematic analysis of content is not feasible. To provide a summary of this qualitative feedback, a random sample of quotes are provided across the In-Service training sessions. This random sample may not be representative of all feedback provided by participants but does provide examples of participant feedback.

This report includes the following sections:

- Workforce Training Sessions
- Virtual Learning Experience
- Demographic Information

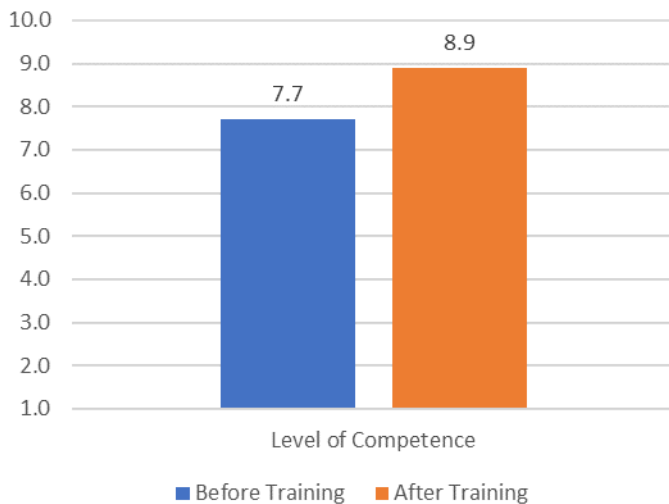
Workforce Training Sessions

Between June and September 2023, a total of 222 participants (duplicated count) completed a feedback survey after completion of a Promoting Parent Partnership - Workforce training session. Participants were asked questions related to mastery & competence, training satisfaction, and expected impact on future work in a post-training feedback survey. All items were rated on a scale of 1 to 10, with higher scores indicating more positive ratings. Please note that not all participants completed the post-training feedback surveys as requested.

Mastery & Competence

- Participants were asked to rate their level of competence with the training goals before and after training on a scale from 1 (Complete Beginner) to 10 (Fully Expert). A paired samples t-test showed that the participants' perceived level of competence significantly increased from $M=7.7$ ($SD=2.3$) before training to $M=8.9$ ($SD=1.2$) after training ($t=-9.70$, $p<.001$).

Figure 1. Competence with Training Goals Before and After Training, Average Score

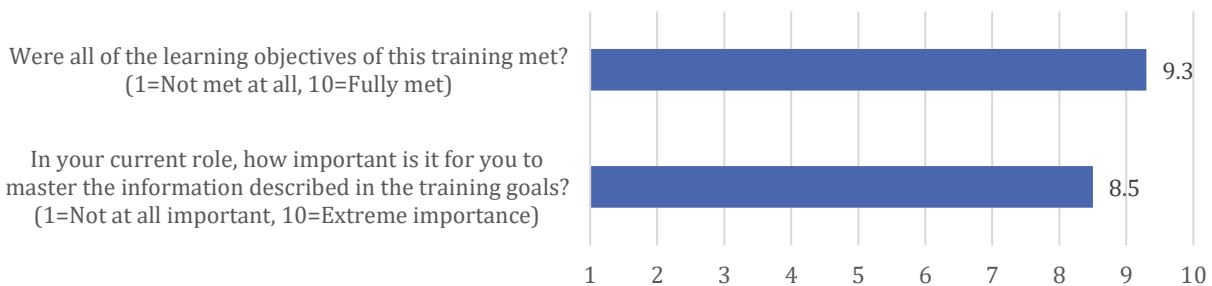


- Overall, participants agreed that the learning objectives were fully met during the course of the training ($M=9.3$, $SD=1.1$).

Additionally, participants were asked to rate on a scale from 1 to 5 whether the training's specific objectives were achieved during the training. These data are available for six learning objectives. All objectives had an average score of ≥ 4.28 ($M=4.44$, $SD=0.9$), indicating that participants agreed that the learning objectives were met.

- Participants indicated that mastering training information is extremely important to their current role ($M=8.5$, $SD=2.0$) (Figure 2).

Figure 2. Mastery and Competence, Average Score

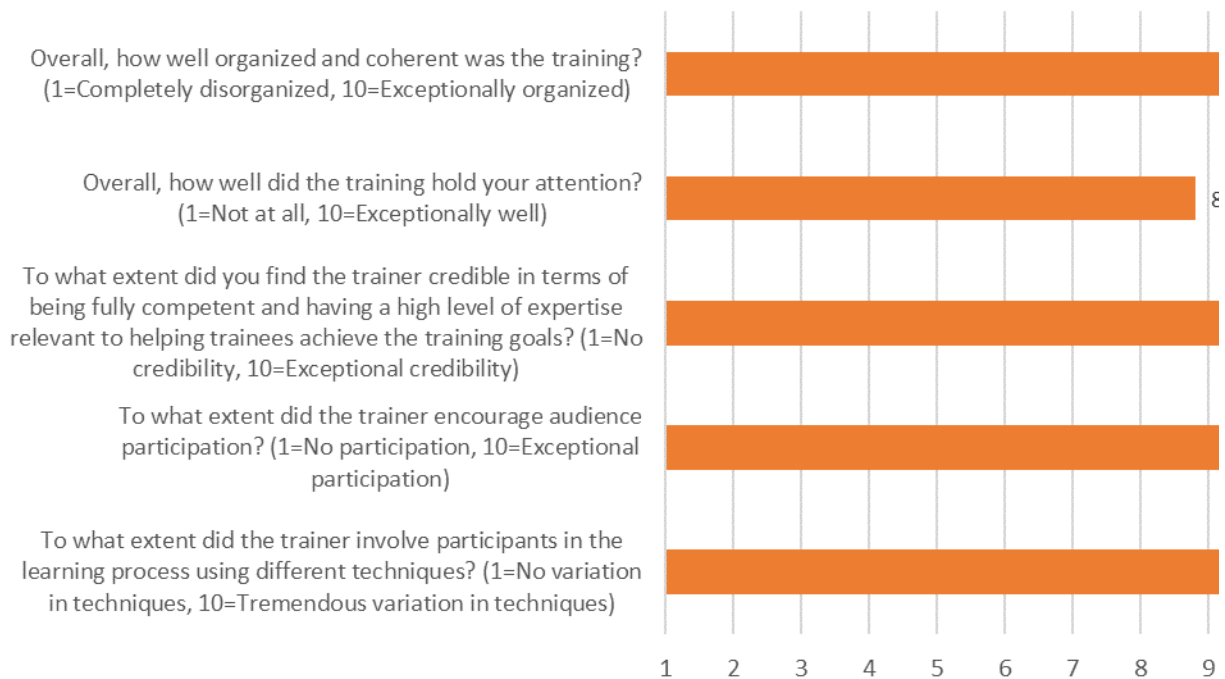


Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

Training Satisfaction

- Overall, participants indicated that the training was well organized and coherent ($M=9.3$, $SD=1.1$) and that it held their attention well ($M=8.8$, $SD=1.5$).
- The trainers were rated as exceptionally credible ($M=9.4$, $SD=1.0$), encouraged exceptional audience participation ($M=9.4$, $SD=1.0$), and involved participants in the learning process with tremendous variation in techniques ($M=9.3$, $SD=1.1$).

Figure 3. Training Satisfaction, Average Score

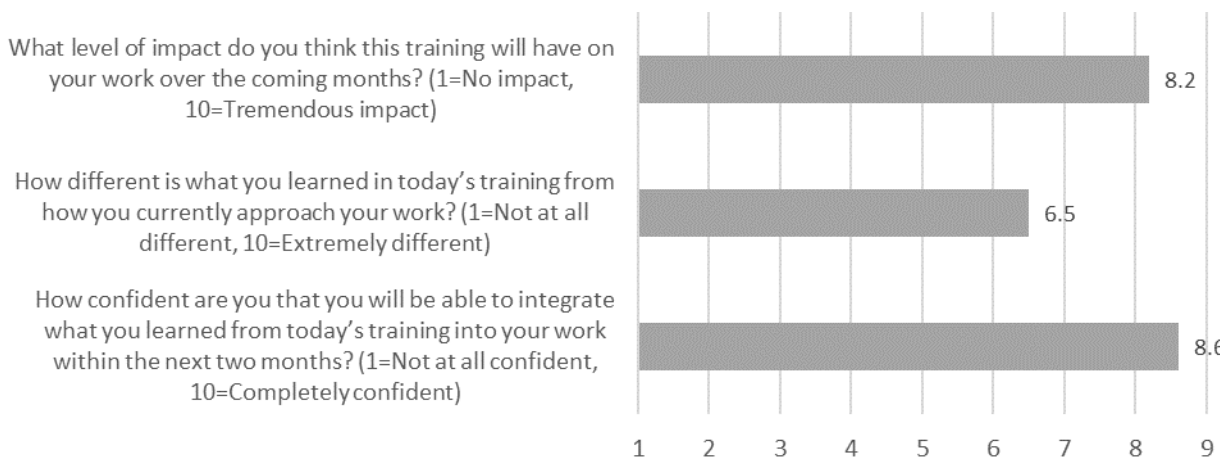


Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

Expected Impact on Future Work

- Participants indicated the training will have a large impact on their work in the coming months ($M=8.2$, $SD=2.2$) and they are confident they will be able to integrate the training content into their work within the next two months ($M=8.6$, $SD=1.8$).
- Participants found what they learned in the training to be somewhat different from their current work approach ($M=6.5$, $SD=3.3$).

