







# Maryland Center for Excellence in Foster Family Development (CfE)

#### **Becoming a CfE Resource Parent**

#### What is the Center for Excellence?

In September 2019, the federal Children's Bureau awarded the Maryland Department of Human Services, Social Services Administration funding for the National Center for Excellence (CfE) in Foster Family Development ("Foster Family" in Maryland is referred to as "Resource Family"). The CfE aims to improve the wellbeing of children and families impacted by the child welfare system by reducing how long children/youth stay in foster care and non-treatment focused congregate care placements; increasing reunification and exits to permanency and reducing the frequency of children/ youth re-entering care after reunification or exits to permanency. The purpose of the CfE is to prepare and support existing resource parents and birth families/ families of origin to work together on behalf of children/ youth in care to encourage smooth and timely reunification and support youth who may be at risk of or stepping down from congregate care placements.

#### Who will participate in the CfE?

Prospective or existing resource parents are eligible to participate in this program and will be selected by the local department of social services. Prospective or existing resource parents will receive additional training and support in family of origin partnership and participate in weekly groups for additional learning and support. This training will equip them to address the needs of the children/youth placed in CfE homes. These learning opportunities will facilitate building strong relationships between the child's birth family and resource family working towards reunification. The CfE will support resource parents and birth families with children/youth from 4-18 years of age.

Birth families will also participate in the CfE by working with the resource parents caring for their child. They will also participate in weekly groups, which will equip them with the same tools and skills as resource parents to support co-parenting the child/youth.

## As a current resource parent, why would I want to participate in CfE?

- 1) You become an active participant in the CfE model by helping to shape the way resource families are recruited, trained, and supported. This is an opportunity for your voice and ideas to be heard on what helped you most and how it can help others. As an experienced resource parent, you can provide feedback to child welfare leaders on new skills to improve effectiveness as a resource parent in facilitating relationships with birth parents and their children/youth and ways to develop/improve best practice for resource family development.
- 2) You get a chance to **improve and expand your skills** in working with children/youth in out of home placement, particularly those demonstrating challenging behaviors.
- **3)** You will utilize your skills **working with the birth family** of the child(ren) placed in your home to achieve a timelier and more successful reunification.
- **4)** You will receive **increased peer support in your role as a resource parent**. As a member of a cohort of CfE resource families, you will not be alone your cohort of families is there for support and networking.
- **5)** You will receive increased **case-management** services to support relationship-building with birth parents while the child is placed in your home.
- **6)** You will have access **to Mobile Response Stabilization Services (MRSS)** when a child is placed in your home. MRSS is a child, youth and resource family specific crisis intervention model designed to meet the resource parent's sense of urgency when children and youth begin to demonstrate behavioral changes associated with the early phase of a crisis. This support is available when a child is first placed in your home and when he/she is experiencing a behavioral or mental health crisis. A trained therapist will come to your home to help you navigate challenging times.
- 7) You will have access to consistent, planned and emergency respite as part of the planning process. The goal is to have dedicated CfE respite providers to support you and the child placed in your home.
- **8)** You will receive a **monetary incentive/stipend** for completion of all training requirements.
- **9)** Upon completion of the CfE training modules, you will **receive an increased board rate for the child(ren)/youth placed in your care.** Resource parents without an immediate placement will receive a holding rate to ensure their home remains available for CfE placements.

### What will I receive and what will be expected of me?

Activity	Purpose	Expectation	Incentive
CfE Training	Provides further preparation for resource parents to participate in the Center for Excellence, particularly around co-parenting with birth families to support reunification.	Training and other preparation that will occur throughout CfE. Activities will take place virtually until further notice.	Resource parents will receive a \$25 gift card per household for each completed module distributed through TAN-GO E-Gift Card from Reward Genius.
KEEP or KEEP SAFE  (KEEP is intended for resource parents caring for children aged 4-12. KEEP SAFE is intended for those caring for youth aged 12-18.)	KEEP groups are fun, interactive weekly meetings and provide a mix of peer support and trauma-informed, evidence-based parenting skills that are tailored to the families in the group and the children or youth for whom they're caring.  KEEP/KEEP SAFE results in:  Higher rates of positive parenting  Lower rates of discipline  Shorter lengths of stay in care  More timely reunication with family  Lower rates of placement disruptions  Lower rates of resource parent turnover	<ul> <li>Approximately 1.5 - 2 hours total per week for 16 weeks. This includes:</li> <li>Group sessions (approximately 90 minutes live sessions).</li> <li>Brief calls with facilitators one time per week.</li> </ul>	Resource families will receive a stipend for attending weekly group sessions. (Once in person, childcare and snacks will also be provided).  When resource parents begin KEEP or KEEP-SAFE they will receive an increased board rate for the child(ren) placed in their care.
Co-parenting with birth families	Co-parenting between resource parents and families of origin has been proven to improve more timely, smooth and permanent reunification.  This will facilitate healthy relationships between the resource parent, birth family, and the child/youth placed in your home.	Comfort calls are expected between birth families/ families of origin and the resource parents the same day of placement. Your caseworker will initiate this call. Icebreaker conversations should be initiated within 5 days of the youth's placement.  When safe and appropriate, in cases where supervised family time is ordered, resource parents should supervise and support birth parents during these visits.  Resource parents are expected to engage with birth families as often and as safely as possible, including providing updates on child's well-being, school progress, etc.  Resource parents and birth families are encouraged to celebrate holidays, birthdays, and milestones together.	Your resource parent support worker and the caseworker will support the ongoing process.



Icebreakers: Tapping into the Power of Families Supporting Families

Resource Family Tip Sheet for Supporting Reunification

Partnering With Birth Parents to Promote Reunification

Parents and Caregivers: A Community-based Multidisciplinary Approach to Strengthening Families

Birth and Foster Parent Partnership: A Relationship Building Guide

6 Concrete Tips for Co-Parenting with Your Foster Child's Birth Parents

How can birth and foster parent partnerships help families reunify?

Co-Parenting or Shared Parenting

Positive Interactions with Birthparents as a Foster Parent

Birth-Foster Parent Mentoring Teams

KEEP – Keeping Foster and Kin Parents Supported and Trained

"Funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant 90CW1146. The contents of this publication do not necessarily reflect the views or policies of the funder, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services. This information is in the public domain. Readers are encouraged to copy and share it."









