

Phase II: Professionalization of Treatment Resource Families

Summary Report

Presented to the Public Children Services Association of Ohio (PCSAO)
and
The Ohio Department of Job and Family Services Office of Children Services Transformation

PREPARED BY

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This report was made possible in collaboration with Casey Family Programs, whose mission is to provide, improve – and ultimately prevent the need for – foster care. The findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of Casey Family Programs.

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Professionalization of Treatment Resource Families

Executive Summary

The Tiered Treatment Foster Care Workgroup Report and Recommendations (Feb. 2020)¹ included extensive discussion on the topic of professionalization of treatment foster caregivers/resource families. PCSAO convened a workgroup to focus on this issue; the workgroup included current resource families, professionals from public child welfare agencies, and private foster care agencies. This group discussed what the term *professionalization* would mean for Ohio. The workgroup first convened on July 13, 2020 and reviewed a series of topics to help guide the discussion and concluded with its final meeting on August 31, 2020. This report provides a summary from that workgroup, including four recommendations.

Recommendation 1: Define Professionalization so that Treatment Resource Families understand what is expected of them and so that agencies and other systems recognize their important role in the safety, permanency and well-being of the child and youth they serve.

Recommendation 2: Provide enhanced training that leads to a certification process that improves the competencies and skills of Treatment Resource Parents. This certification process would ensure that Treatment Resource Families build the competencies needed to care for children with complex needs.

Recommendation 3: While professionalization may not mean employment in Ohio, it should include resources for the provision of liability insurance that provides adequate coverage for damages related to the risks involved in treatment foster care. Treatment Resource Parents in particular are advised to have an umbrella policy attached to their homeowner's/hazard insurance in the amount of \$500,000 to \$1 million. Treatment Resource families should be adequately compensated for their role.

Recommendation 4: In conjunction with Recommendation Three, we recommend that more education and support be provided to Treatment Resource Families as it relates to handling an allegation. While never desired, allegations of abuse and neglect do occur, and Treatment Resource Families should be prepared by knowing what the process for the investigation entails. They should be informed of the steps in the process, points of contact, and what to anticipate as persons who are under investigation. They should also know what supports and resources are available to them during the process and how the outcome may affect their relationship with the agency (public and/or private).

The recommendations from this workgroup will be presented to leadership at the Ohio Department of Job and Family Services for integration into Family First Preventions Services Act planning.

¹ <https://www.pcsao.org/pdf/misc/TTFCReportFinal.pdf>

Introduction:

The Tiered Treatment Foster Care Workgroup Report and Recommendations (Feb. 2020)² included extensive discussion on the topic of professionalization of treatment foster caregivers/resource families. The recommendation from the report states:

Recommendation 3: Professionalize the role of foster parents by determining skills required, support provided, and expectations for entering foster care as one’s primary area of focus. Professionalization is not synonymous with employment; rather professionalization should be focused on role definition, skill expectation, training needs, and mentorship. Professionalism should also consider recruitment, capacity-building, and other important issues. We recommend a workgroup to focus on this issue, just as we did with payment, as it is also quite complicated.

Per the recommendation, PCSAO convened a workgroup to focus on this issue; the workgroup included current resource families, professionals from public child welfare agencies, and private foster care agencies. This group discussed what the term *professionalization* would mean for Ohio. The workgroup first convened on July 13, 2020 and concluded its work on August 31, 2020. Table 1 lists the members of the workgroup. Gretchen Hammond and Erica Magier co-facilitated the workgroup discussions.

Table 1. Workgroup Members		
Name	Organization	Title
Teri DeVoe	Fairfield County JFS	Resource Family
Scott Gall	ODJFS	Foster Care Licensing Specialist
Julie Gilbert	Butler County Children Services	Executive Director
Shannon Harnichar	Cadence Care Network	Program and Compliance Officer
Lisa Hatcher	Lorain County Children Services	Supervisor
Sharon Marconi	National Youth Advocate Program	Executive Director of Ohio
Mark Mecum	Ohio Children's Alliance	CEO
Matt Mitchell	Pressley Ridge	Executive Director of Ohio
Bobbi Pedersen	Ohio Family Care Association	Resource Family
Deanna Prezioso	Trumbull County Children Services	Foster Care/Kinship Care Supervisor
Pam Priddy	Necco	Chief Strategy Officer
Workgroup Leadership		
Scott Britton	PCSAO	Assistant Director
Karen McGormley	ODJFS	Project Manager

² <https://www.pcsao.org/pdf/misc/TFCReportFinal.pdf>

At the first workgroup meeting, the members discussed several key topics related to professionalization. These topics included potential benefits, challenges, roles and responsibilities, building capacity, and liability insurance. These topics and a summary of the discussion are provided in this section.