Figure 4. Expected Impact, Average Score



Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

A Sample of Qualitative Feedback

The following section provides a small sample of comments provided by training participants. **These comments may not be representative of all feedback**, but they provide some examples of participant feedback.

- **What, specifically, is the major impact you anticipate today's training having on your work?**
 - *“Language, awareness”*
 - *“More focus on connecting with birth families”*
 - *“Best practices that promote connectiveness and continuity of relationship between all parties.”*
 - *“I like the positiveness of this concept. Hopefully this will spill into the workplace”*

with more positivity.”

- *“Patience in the icebreaking process”*
- *“Understanding comfort calls, icebreakers”*
- *“Continue working to connect and engage our bio families and resource home when appropriate. It's not always appropriate or safe.”*
- *“Understanding ways to help the partnership grow”*
- *“Reiterating the value of transparency with our birth families”*
- *“More awareness of what my coworkers in the field are experiencing”*
- *“Language and being more intentional with helping families connect and have greater communication outside of just planning for visitation”*
- *“Reminding myself of barriers clients face”*
- *“Being aware of my bias”*
- *“Have a better understanding of how foster and birth parents interact and its effect on children.”*
- *“Inform prospective foster parents that they will work as team to support stability and reunification”*
- *“I will be able to proactively assist in the parenting partnership model versus it only happening when issues arise.”*
- *“Helping me understand the importance of comfort calls”*
- *“Encourage/require that direct service workers engage with birth families differently, in a more positive and collaborative manner”*
- *“More open and transparent collaboration”*
- *“Ensuring the birth parents and resource parents continue having a relationship after reunification”*

● **What is one new strategy from the training that you are excited to implement?**

- *“Checking in with birth parents and resource parents to ask about how they feel the partnership is going and ask what they would like to see happen, how do they feel about the dynamic/relationship currently, how could the relationship be improved, etc.”*
- *“Setting roles, boundaries and expectations for resource and birth parents”*
- *“Talking with higher ups the importance of this over states goals of achieving permanency in unrealistic low time frames”*
- *“The comfort level of talking to the parents”*

- *“Encouraging parenting parties to work together and be intentional about connection and partnership.”*
 - *“Three way calling on the cell with parents and providers to protect access to private numbers. Having foster parents and bio parents on more appointments and meetings together virtually.”*
 - *“Using the new language/terminology which is more positive.”*
 - *“Encouraging youth to connect with their birth families”*
 - *“How empowering it is when Birth Parents get support from the agency and encouragement from the resource parents”*
 - *“I will start encouraging our resource parents to engage in comfort calls with our birth family for new placements. encouraging/recruiting our resource parents to participate in the Center for Excellence training.”*
 - *“Improving educational materials to provide to foster parents on the benefits of partnering”*
 - *“Co-parenting agreement”*
 - *“Include the video clips in future trainings for resource parent applicants to broaden their understanding of the impact of parent partnerships”*
 - *“Ice breakers”*
 - *“Additional support for comfort calls”*
 - *“Changing language used to assure everyone is comfortable and respected”*
 - *“Consult with colleagues about teaching co-parenting training with Resource Parents.”*
 - *“Encouraging co-parenting between resource and birth parents for the best interest of the children”*
 - *“Facilitating introductory calls / meetings with resource parents and families of origin outside of court and FTDMs”*
 - *“Reunification Tip Sheet”*
- **What additional topics would you like to receive training on? Please be specific.**
 - *“How best to work with families experiencing parental substance addiction in the child welfare system.”*
 - *“Macro social work topics- legislation, how to engage in policy, how to transition to policy from a clinical background. Policy has such an impact on the work we do in Child welfare and I think it’s important to see what new policies affect us, not just the standard policies we learn in grad school. Current and up to date information would be valuable.”*

- *"Substance use and pregnancy; domestic violence"*
- *"Trainings on how to support resource parents and the resource parent's children in working towards and achieving reunification (grief/loss, family adjustment; strategies)"*
- *"Trauma"*
- *"Advertising and recruitment guidance for resource parents"*
- *"DSM V"*
- *"Would love to see real life examples of a comfort call. We have talked about it theoretically, need to see what it looks like."*
- *"Dealing with uninvolved parents."*
- *"ACES"*
- *"How the new law with THC will in pack [sic] the work with families"*
- *"Training on 5-day and other medical COMAR requirements and mandates."*
- *"Removals"*
- *"Transparency and Team building as it relates to resource parents feeling included in the process."*
- *"More information about policy implementation and what the expectations are about implementing ice breakers and comfort calls."*
- *"Marijuana use/medical marijuana etc."*
- *"Basic parent engagement with the teachers and staff to support academic achievement"*
- *"DEI, data, Coach Approach, motivational interviewing"*
- *"Looking forward to the follow-up trainings regarding this topic and CfE in general. Hoping the support expands to TFC soon."*
- *"How to effectively communicate with the client."*
- **Please describe any current barriers you experience in building a positive partnership between resource parents and families of origin.**
 - *"A current barrier I have as an adoption worker is that the resource parents feel that the birth parents have let their children down too many times and now the resource family does not want to offer a reasonable PACA"*
 - *"Anger from the family of origin; safety"*
 - *"Not enough support"*
 - *"Building those relationships with the mom and dad. Often, mom and dad are not*

on the same page/are unable to co-parent. This causes DSS to often work with mom or dad at different capacities and the children are unable to maintain/build strong relationships with both of their parents.”

- *“Depends on the receptiveness of both parties, depends on availability of contact with family of origin”*
- *“Families of origin often resistant to partnering with the department. Or the resource parent is resistant to the family of origin.”*
- *“Fear and defense from both sides on what to expect”*
- *“Foster parent's unwillingness to engage with families or [sic] origin and bio parents' resentment towards foster families. Also, bio parents drug use.”*
- *“Misconceptions and biases”*
- *“Overcoming fear and stigma”*
- *“Parent attorneys can sometimes be a barrier. They do not help to facilitate trust between client and worker and/or resource parent and sometimes hurt the relationship.”*
- *“Parents having unrealistic expectations, not thinking in the best of interest of the child, selfish agendas to obtain money, drug abuse/addiction.”*
- *“Short staffed so staff sometimes expects foster parents to supervise visits from day 1 with no support/guidance”*
- *“Time, high caseloads, lack of trust in relationships, antagonistic environment (e.g., court)”*
- *“Willingness of the individual (bio parent and foster parent) to engage, feel safe, and work together”*
- *“Helping resource families to manage their emotions/anxiety surrounding working with birth families”*
- *“Lack of trust”*
- *“Parent resistance and negative outlooks”*
- *“Willingness of resource parents to include bio parents in appointments, meet at visits, and supervise phone calls.”*
- *“Mental Health”*

Virtual Learning Experience

- Questions regarding the virtual learning experience were included due to the virtual nature of the training. This section provides summary data for 222 respondents (duplicated count) from all Workforce training modules combined.
- Approximately 98% of the respondents indicated they had previously participated in a multi-hour (more than 2 hours) live-streamed online training. Of these respondents, 59%

had a *Very Positive* and 29% had a *Somewhat Positive* prior experience. Approximately 11% of these respondents had neither positive nor negative prior experience.

- Before the training, 37% of participants rated their expectations of a multi-hour online training as *Somewhat High* and 29% as *Very High*. Additionally, 30% of participants had *No Expectations* (Figure 5).
- Most participants rated the effectiveness of learning this training content in an online environment as *Very Effective* (69%) or *Somewhat Effective* (24%; Figure 6).

Figure 5. How would you describe your expectations of participating in a live-streamed, multi-hour online training before participating in this online training?

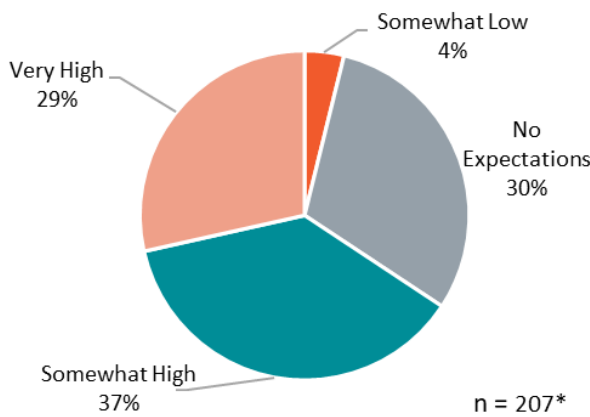
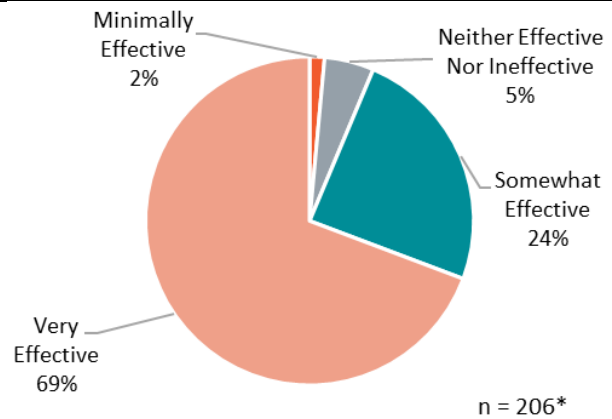


Figure 6. How would you rate the effectiveness of learning the training content in an online environment?



*Not all respondents answered all questions, and thus the sample size for each item may vary.

- Overall, participants had a Very Positive (69%) or Somewhat Positive (26%) experience with using the online platform (Figure 7).
- If given the choice, the largest share of participants (70%) would prefer to take this as an Online course, followed by a Hybrid (23%), and In-person (3%; Figure 8).

Figure 7. How would you describe your overall learning experience using an online platform?

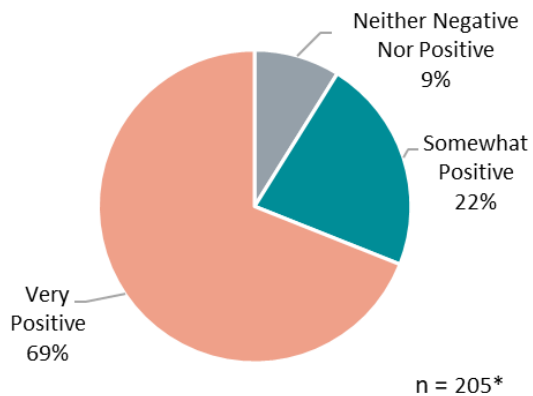
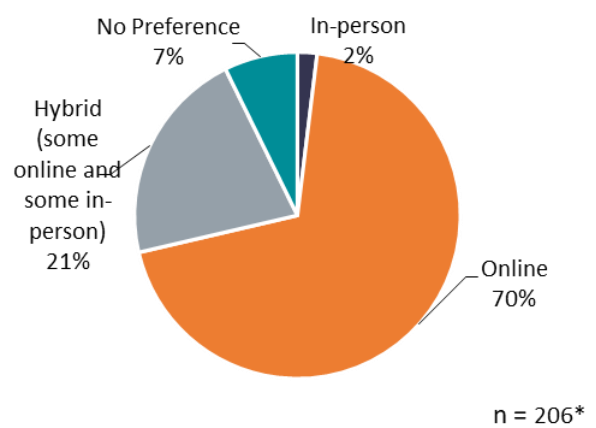


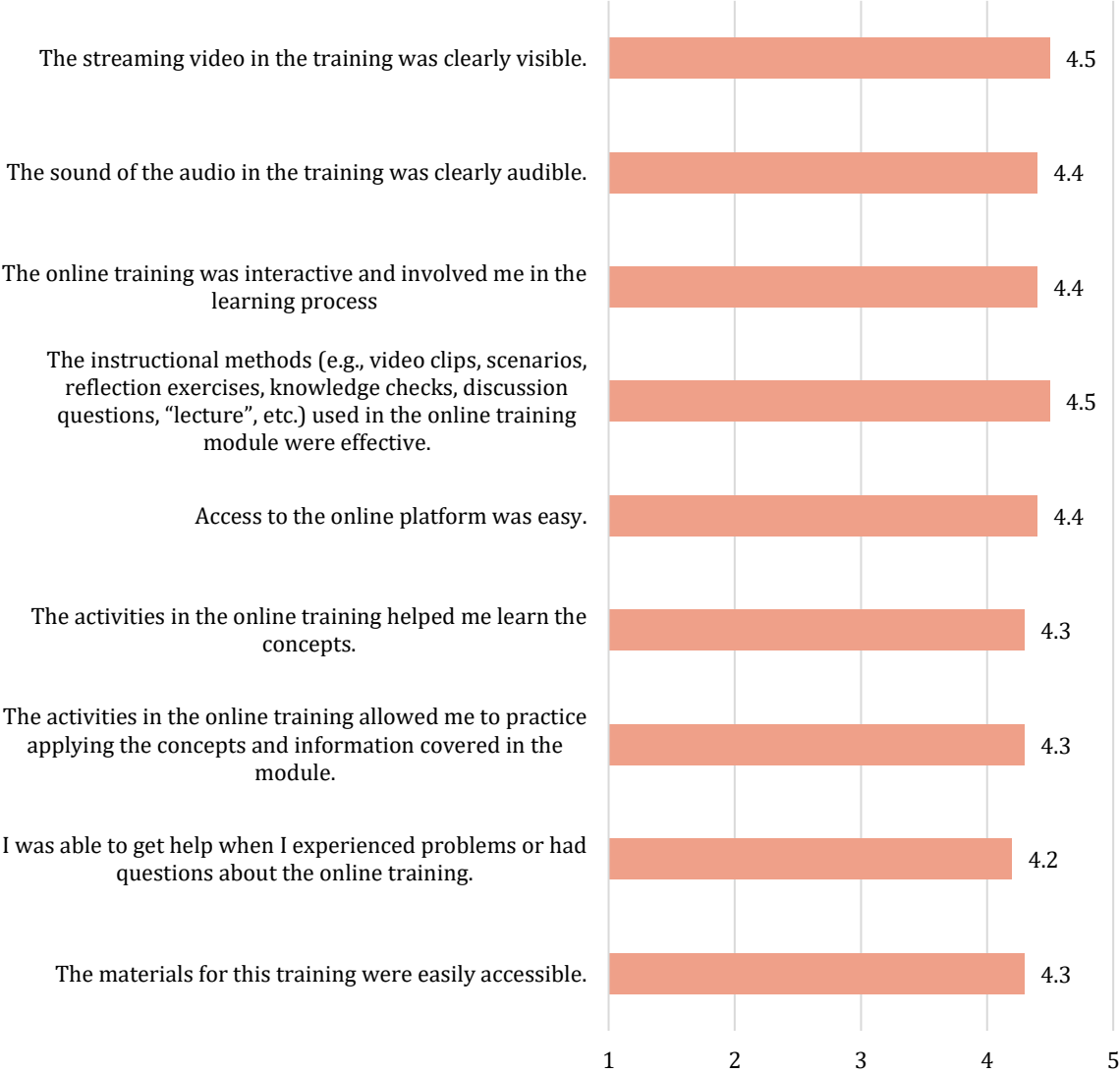
Figure 8. If given the choice between taking this course in-person or on-line, which would you prefer?



**Not all respondents answered all questions, and thus the sample size for each item may vary*

- Participants responded positively when asked about their personal experience with specific aspects of the virtual trainings, including but not limited to visibility, accessibility, and audibility (Figure 9)

Figure 9. Virtual Training Quality Average Score

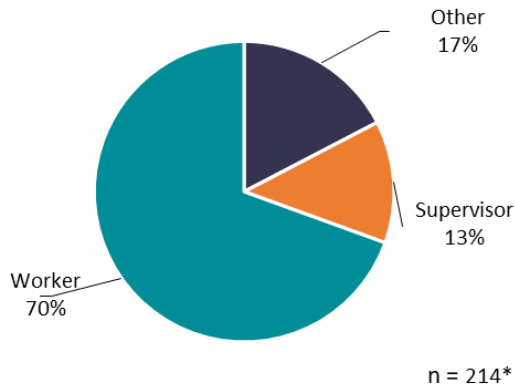


Note: Scale ranges from 1 to 5; 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4=Agree, 5=Strongly Agree.

Demographic Information

Trainees were asked to indicate their role and jurisdiction as well as their highest educational level attained, field of study, age range, gender, sexual orientation, and ethnic/racial heritage. Duplicate respondents have been removed in order to provide an accurate representation of the Workforce training participants. The results of 214 unique individuals are summarized below.

Figure 10. Roles of Participants



Role

Figure 10 shows that participants reported working in various roles: 70% (148 respondents) worked as a Worker, followed by 13% (28 respondents) as a Supervisor. The category Other reflects the roles of the remaining 37 respondents (17%) and includes positions such as Administrator, CPS Program Manager, Family Development Specialist, FTDM Facilitator, Independent Living Coordinator, and SSA Executive Project Director.