Potential Benefits of Professionalization

Those in favor of professionalization often begin the discussion by recognizing the increasing needs of children in treatment placements. As has been highlighted by the work of the larger and smaller workgroups in the creation of a Tiered Treatment Foster Care system, children placed in care have complex, multifaceted needs. These needs must be accounted for in the system design and implementation of TTFC. Butcher (2005)³ highlights that the professionalization of foster care allows for:

1. Consistency of foster caregiving across the state: training, supports, recruitment, retention, and payment of foster caregivers.
2. Clarity in role expectations for foster caregivers, caseworkers, and other professionals involved in the foster care system. Foster parents have a dual role in being both a parent and an employee, thus leading to potential role confusion associated with the complex position.
3. Increased respect for the role and meaning of serving as a foster caregiver.

Similarly, the Phase I Workgroup discussed several potential positives to professionalization, which included:

- Professionalization may allow for improved recruitment because the expectations for treatment resource families would be better defined,
- Professionalization may improve rates of payment for the services provided due to the defined skill set of the treatment foster parents,
- Professionalization often implies some level of certification or licensure to indicate that a person possesses particular skills related to their profession, and
- Professionally developing an individual feels like an investment in them. Professionalization also adds value to the role and respect for the role.

Potential Challenges for Professionalization

One of the challenges to professionalization is whether or not the idea of being a *professional* impacts the quality of the relationship with the children in their care. There are also concerns about role confusion and increased expectations that may marginalize individuals who may not see themselves as qualified. Fusco and Baizerman (2013)⁴ suggest that the decision to professionalize the role of a resource parent is entirely based upon the context, policies, and supports in place that are unique to each agency/organization and community. Thus, agencies may offer multiple options: the opportunity to serve as a professional parent vs. not opting into the “professional track”. Other alternatives include

³ Butcher, A. (2005). Upping the ante! The training and status of foster carers in Queensland. *Children Australia*, 30 (3), pp. 25-30.

⁴ Fusco, D. & Baizerman, M. (2013). Professionalization deconstructed: Implications for the field of youth work – guest editor’s comments. *Child & Youth Services (34)* pp. 85-88.

providing a difficulty-of-care supplement to compensate resource parents caring for children with additional needs (AECF, 2016).

Considerations expressed in the Phase I Workgroup Included:

- There may be a concern that the youth will believe the person is in it “for the money,” and
- Treatment Resource Families may foster children who are not a good fit for because the pay may be higher versus traditional care.

Roles and Responsibilities of Treatment Resource Families

The roles and responsibilities of treatment resource families are multifaceted. The Treatment Resource Parent role is a hybrid between being a treatment agent/provider and a parent. There are times when a Treatment Resource Family may experience role confusion. Providing clarification on their role is an important part of recruitment, training, and retention. Examples of their responsibilities may include:

- Staying home full-time (or not employed outside the role of Treatment Resource Parent),
- Being limited to one child,
- Implementing interventions in the home based upon the treatment plan for the child,
- Taking the child to interventions outside the home (e.g., counseling, therapy, etc.),
- Working with the biological family (including connections to siblings and other kin identified by the child),
- Attending meetings outside the home related to the child/youth,
- Providing a stable, possibly multi-year commitment to be each child placed in their home,
- Being prohibited from adopting (foster-to-adopt),
- Completing daily or weekly paperwork, and
- Providing administrative services to an agency or respite services when a child is not placed with them (especially in salaried situations).

Building Capacity

Challenges to recruitment and retention are an ongoing concern for foster care and treatment foster care. Considerations for building the capacity for Treatment Resource Families include:

- Requiring that persons interested in being Treatment Resource Families provide respite care first to help them acclimate to the experience,
- Improving methods for skill assessment to help new families understand which tiers they are best suited for and aid in matching child need with resource family skill sets,
- Examining the role of kinship caregivers as potential Treatment Resource Families to better reflect the needs of the children in their homes and the skill needed by the kinship family, and
- Ensuring the supports for families in different tiers match the level of need.