Jurisdiction

Figure 11 shows the frequency and percentage of respondents per county. Participants from ten jurisdictions were represented. The largest number of respondents indicated that they work in Prince George's County (33.2%, 71 respondents) followed by Frederick County (20.6%, 44

Figure 11. Respondents per county, Frequency and Percentage

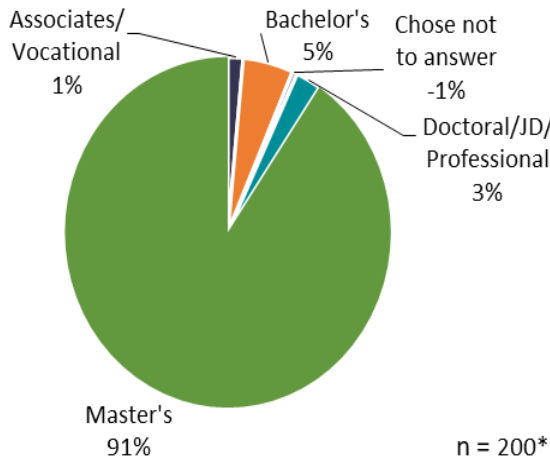
County	Frequency	Percentage
Anne Arundel	2	0.9 %
Baltimore City	2	0.9 %
Baltimore	36	16.8 %
Calvert	1	0.5 %
Carroll	21	9.8 %
Charles	1	0.5 %
Dorchester	1	0.5 %
Frederick	44	20.6 %
Montgomery	35	16.4 %
Prince George's	71	33.2 %
Total	214	100 %

respondents), Baltimore County (16.8%, 36 respondents), Montgomery County (16.4%, 35 respondents), and Carroll County (9.8%, 21 respondents). The remaining counties all received

less than 1.0% of the responses, with the smallest number of participants being from Calvert County (0.5%, 1 respondent), Charles County (0.5%, 1 respondent), and Dorchester County (0.5%, 1 respondent).

Figure 12. What is your highest degree achieved?

Education



As can be seen in Figure 12, several educational levels were reported by participants of Workforce training as their highest degree achieved. Most respondents had obtained their master’s degree (90.5%, 181 respondents). A total of ten respondents (5.0%) had a bachelor’s degree, five respondents (2.5%) had a Doctoral, Juris Doctorate, or Professional degree, and three respondents (1.5%) had an Associate’s or Vocational degree as their highest degree attained. One respondent chose not to answer (0.5%).

Figure 13. Age Ranges of Participants
Age Range

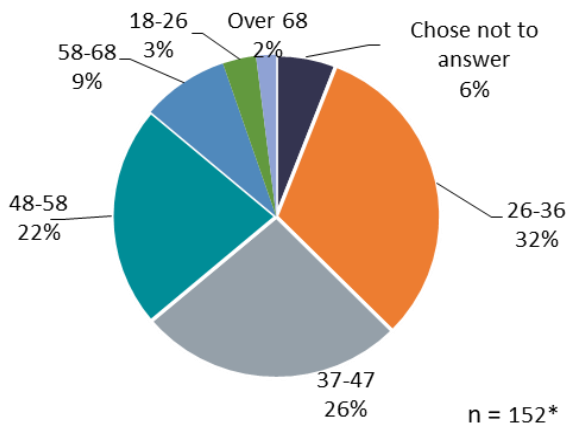


Figure 13 shows that most respondents placed themselves in the age range of 26-36 (31.6%, 48 respondents) and 37- 47 years old (26.3%, 40 respondents). Approximately 22% of respondents reported being in the age range of 48-58 (34 respondents), and 13 respondents placed themselves in the 58-68 range (8.6%). Five respondents were in the age range of 18-26 (3.3%), and three respondents indicated that they were over 68 years old (2.0%).

Gender

The majority of respondents identified as a woman (83.5%, 157 respondents), whereas the number of respondents who identified as a man was significantly lower (5.3%, 10 respondents) (Figure 14). One respondent identified as non-binary (0.5%), and another (0.5%) identified as a non-listed gender. Nineteen respondents chose not to answer the gender-related question (10.1%).

Sexual Orientation

Figure 15 shows that participants reported a variety of sexual orientations: 72.2% (130 respondents) identified as heterosexual/straight, followed by 2.2% (4 respondents) as bisexual. The category Other represents the sexual orientation of the remaining eight participants: two respondents identified as asexual (1.1%), two as gay (1.1%), two as lesbian (1.1%), and two respondents identified as queer (1.1%). Thirty-eight respondents chose not to answer (21.1%).

Figure 14. Gender of Participants

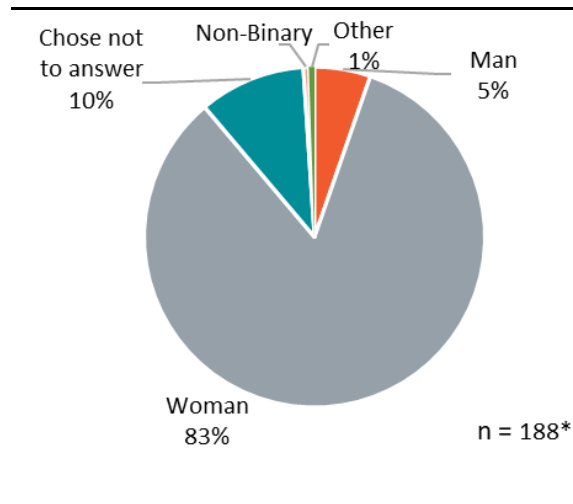
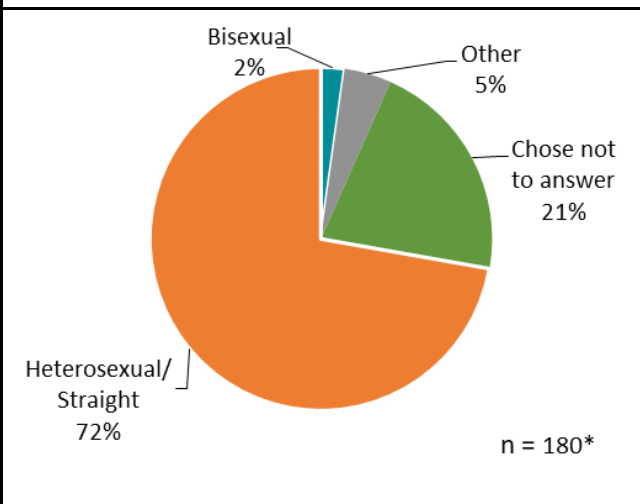


Figure 15. Sexual Orientation of Participants



**Not all respondents answered all questions, and thus the sample size for each item may vary.*

Ethnic/Racial Heritage

When respondents were asked to select what best represents their ethnic and/or racial heritage, a wide variety of responses was recorded. Respondents were able to select either one or multiple answer options. Figure 16 indicates that most respondents were White (44.6%, 82 respondents) and Black/African/Afro-Caribbean (33.7%, 62 respondents).

Figure 16. Respondents by Ethnicity/Race, Frequency and Percentage

Ethnicity/Race	Frequency	Percentage
American Indian/Alaskan Native and Hispanic/Latinx	1	0.5 %
Black/African/Afro-Caribbean	62	33.7 %
Black/African/Afro-Caribbean and White	1	0.5 %
Hispanic/Latinx	7	3.8 %
Hispanic/Latinx and White	3	1.6 %
Middle Eastern	1	0.5 %
Middle Eastern and White	1	0.5 %
White	82	44.6 %
Other	2	1.1 %
Chose not to answer	24	13.0 %
Total	184	100 %

CfE Final Evaluation Report Attachment II

Center for Excellence Impact of Training and Technical Assistance (IOTTA) Resource Parent Training Modules Summary Report

March 1, 2022 – October 30, 2023

Overview

This report summarizes data from participant feedback surveys completed by participants of CfE training modules between March 2022 and October 2023. This information is intended to provide an assessment of satisfaction and knowledge gain as well as intent, confidence, and commitment to apply the course material to daily practice. Open-ended questions ask about the perceived utility, application, and impact of training and additional training needs. Training participants are asked to complete the survey at the conclusion of each CfE training module. All training sessions were delivered through a virtual platform, so survey responses were collected online. Additional questions related to each training's learning objectives and the virtual learning experience were included.

Participants were asked to rate their mastery and competence, the impact of the training, and their satisfaction with the training on a scale of 1 to 10. The specific anchors for these scales varied depending on the question (e.g., 1=Not met at all, 10=Fully met), but for all items **higher scores indicate more positive ratings**. Mean scores for each item are presented along with the standard deviations. Additionally, participants were asked to rate whether specific training objectives were met using a five-point scale from *Strongly Disagree* (1) to *Strongly Agree* (5). The average for all training objectives is presented, including the corresponding standard deviation.

Additionally, to provide some summary of the qualitative feedback, a random sample of quotes are provided across the CfE training sessions. This random sample may not be representative of all feedback provided by participants but does provide examples of participant feedback.

This report includes the following sections:

- CfE Training Sessions
- Virtual Learning Experience
- Demographic Information
- Appendix: Overview of Training Averages

CfE Training Sessions for Resource Parents

Between March 2022 and October 2023, 157 resource parents (duplicated count) attended a CfE training session and completed a feedback survey. After each training, participants were asked questions related to mastery and competence, training satisfaction, and expected impact on future work in a post-training feedback survey. The figures below provide summary data of participant responses for four different training modules: 1) Promoting Parent Partnership, 2) Partnering

with Family of Origin - A Foundation, 3) Building Partnership in Support of Reunification, and 4) Ongoing Partnership and Bridging KEEP and PTC-R. Some feedback surveys did not yield any responses, so the corresponding training sessions are excluded from the analysis. All items were rated on a scale of 1 to 10, with higher scores indicating more positive ratings. Please note that not all participants completed the post-training feedback surveys as requested.

Mastery & Competence

Figure 1. Competence with Training Goals Before and After Training, Average Score



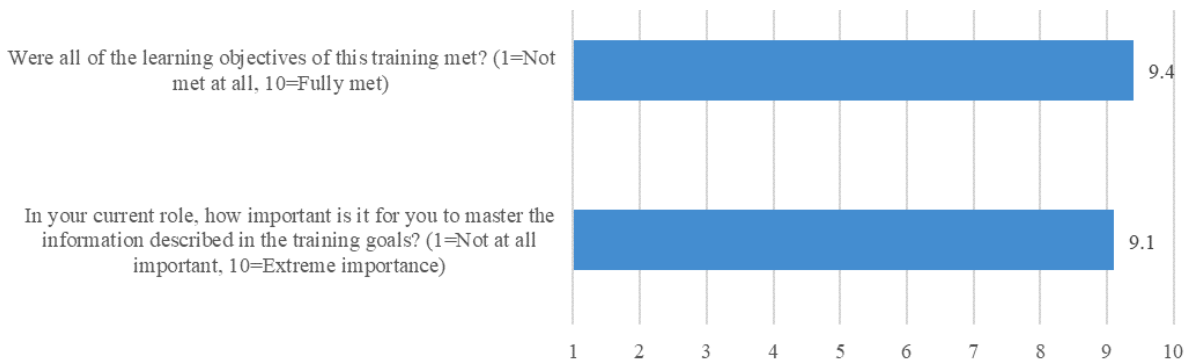
- Participants were asked to rate their level of competence with the training goals before and after training on a scale from 1 (Complete Beginner) to 10 (Fully Expert). A paired samples t-test showed that the participants’ perceived level of competence significantly increased from $M=6.9$ ($SD=2.1$) before training to $M=8.5$ ($SD=1.4$) after training ($t=-13.86$, $p<.001$) (Figure 1).

- Overall, participants agreed that the learning objectives were fully met during the training ($M=9.4$, $SD=1.1$). Additionally, participants were asked about whether the training’s specific objectives were achieved during the course of the training. These data are available for all four training modules, with a total of 19

learning objectives. All objectives had an average score of ≥ 4.28 ($M=4.57$, $SD=0.7$), indicating that participants generally agreed that the objectives were met.

- Participants indicated that mastering training information is important to their current role ($M=9.1$, $SD=1.4$).

Figure 2. Mastery and Competence, Average Score

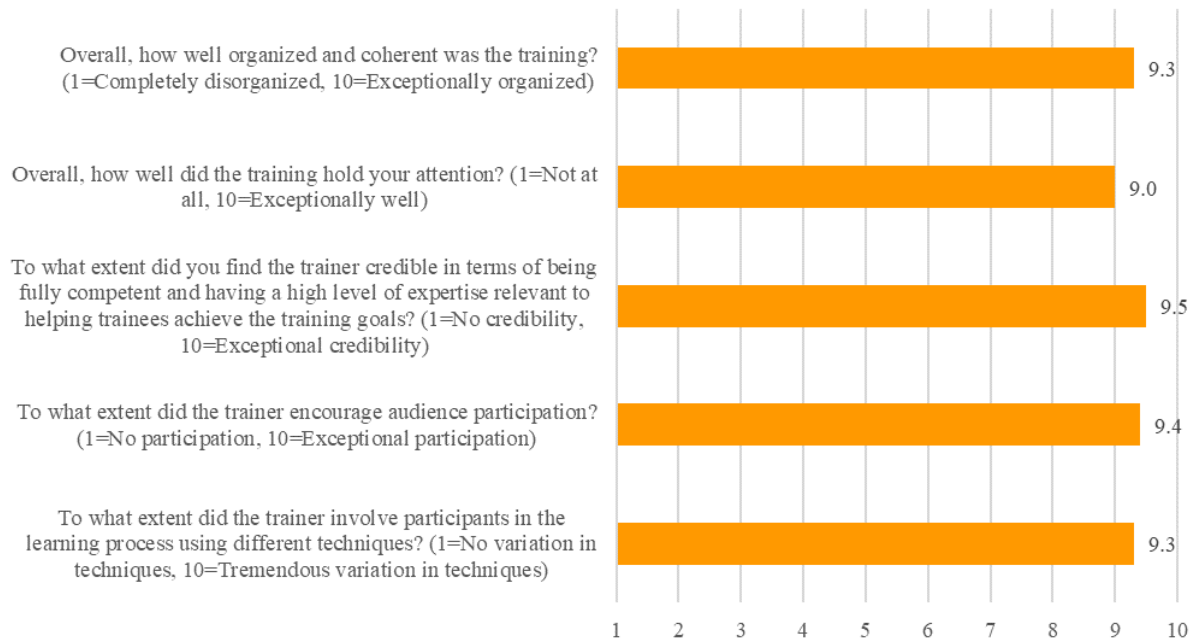


Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

Training Satisfaction

- Overall, participants indicated that the training was very well-organized and coherent ($M=9.3$, $SD=1.2$) and that it held their attention well ($M=9.0$, $SD=1.4$).
- The trainers were rated as exceptionally credible ($M=9.5$, $SD=1.2$), encouraged great audience participation ($M=9.4$, $SD=1.5$), and involved participants in the learning process with large variation in techniques ($M=9.3$, $SD=1.5$).

Figure 3. Training Satisfaction, Average Score

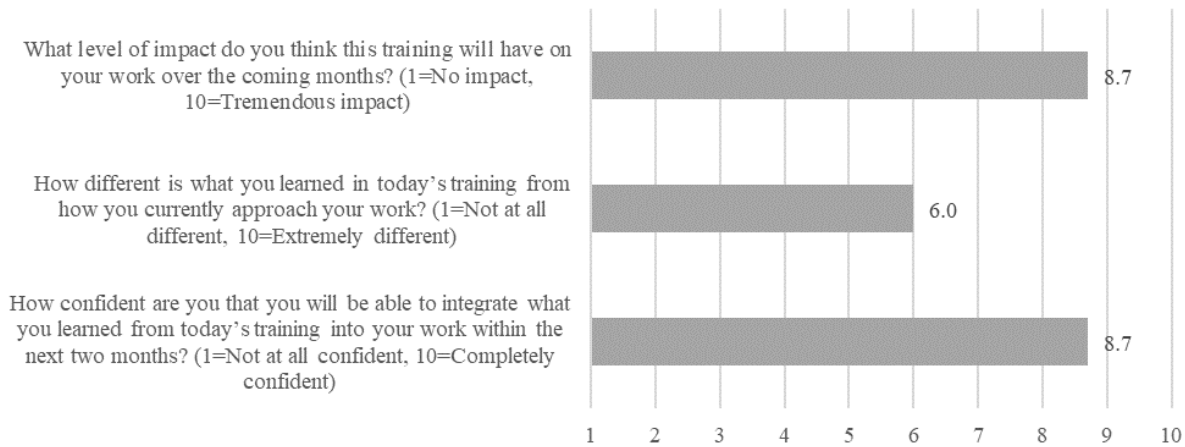


Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

Expected Impact on Future Work

- Participants indicated the training will have a significant impact on their work in the coming months ($M=8.7$, $SD=1.6$) and they are confident they will be able to integrate the training content into their work within the next two months ($M=8.7$, $SD=1.8$).
- Participants found what they learned in the training to be somewhat different from their current work approach ($M=6.0$, $SD=3.0$).

Figure 4. Expected Impact, Average Score



Note: Response scale options vary by item; all scales range from 1 to 10. Not all participants responded to each item.

Qualitative Feedback

The following section provides a small sample of comments provided by training participants. A random sample of quotes are provided along with the training for which they were associated. **These comments may not be representative of all feedback**, but they provide some examples of participant feedback from select training modules.