To further understand challenges related to recruitment, retention, and overall capacity-building, the workgroup had the team at Pressley Ridge provide an overview of their Treatment Foster Care Pre-Service Curriculum (PR-TFC) on August 8, 2020. This curriculum is listed on the California Evidence-

Based Clearinghouse for Child Welfare⁵ with a Scientific Rating of 3, which is considered Promising Research Evidence. The team from Pressley Ridge (Michael Kaelin, Amy Strickler, and Matt Mitchell) discussed the goals of the program, which include:

- Increased knowledge, empathy, and insight regarding treatment foster care, child development, trauma-informed care, and effective behavior management techniques.
- Improved parenting skills for working with youth with behavioral and emotional issues.
- Improved ability and commitment to succeed in their professional role as treatment foster care parents.

The majority of the discussion with the workgroup focused on the topic of professionalization from the perspective of this pre-service training approach. Key points included role definition and clarification, setting clear expectations for what it means to provide treatment foster care, building skills and competencies within the treatment foster parents, and monitoring the development of the treatment foster parent using a performance assessment annually. They also emphasized giving the treatment foster parent the opportunity to provide feedback to the agency. The Pressley Ridge team shared that they have found that the individuals who completed preservice training were more likely to become certified as treatment foster parents compared to those who did not, and that they were more dedicated to fostering over time.

Building capacity also includes the provision of quality training and education. North Carolina's Resource Parent Learning System (2013)⁶ put forth the following recommendations when considering the training and education for resource parents; these recommendations reflect much of the discussion that occurred in the Phase I Workgroup as well as the discussions that have occurred in the Phase II Workgroup on Supports, Training, Recruitment and Retention and the Workgroup on Professionalization. Their recommendations are as follows:

1. **Focus on results.** Rather than emphasizing training attendance, the purpose should focus on measurable, sustained improvements to resource parents' knowledge, skills, and attitudes (i.e., competencies). Sub-recommendations include:
 - a. Adopt and use the term "resource parent."
 - b. Provide training at no cost to resource parents.
 - c. Provide consistent, quality training to all resource parents.
2. **Base the learning system on *competencies*.** Competencies are defined as the general knowledge, skills, and attitudes individuals need to do their jobs. Basing the learning system on competencies facilitates a focus on strengths and needs for continuing education and development and help to focus the training content. Sub-recommendations include:
 - a. Adopt and build upon a *universe of competencies*.
 - b. Actively promote the use of professional development plans.

⁵ <https://www.cebc4cw.org/program/pressley-ridge-s-treatment-foster-care-pr-tfc-pre-service-curriculum/>

⁶ McMahon, J. & Blythe, M. (2013). Recommendations for Building a Resource Parent Learning System for North Carolina: NC Resource Parent Assessment and Training Workgroup. Retrieved from: <https://files.nc.gov/ncdhs/documents/files/dss/training/Foster-Parent-Assessment-and-Training-Recommendations-March-2013.pdf>

3. **Use *learning communities* to explore and test assessment tools and approaches for strengthening resource parent assessment.** A learning community⁷ is defined as a group of individuals representing networks of organizations with a common interest in a subject who collaborate over an extended period to share ideas, find solutions and build innovations. Sub-recommendations include:
 - a. Utilization of specific instruments including the Adult-Adolescent Parenting Inventory-2 (AAPI-2)⁸ and the online Casey Foster Family Assessment, which is comprised of the Casey Foster Applicant Inventory (CFAI) and the Casey Home Assessment Protocol (CHAP).
 - b. Provide technical assistance to agencies that struggle with screening applicants.
4. **Create an online learning portal for all resource parents.** Sub-recommendations include:
 - a. Promote ease of use.
 - b. Create a resource parent orientation to help prospective resource families learn about the application and certification process, including more interaction with supervising agencies.
5. **Expand in-service learning resources and approaches.** In North Carolina, they recommend deliberate, ongoing professional development that continues certification. Sub-recommendations include:
 - a. Make child welfare policy related to in-service training more specific to foster care and treatment foster care.
 - b. Make more in-service training resources available. They recommend training resources be multifaceted and include lecture-based information, instructional videos or demonstration of new practices with opportunities for feedback. They recommend several courses for consideration, including:
 - i. Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents by the National Child Traumatic Stress Network;
 - ii. Fostering the Sexually Abused Child by the Children’s Alliance of Kansas;
 - iii. Helping Youth Reach Self-Sufficiency by ILR, Inc.
 - iv. Shared Parenting by the North Carolina Division of Social Services;
 - v. Step by Step: An Introduction to Child and Family Teams by the Center for Family and Community Engagement
 - vi. Together Facing the Challenge by Maureen Murray
 - c. Promote and expand the use of online learning.
 - d. Expand use of a coaching approach.
 - e. Promote the use of Transfer of Learning tools.
 - f. Support compensation of resource parent co-trainers.
 - g. Use evidence-based models and fidelity measures whenever possible.