- **What, specifically, is the major impact you anticipate today's training having on your parenting?**
 - *“A deeper appreciation and renewed sense of empathy for the life and challenges of a family of origin”* (Building Partnership in Support of Reunification)
 - *“Continue to take opportunities to hear from other resource parents for ideas and greater context to own experiences”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Figuring out a way to communicate more openly”* (Partnering with Family of Origin - A Foundation)
 - *“Advocacy for these new initiatives”* (Promoting Parent Partnership)
 - *“Awareness of implicit bias”* (Building Partnership in Support of Reunification)
 - *“Being more patient with family of origin as they work towards reunification”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Having a better understanding of what partnership should look like”* (Partnering with

Family of Origin - A Foundation)

- *“This training served as a good reminder to make sure I invite my foster children's mother to all weekend activities. Not just a single invite at the beginning of the sports season but try to remind her on a weekly basis.”* (Promoting Parent Partnership)
- *“Learning more skills and open up more on topics that are hard to deal with”* (Building Partnership in Support of Reunification)
- *“Finding new ways to incorporate existing framework”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Improved understanding of what birth family is going through and how they could want to communicate”* (Partnering with Family of Origin - A Foundation)
- *“To understand the purpose of the icebreaker and continued communication with birth parents”* (Promoting Parent Partnership)
- *“Creating stronger relationships with the parents of origin.”* (Building Partnership in Support of Reunification)
- *“More confidence with being an active mentor to birth parents”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“It reinforced the importance of continually implementing protective factors for the parent and child”* (Partnering with Family of Origin - A Foundation)
- *“I believe I am better equipped to interact with the biological parents to establish a relationship which is both uplifting for the parents and child.”* (Promoting Parent Partnership)
- *“How important it is to continue to try to build relationships with birth parents no matter how hard it may seem.”* (Building Partnerships in Support of Reunification)
- *“Renewed hope and resolve to forge a meaningful co-parenting relationship with the birth family.”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“When we got our first placement, I barely had any idea of what to expect or what resources I could request, now I am learning more and more of how to insist on the best practices we've gone over from the very beginning so there can be a better outcome for our foster kids and their families.”* (Partnering with Family of Origin - A Foundation)
- *“Being able to ask our kids' social worker for greater involvement in the reunification plan and process.”* (Promoting Parent Partnership)

- **What is one new strategy from the training that you are excited to implement?**
 - *“I expect I will be more aware of the birth parents’ condition and have more empathy”* (Promoting Parent Partnership)
 - *“Keeping a life book / providing photos and videos and copies of child's work to birth family”* (Partnering with Family of Origin - A Foundation)
 - *“I think making my intention of being a support to the birth family known from day 1”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Deepened awareness of my implicit biases”* (Building Partnership in Support of Reunification)
 - *“Reaching out to bio parents more”* (Promoting Parent Partnership)
 - *“Using all forms of communication with the birth family.”* (Partnering with Family of Origin - A Foundation)
 - *“Mentoring of bio relatives to contribute to a better relationship with the kids”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Discussing parenting strategies”* (Building Partnership in Support of Reunification)
 - *“Participating in comfort calls and icebreaker meetings”* (Promoting Parent Partnership)
 - *“Building a stronger support”* (Partnering with Family of Origin - A Foundation)
 - *“Situation dictates as far as encouraging child parent of origin engagement. If engagement is not immediately helpful for mental health of child, okay to not push and support mental health of child”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Share in person events with bio family when allowed, closer relationships”*(Building Partnership in Support of Reunification)
 - *“The google phone call so can interact with family without disclosing phone number”* (Promoting Parent Partnership)
 - *“I'd like to put a photo of our kids and their parents up somewhere in our house - I think they would love that”* (Partnering with Family of Origin - A Foundation)
 - *“More communication outside of traditional visits”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Having the mindset with the children of "What happened to you" versus "What's wrong with you"”* (Building Partnership in Support of Reunification)

- *“Sharing information on my family as well.”* (Promoting Parent Partnership)
- *“Calming techniques for the children”* (Partnering with Family of Origin - A Foundation)
- *“Sharing ideas and concepts with the birth parents by letting them make decisions in their kids’ lives.”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Finding opportunity to speak on behalf of the family of origin in support of progress towards reunification”* (Building Partnership in Support of Reunification)
- **What additional topics would you like to receive training on? Please be specific.**
 - *“Kids with no contact or parents who make minimal effort...how to guide the children through that and keep the door for reunification open with kids who have dying hope”* (Building Partnership in Support of Reunification)
 - *“Always like new ways to create relationship with the children and helping them grow”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“Handling behavioral/emotional challenges”* (Partnering with Family of Origin - A Foundation)
 - *“Discipline while co-parenting.”* (Promoting Parent Partnership)
 - *“What training the family of origin is getting and how they are progressing towards reunification”* (Building Partnership in Support of Reunification)
 - *“Managing post-reunification relationships from the perspective of the children (both bio and foster)”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“What influence if any can foster parents have during court hearings”* (Partnering with Family of Origin - A Foundation)
 - *“How to navigate boundaries between birth parent and foster parent successfully”* (Promoting Parent Partnership)
 - *“More on communicating with the team”* (Building Partnerships in Support of Reunification)
 - *“Trainings geared towards more specific circumstances (ex: working with parents that are addicted, working with parents with mental illness)”* (Ongoing Partnership and Bridging KEEP and PTC-R)
 - *“We have not been parents before, at all. I feel like a lot of strategies discussed are for families that have or already have had children. So I feel out of my depth where there is mentioning of “being a model parent to the birth family”. Maybe just typical parenting*

strategies and how to adjust them to foster parenting strategies.” (Partnering with Family of Origin - A Foundation)

- *“Working with separation anxiety with children.”* (Promoting Parent Partnership)
- *“More on self-care techniques, recognizing you are burned out.”* (Building Partnerships in Support of Reunification)
- *“Managing ADHD.”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“How to keep trying to be a partner when your efforts are rarely reciprocated. It's hard to not become discouraged.”* (Partnering with Family of Origin - A Foundation)
- *“Navigating difficult interactions with family members”* (Building Partnerships in Support of Reunification)
- *“How to communicate with other resource parents to share ideas.”* (Promoting Parent Partnership)
- *“Post Traumatic Growth (PTG)”* (Partnering with Family of Origin - A Foundation)
- *“Teen behaviors, preparing youth for jobs and the future, how to support youth with different cultures”* (Promoting Parent Partnership)
- *“How to work with family of origin when the parents are no contact, how to work with DSS when agency guidelines are a barrier, additional resources available i.e., respite, day camps”* (Partnering with Family of Origin - A Foundation)

- **What barriers might prevent you from applying what you learned?**

- *“Safety restrictions, family circumstances, inherent bias”* (Building Partnership in Support of Reunification)
- *“The birth parents aren't particularly keen to engage with us, but we think there are avenues to work together.”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Feeling like it is already too late - (We are five months in already)”* (Partnering with Family of Origin – A Foundation)
- *“Adversarial relationship; language”* (Promoting Parent Partnership)
- *“Lack of support or staff to create the team”* (Building Partnerships in Support of Reunification)
- *“Time”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Maintaining safety of our bio kids”* (Partnering with Family of Origin - A

Foundation)

- *“Not knowing how the birth parents will respond”* (Promoting Parent Partnership)
- *“Rejection from birth parents.”* (Building Partnerships in Support of Reunification)
- *“Lack of engagement or interest from family of origin.”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Schedule conflicts - time. Parent's discouragement with the slow speed of the process (Just now getting referred for mental eval and parenting classes - the primary requirements the court had for reunification and it's been months)”* (Partnering with Family of Origin - A Foundation)
- *“Social worker capacity”* (Promoting Parent Partnership)
- *“No contact order”* (Building Partnership in Support of Reunification)
- *“If parents are hostile or not interested in partnering/if it would be unhealthy or unsafe to pursue that type of partnership for our foster kid given the situation”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“Giving out my home address to birth parents.”* (Partnering with Family of Origin - A Foundation)
- *“Previous experiences”* (Promoting Parent Partnership)
- *“Not knowing how to ask.”* (Building Partnerships in Support of Reunification)
- *“Currently not fostering any children, but useful information for future”* (Ongoing Partnership and Bridging KEEP and PTC-R)
- *“If the parent chooses to be absent or not to communicate with the child, other means of communication with the parent may need to be reinvented.”* (Partnering with Family of Origin - A Foundation)
- *“Personal comfort level with opening up to all bio families”* (Promoting Parent Partnership)

Virtual Learning Experience

- Questions regarding the virtual learning experience were included due to the virtual nature of the training. This section provides summary data for 157 respondents (duplicated count) from the CfE training sessions combined.
- Before the training, 38% of participants rated their expectations of a multi-hour online training as *Somewhat High* and 26% as *Very High*. Approximately 23% of participants had *No Expectations* (Figure 5).

- Most participants rated the effectiveness of learning this training content in an online environment as *Very Effective* (71%) or *Somewhat Effective* (25%; Figure 6).

Figure 5. How would you describe your expectations of participating in a live-streamed, multi-hour online training before participating in this online training?

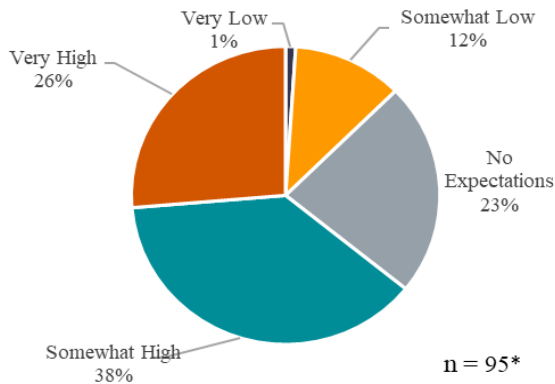
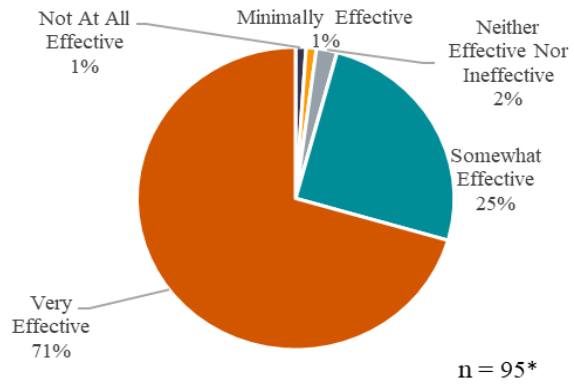


Figure 6. How would you rate the effectiveness of learning the training content in an online environment?



*Not all respondents answered all questions, and thus the sample size for each item may vary. One training module (59 potential respondents) did not include the questions in figure 5 and figure 6.

- Overall, participants had a *Very Positive* (69%) or *Somewhat Positive* (26%) experience with using the online platform (Figure 7).
- If given the choice, the largest share of participants (70%) would prefer to take this as an *Online* course, followed by a *Hybrid* (23%), and *In-person* (3%; Figure 8).

Figure 7. How would you describe your overall learning experience using an online platform?

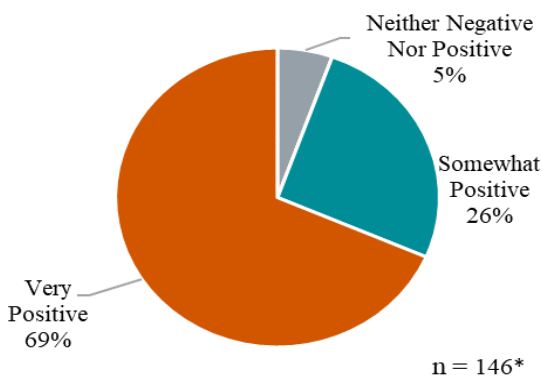
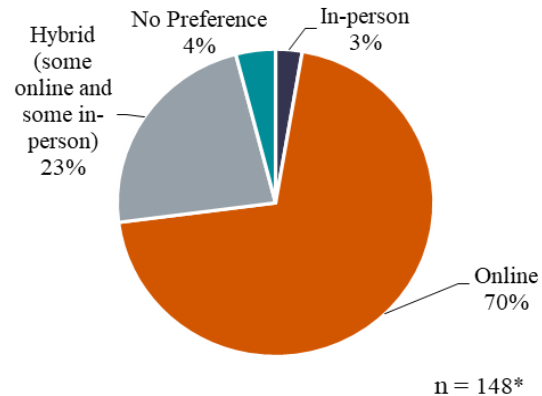


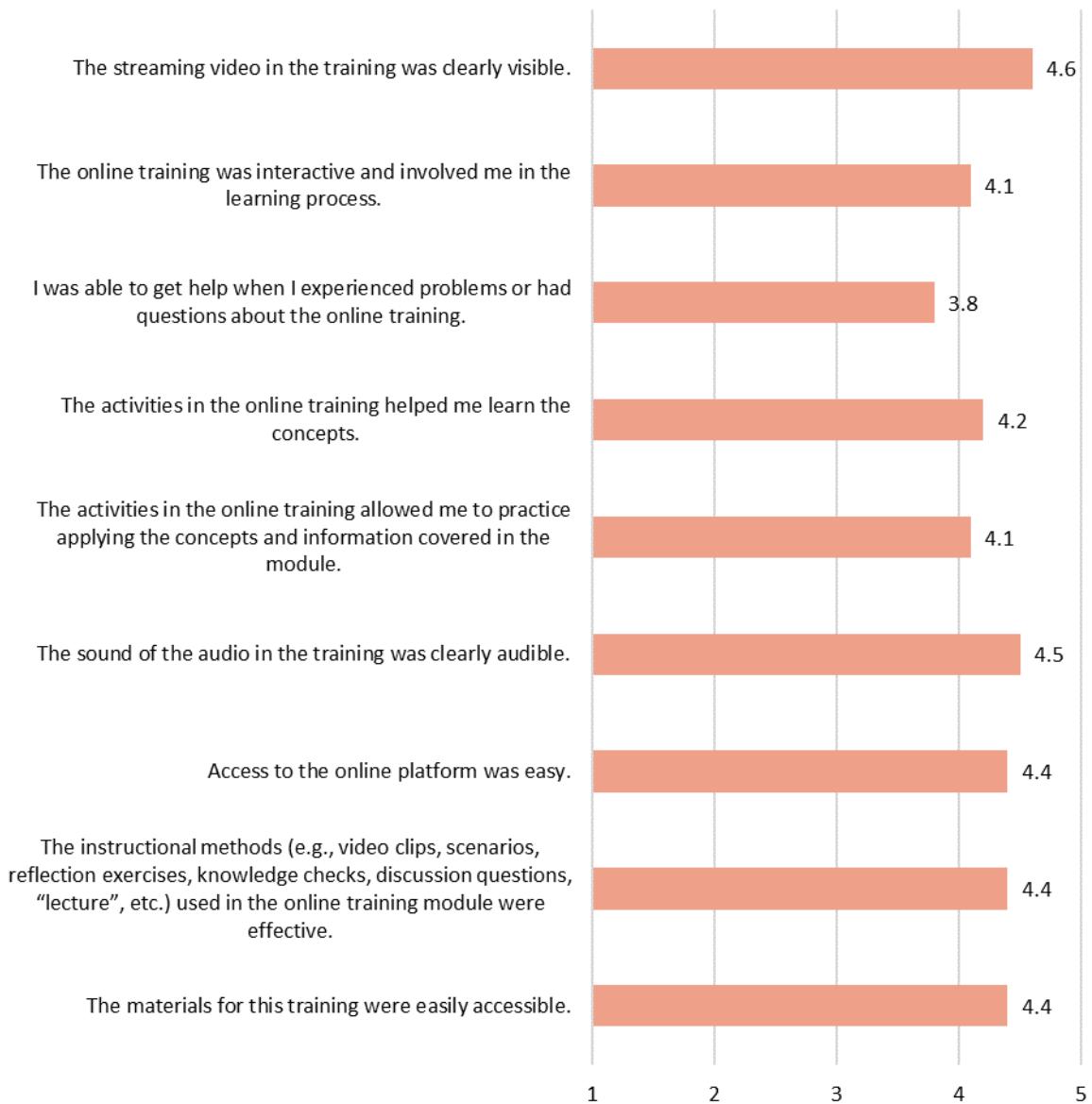
Figure 8. If given the choice between taking this course in-person or on-line, which would you prefer?



*Not all respondents answered all questions, and thus the sample size for each item may vary.

- Participants responded positively when asked about their personal experience with specific aspects of the virtual trainings, including but not limited to visibility, accessibility, and audibility (Figure 9).

Figure 9. Virtual Training Quality, Average Score



Note: Scale ranges from 1 to 5; 1=Strongly Disagree, 2=Disagree, 3=Neither Agree Nor Disagree, 4=Agree, 5=Strongly Agree.

Demographic Information

Trainees were asked to indicate their role and jurisdiction as well as their highest educational level attained, field of study, age range, gender, sexual orientation, and ethnic/racial heritage. Duplicate respondents have been removed in order to provide an accurate representation of CfE participants. The results of 77 unique individuals are summarized below.

Figure 10. Role of Participants

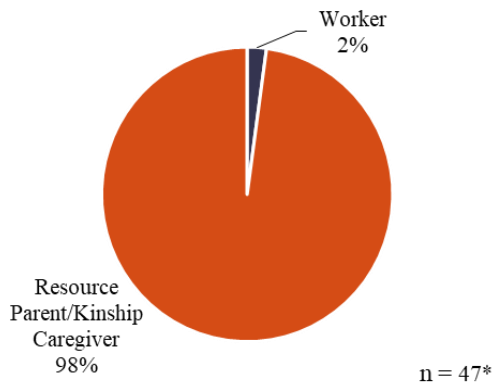


Figure 10 shows that 98% of participants worked as a Resource Parent/Kinship Caregiver (46 respondents). One participant indicated to be a Worker (2.1%).

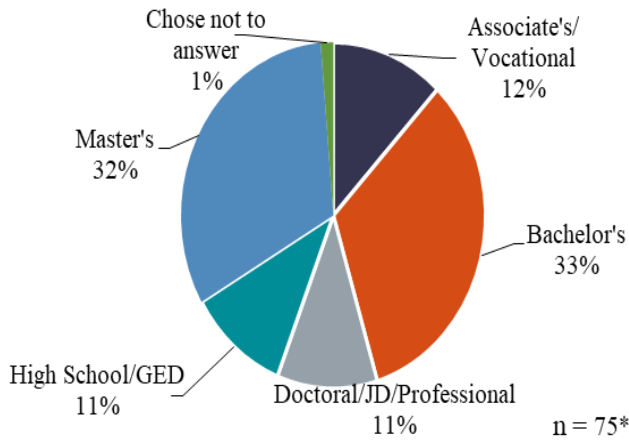
Jurisdiction County

Figure 11 shows the frequency and percentage of respondents per county. Between March 2022 and October 2023, participants from five jurisdictions were represented. The largest number of respondents indicated that they live in Baltimore County (37.5%, 18 respondents) followed by Prince George's County (27.1%, 13 respondents). An equal number of participants lived in Carroll County and Montgomery County (both 12.5%, 6 participants). Lastly, five participants indicated that they lived in Frederick County (10.4%).