⁷ For more on learning communities: <https://developingchild.harvard.edu/collective-change/key-concepts/learning-communities/>

⁸ http://ct.gov/oec/lib/oec/AAPI2_Form_A_English%5B1%5D.pdf

Liability Insurance Coverage

The topic of liability insurance is one that is becoming a larger issue in Ohio, nearing crisis in some states as insurance providers are opting out of providing coverage for foster care. There seem to be four different approaches that states have taken to provide protection to foster parents, as detailed by Anderson & Marlett (2014)⁹:

1. The purchase of a foster parent liability policy by the licensing agency to provide protection for licensed foster parents.
2. A state-provided trust to indemnify foster parents for their losses.
3. The state offers foster parents immunity from civil liability unless in the presence of gross misconduct, such as sexual improprieties.
4. Foster parents are treated like state employees. Generally, this change in the statutory definition of who constitutes a state employee allows the foster parent to seek refuge against civil liability, absent gross negligence or conduct outside the scope of their job duties.

In the state-by-state appendices provided in the article, the authors indicated that in Ohio, “the state permits the county to provide/purchase insurance for foster parents.”

The workgroup hosted a discussion with an insurance expert on August 31, 2020. Mark Renske of Hylant Insurance provided a presentation on commercial insurance that covers private providers of foster care. For background, Hylant is a commercial insurance broker located in 16 cities, mostly in the Midwest. Mark helped the group understand some key points as they relate to the current insurance market:

- Insurers are becoming more and more selective about the level of risk they are willing to cover;
- Significant rate increases are being seen, often related to the loss experience of the insurer; for some organizations, their rates have increased 50% from last year.
- Statutes of limitations have increased for abuse claims as a response to high profile cases (e.g. sexual abuse cases against the Boy Scouts of America, the Catholic Church, Ohio State University, Penn State University, USA Gymnastics, etc.). Therefore, an insurable may be liable for coverage that spans 50 to 100 years.
- When a complaint is filed, the plaintiff will often include the agency/organization in the legal action because the foster parent/resource parent is affiliated with the organization.

In summary, fewer commercial insurers are willing to insure foster care agencies, posing a considerable threat to the service system and is something that should be further explored. We recommend that the state consider the possibility of offering immunity from civil liability unless in the presence of gross misconduct, as it already does with regards to Reasonable and Prudent Parent Standard (RPPS) decisions.

Based upon the research done and the discussion in the workgroup meetings that occurred on July 13, 2020, August 3, 2020, and August 31, 2020, we provide guidance on what professionalization for Treatment Resource Families means for Ohio, along with recommendations.

⁹ Anderson, J.A. & Marlett, D.C. (2014). Foster parent liability risk. *Journal of Insurance Regulation*, National Association of Insurance Commissioners, Vol. 33 (10), pp. 1-23)

Professionalization of Treatment Resource Families: Recommendations

Recommendation 1: Define Professionalization so that Treatment Resource Families understand what is expected of them and so that agencies and other systems recognize their important role in the safety, permanency and well-being of the child and youth they serve.

Proposed Definition: *Treatment Resource Families have a specified skill set and experiences that reflect the levels of need for children in treatment foster care. They have a desire to be engaged in caring for children who have significant trauma. They fulfill a dual role as families and as treatment team members. First, as caregivers, they provide daily parenting and support to the child/youth, and build connections with the child's parents, siblings and other kin for purposes of permanency and overall well-being. Second, they are part of a treatment intervention that begins in their home environment and continues a member of a treatment team that may include therapeutic interventions. As such, they are regarded as professionals due to these expectations and required skills. They should receive mentorship and ongoing training and supports to encourage their development, resilience, and retention.*

Further context for this definition includes the following points:

- **Understanding what it means to be a professional:** There is a sense of responsibility, an expected level of competence often achieved through training and education, and some vocational expectations (e.g., completing paperwork, attending meetings). Treatment Resource Families have an enhanced skill set and a commitment to caring for children and youth who come to the attention of the child protection system.
- **Expectations of the role should be clear and include both the daily expectations and the overall expectations.** Resource families in treatment foster care have a dual role: the day-to-day nurturing role of parenting and the role of being part of the treatment team or intervention team with agency responsibilities. Clarification of these expectations helps individuals understand what is required of them as professionals and what is needed from them in terms of skill development. Role definition helps to minimize role confusion as well.
- **Ensuring ongoing support and mentoring as a part of skill development and retention:** Newer Professional Resource Families should have the opportunity to attend support groups and should have a mentor who is an experienced Treatment Resource Parent. As Treatment Resource Parents build upon their expertise, they should become mentors to new parents.
- **Potential considerations for recruitment of Treatment Resource Families:** As we consider the skills needed to serve children and youth in tiered treatment foster care, we may wish to consider the desired characteristics or criteria of individuals and couples that we deem necessary. Table 2 provides an example of the minimum qualifications for treatment foster parents in Wisconsin as an example for consideration.

Table 2: Qualifications (from Wisconsin)	
1.	A minimum of one year of experience as a foster parent or kinship care provider with one or more children placed in his or her home for at least one year.
2.	A minimum of five years working with or parenting children.
3.	A minimum of 500 hours of experience as a respite care provider for children under the supervision of a human services agency.
4.	Work or personal experience for which the individual has demonstrated the knowledge, skill ability, and motivation to meet the needs of a child with a level of need that matches children in the highest tier of treatment foster care.
5.	A substantial relationship with the child to be placed through previous professional or personal experience.
6.	A college, vocational, technical, or advanced degree in the area of a child’s treatment needs, such as nursing, medicine, social work, or psychology.
An applicant must have at least three of the qualifiers.	

At a minimum, Wisconsin asks that the individual have a high school diploma or the equivalent. They also state that if the individual is using items 2 and 5 as their qualifications, then they must also meet one of the criteria listed in 1, 3, or 4.

Recommendation 2: Provide enhanced training that leads to a certification process that improves the competencies and skills of Treatment Resource Parents. This certification process would ensure that Treatment Resource Families build the competencies needed to care for children with complex needs.

Table 3 provides a checklist that outlines a certification process; this process was reviewed by the workgroup and reflects an understanding that all Treatment Resource Families are considered professionals working toward certification to serve children across the tiers of treatment foster care.

Table 3: Treatment Resource Family Checklist	
Step 1: Application and Preservice Training:	
-	Schedule and participate in a home study and interview. This process will assist families in determining if becoming a professional treatment resource parent is the right match for their home and family. A home study and interview can also allow future Treatment Resource parents to gain more information about the role.
-	Schedule, attend, and complete a prescribed number of hours of preservice training
-	Complete all required background checks and other qualifying steps.
-	Apply and be accepted as a resource family with a particular agency.
Step 2: Providing Respite Care and a Tier 2 Placement	
-	Serve as a respite provider for treatment foster care for a prescribed amount of time or for a prescribed number of placements.
-	Serve as a resource family for a Tier 2 placement for a prescribed amount of time.
Step 3: Specialized Training	
-	Complete additional specialized training required to become a Treatment Resource Family: <ul style="list-style-type: none"> o Trainings on trauma and development, developmental milestones, grief and loss issues, etc. o Training on the impact of neglect, emotional abuse, physical abuse, and sexual abuse (adverse childhood experiences). o Training on crisis intervention/risk management/de-escalation from a trauma perspective. o Training on relationship-building with the youth’s family to prepare for reunification and post-reunification supports. o Training on diversity competencies.

<ul style="list-style-type: none"> ○ Training on learning challenges and educational delays. ○ Training on specific behavioral health needs and therapeutic techniques for the home. ○ Training on navigating the system of care (e.g. child welfare, education, court, medical, etc.). ○ Training on handling an allegation. Although not a preferred outcome, allegations are a realistic part of the foster care system. Through specialized training, Treatment Resource Parents will gain knowledge on the process and supports available during an allegation.
<p>Step 4: Pre-service Mentorship</p> <ul style="list-style-type: none"> - Complete Individual Training Needs Assessment (ITNA) to assess various competences needed to serve as a Treatment Resource Family. - Complete mentorship sessions with experienced Treatment Resource Family Mentors (can be in the form of phone calls, video calls, or in-person meetings). - Attend resource parent support groups for a designated amount of time. - Complete a personal skills assessment and reflection. - Receive recommendation from the Treatment Resource Family Mentor and the sponsoring agency (or agencies). - Receive certification as a Treatment Resource Family.
<p>Step 5: Maintenance of Certification</p> <ul style="list-style-type: none"> - Complete ITNA biannually (once every two years) to help identify additional training needs of the resource family. - Complete a minimum number of hours in-service training per year. - Complete an annual mentorship visit with a Treatment Resource Family Mentor. - Participate in ongoing peer support meetings with other Treatment Resource Families. - Provide respite services to treatment families or maintain a treatment placement during the calendar year. - Renew certification every two years with the recommending agency.