Figure 11. Respondents per county, Frequency and Percentage

County	Frequency	Percentage
Baltimore	18	37.5 %
Carroll	6	12.5 %
Frederick	5	10.4 %
Montgomery	6	12.5 %
Prince George's	13	27.1 %
Total	48	100 %

Figure 12. What is your highest degree achieved?

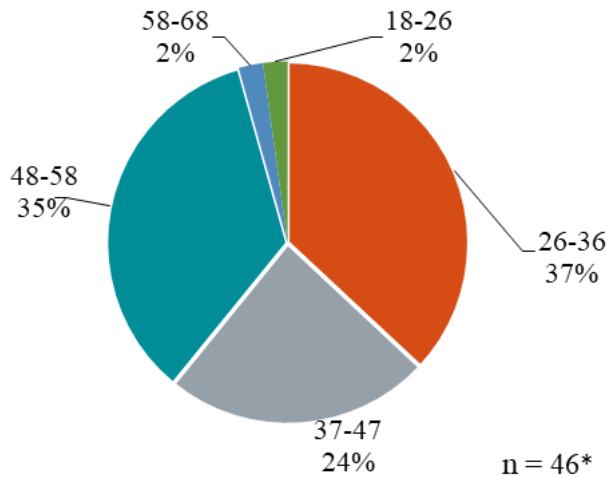


highest degree attained. Additionally, eight respondents indicated that they had a Doctoral, Juris Doctoral, or Professional degree (10.7%).

Education

As can be seen in Figure 12, various educational levels were reported by participants of CfE training as their highest degree achieved. One-third of respondents had obtained their bachelor's degree (33.3%, 25 respondents). A total of 24 respondents (32.0%) had a master's degree, nine respondents (12.0%) had an Associate's or Vocational degree, and eight respondents (10.7%) had their high school diploma or GED as their

Figure 13. Age Range of Participants



Age Range

Figure 13 shows that most respondents placed themselves in the age range of 26-36 (37.0%, 17 respondents) and 48-58 years old (34.8%, 16 respondents). Approximately 24% of respondents reported being in the age range of 37-47 (11 respondents). One respondent placed themselves in the 18-26 range (2.2%), and another respondent indicated to be in the age range of 58-68 (2.2%).

Gender

More than half of the respondents identified as a woman (58.7%, 44 respondents), and more than one-third of respondents identified as a man (40.0%, 30 respondents) (Figure 14). One respondent identified as another non-listed gender but did not elaborate further (1.3%).

Sexual Orientation

Figure 15 shows that participants reported a variety of sexual orientations: 78.7% (37 respondents) identified as heterosexual/straight. Four respondents identified as gay (8.5%), two as asexual (4.3%), and one respondent identified as bisexual (2.1%). Three respondents chose not to answer (3.2%).

Figure 14. Gender of Participants

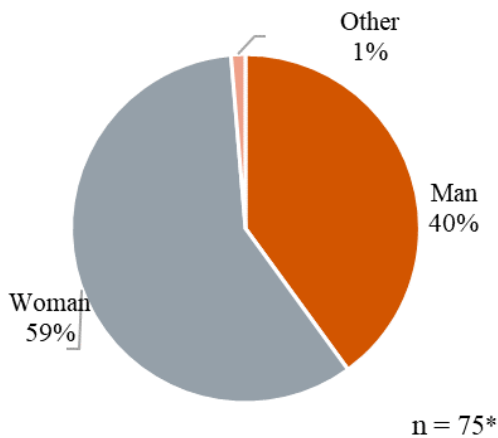
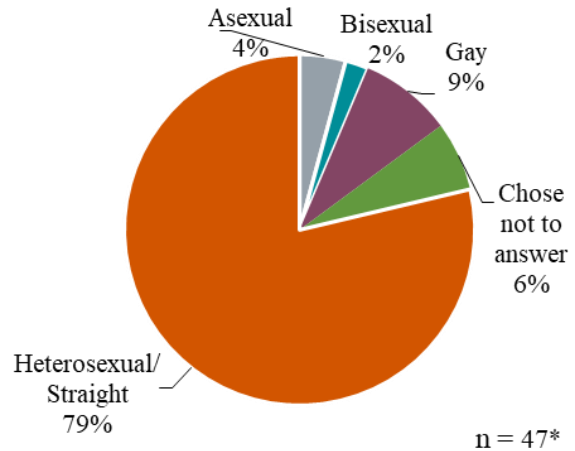


Figure 15. Sexual Orientation of Participants



**Not all respondents answered all questions, and thus the sample size for each item may vary.*

Ethnic/Racial Heritage

When respondents were asked to select what best represents their ethnic and/or racial heritage, a variety of responses were recorded. Respondents were able to select one or multiple answer options. Figure 16 indicates that most respondents were White (64.0%, 48 respondents) and Black/African/Afro-Caribbean (25.3%, 19 respondents).

Figure 16. Respondents by Ethnicity/Race, Frequency and Percentage

Ethnicity/Race	Frequency	Percentage
Asian	1	1.3 %
Black/African/Afro-Caribbean	19	25.3 %
Hispanic/Latinx	3	4.0 %
White	48	64.0 %
Other	3	4.0 %
Chose not to answer	1	1.3 %
Total	75	100 %

CfE Final Evaluation Report Attachment III

Children Comparable to Children Placed with KEEP/KEEP SAFE Homes

Placement Experiences for Children (All Ages)

Placement Experience from CfE Placement							
Level of Training Received through CfE	Permanency Plan	Children	Remain in Placement	Moved to Relatives	Moved to Permanency	Total Positives - Stability, Relatives, or Permanency	
		n	n	n	n	n	%
Fully Trained and Certified CFE Homes	Total	37	29	1	2	32	86.5%
	Reunification	20	15	1	2	18	90.0%
	All Other Plans	17	14	0	0	14	82.4%
CFE Homes that have graduated	Total	63	40	1	5	46	73.0%
	Reunification	40	23	1	5	29	72.5%
	All Other Plans	23	17	0	0	17	73.9%
Referred to CfE but did not complete/participate	Total	44	26	1	3	30	68.2%
	Reunification	25	13	0	1	14	56.0%
	All Other Plans	19	13	1	2	16	84.2%
Comparison Children – not referred for CfE training	Total	34	7	8	1	16	47.1%
	Reunification	12	3	3	0	6	50.0%
	All Other Plans	22	4	5	1	10	45.5%

Placement Experiences for Children (Ages 4 to 11)

Placement Experience from CfE Placement							
Level of Training Received through CfE	Permanency Plan	Children	Remain in Placement	Moved to Relatives	Moved to Permanency	Total Positives - Stability, Relatives, or Permanency	
		n	n	n	n	n	%
Fully Trained and Certified CFE Homes	Total	33	26	1	2	29	87.9%
	Reunification	17	12	1	2	15	88.2%
	All Other Plans	16	14	.	.	14	87.5%
CFE Homes that have graduated	Total	51	32	1	5	38	74.5%
	Reunification	31	17	1	5	23	74.2%
	All Other Plans	20	15	.	.	15	75.0%
Referred to CfE but did not complete/participate	Total	30	21	.	1	22	73.3%
	Reunification	19	10	.	1	11	57.9%
	All Other Plans	11	11	.	.	11	100.0%
Comparison Children – not referred for CfE training	Total	20	5	3	.	8	40.0%
	Reunification	7	2	2	.	4	57.1%
	All Other Plans	13	3	1	.	4	30.8%

Placement Experiences for Children (Ages 12 to 18)

Placement Experience from CfE Placement							
Level of Training Received through CfE	Permanency Plan	Children	Remain in Placement	Moved to Relatives	Moved to Permanency	Total Positive Outcomes - Stability, Relatives, or Permanency	
		n	n	n	n	n	%
Fully Trained and Certified CFE Homes	Total	4	3	.	.	3	75.0%
	Reunification	3	3	.	.	3	100.0%
	All Other Plans	1	.	.	.	0	0.0%
CFE Homes that have graduated	Total	12	8	.	.	8	66.7%
	Reunification	9	6	.	.	6	66.7%
	All Other Plans	3	2	.	.	2	66.7%
Referred to CfE but did not complete/participate	Total	14	5	1	2	8	57.1%
	Reunification	6	3	.	.	3	50.0%
	All Other Plans	8	2	1	2	5	62.5%
Comparison Children – not referred for CfE training	Total	14	2	5	1	8	57.1%
	Reunification	5	1	1	.	2	40.0%
	All Other Plans	9	1	4	1	6	66.7%