Recommendation 3: While professionalization may not mean employment in Ohio, it should include resources for the provision of liability insurance that provides adequate coverage for damages related to the risks involved in treatment foster care. Treatment Resource Parents in particular are advised to have an umbrella policy attached to their homeowner’s/hazard insurance in the amount of \$500,000 to \$1 million. Treatment Resource families should be adequately compensated for their role.

We recognize that most Treatment Resource Parents are considered independent contractors who work with both public and private agencies. Organizations should consider what types of benefits may be extended to Treatment Resource Families that further enhances their experience and encourages their well-being. For example, providing Treatment Resource Families access to an Employee Assistance Program (EAP) for counseling and other services is one type of benefit that organizations may want to consider. There may be other creative strategies that emphasize the important role that treatment resource families play within organizations and communicate to them that they are valued.

The workgroup also emphasized the current challenges related to casualty (liability) insurance coverage for private network providers, noting that there are fewer providers willing to insure this important work and that the costs continue to grow exponentially. If a solution is not found, then network providers will either not be able to obtain insurance or they will pass significant costs on to public agencies. In fact, by virtue of being government entities, public agencies can likely obtain insurance at a much lower cost for internal treatment foster care programs.

Recommendation 4: In conjunction with Recommendation Three, we recommend that more education and support be provided to Treatment Resource Families as it relates to handling an allegation. While never desired, allegations of abuse and neglect do occur, and Treatment Resource Families should be prepared by knowing what the process for the investigation entails. They should be informed of the steps in the process, points of contact, and what to anticipate as persons who are under investigation. They should also know what supports and resources are available to them during the process and how the outcome may affect their relationship with the agency (public and/or private).

Next Steps

The recommendations from this workgroup will be presented to leadership at the Ohio Department of Job and Family Services for integration into Family First Preventions Services Act planning.

Several states and agencies have successfully “professionalized” the role of foster parents. Professional foster parent roles, responsibilities, payment, training, supports, etc. all vary by program, with some programs including foster parents on payroll with full benefits and others implementing a “communities of care” model. Examples of professionalizing foster care programs include:

1. **[Neighbor to Family \(Georgia, Maryland, & Florida\)](#)**: Aims to keep sibling groups of 2 or more placed together using a community-based, team-oriented approach where the foster caregivers and birth parents are part of the treatment team. Foster parents are placed on payroll with salaries and benefits. Foster caregivers receive a minimum of 50 hours of training.
2. **[SOS Children’s Villages \(Chicago, IL\)](#)**: Clusters of foster homes that share a recreation space and administrative office. Professionally trained, full-time foster parents care for up to 6 children in each home, and children benefit from staying in the same home as their siblings while gaining support from others in the community.
3. **[Arrow Child and Family Ministries \(Maryland & Texas locations\)](#)**: Children are placed with professional foster caregivers who receive comprehensive training, 24/7 access to support services, in-home services, and \$4,300 per month (tax-free) per child. One parent is required to stay at home, and families can foster 1-2 children at a time (limit of 4 total children with natural and foster children combined). Children served in the program are typically 10 years and under and stay with the family for 6 months.
4. **[The Bair Foundation \(Texas\)](#)**: Families receive \$50,194/year (tax free), 24-hour support in the home and/or community, respite care, wraparound services as necessary, access to a therapist with trauma training, and support from a professional Treatment Coordinator who has a small caseload. Foster parents receive evidence-based training. One parent is expected to stay at home.
5. **[Peppers Ranch \(Oklahoma\)](#)**: Care community where foster care parents are in one centralized location, can support one another (including providing respite services for other families) and can share some responsibilities of parenting (e.g., carpool to extracurricular activities).