A woman with long dark hair, wearing a yellow long-sleeved shirt and a white face mask, is shown in profile looking out a window. The scene is dimly lit, with light coming from the window on the right. The woman's shirt has a floral pattern on the sleeve.

What the Pandemic Taught Us: Innovative Practice Report

BY BETHANY CHRISTIAN SERVICES

Acknowledgements

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Executive Summary

BETHANY'S IDENTITY AND CORE VALUES

Bethany Christian Services is an international child and family social services organization with offices in more than 30 states across the U.S. and in multiple nations around the world. Bethany offers a broad continuum of services in the U.S., including family support, strengthening and preservation programs, foster care, private and foster care adoption, and many more. In addition, Bethany is a leading provider of community-based services for unaccompanied children, asylum seeking families, and resettled refugees.

At the beginning of 2020, Bethany proclaimed the following core values:

- **We are motivated by our faith**
- **We support one another**
- **We champion justice**
- **We pursue excellence**
- **We are in it for the long haul**

PRACTICE CHANGES RESULTING FROM THE COVID-19 PANDEMIC

The events of 2020—including a global pandemic, a nationwide conversation about systemic racism, and a contentious election—allowed us to immediately put our core values into practice. Bethany made significant programmatic and operational changes within three major categories, which are outlined below and will be explored in detail throughout this report. This report summarizes findings from a mixed-methods case study of innovations and challenges within four Bethany foster care locations: Atlanta, Georgia; Philadelphia, Pennsylvania; Detroit, Michigan; and Grand Rapids, Michigan (see Appendix A on page 21 for an overview of case study sites and research methods).

Programmatic and Operational Changes, Lessons Learned, and Future Recommendations Overview

OPERATIONAL GUIDANCE

WHAT WE DID

We developed and deployed operational guidance to field staff to maintain safety for clients and staff while moving nearly all practice to a virtual, HIPAA-compliant platform.

WHAT WE LEARNED

1. Clients, resource families, and birth families were engaged in decision-making, and workers creatively explored even “far-fetched” placement possibilities like never before.
2. Hybrid models of in-person and virtual contact, as well as remote and work from home (WFH) models are effective in child welfare work.
3. Technology allowed resource families to more fully embrace co-parenting with birth families, and it gave potential resource families more flexible options to explore whether fostering was right for them.

WHAT WE RECOMMEND

1. Clients, resource families, and birth families must continue to be tirelessly engaged in decision-making, and workers must maintain a deep commitment to exploring every placement possibility, as if no other options for the child exist.
2. Governments at all levels should approve hybrid models of child welfare practice, which will keep children, families, and workers more closely connected and hopefully positively impact reunification outcomes for children.
3. Technology investments and work from home models should continue, which will save on office costs and encourage child/parent visits to occur in the home community of children in out-of-home care.
4. Foster parents who successfully co-parent with birth families should be financially incentivized for this work.

COMMUNICATION & SUPPORTS

WHAT WE DID

We overhauled how we communicate and offered culturally and linguistically sensitive support across our national network—to birth families, resource families, staff, and leaders.

WHAT WE LEARNED

1. Increasing the frequency and type of communication across our network improved connectedness and resource sharing across Bethany sites.
2. Investing in communication and tangible supports to children, resource families and birth families led to extraordinary resilience, which significantly improved placement stability.
3. When given the resources, birth families can create their own support networks.
4. Parallel process concepts require us to focus on the trauma supports children need as well as the trauma supports our staff and leaders need.

WHAT WE RECOMMEND

1. Larger child welfare organizations should seek opportunities to creatively pool resources so vulnerable children can be more deeply supported.
2. Child welfare staff must continue to flexibly provide virtual supports to families in an easily accessible way, even after the pandemic, to ensure continued positive placement stability outcomes for children in our care.
3. It is critical birth parents be tangibly supported in creating their own solutions in their own communities.
4. All child welfare organizations must build both formal and informal supports for leaders and staff if we expect them to build supports for families.

ADDRESSING DISPARATE OUTCOMES

WHAT WE DID

We identified and addressed the disparate impact of the pandemic on children and families that are Black, Indigenous, or People of Color (BIPOC) who are also involved in Bethany's domestic child welfare system.

WHAT WE LEARNED

1. While 21% fewer children entered Bethany's foster care programs during the pandemic, 12% fewer children exited compared to 2019. In addition, there was a 24% increase in length of stay, showing children's path to permanency has been significantly slowed during COVID.
2. Disaggregated by race, Bethany's statistics reveal trends of overrepresentation of and disparate permanency outcomes for children who are BIPOC and in foster care.
3. Case closure trends at Bethany support that the pandemic only exacerbated existing inequities within child welfare.

WHAT WE RECOMMEND

1. Governments at all levels should reduce the barriers to permanency that children face.
2. Data collection, stratification by race, and contextualization must be required of all public and private child welfare providers. Action planning to ameliorate these disparities must also be required and funded.
3. Joint action across governments, non-profits, faith-based communities, and BIPOC communities to ensure systemic inequities are addressed and remedied within the child welfare system.
4. The Multiethnic Placement Act (MEPA) has contributed to disparate outcomes for BIPOC children and families. It should be overhauled to allow a child's race to be considered as part of the best interest determination for child placement and hold agencies accountable for data-informed diligent recruitment of racially/ethnically diverse resource families.
5. Family First Prevention Services Act (FFPSA) implementation and focus on family support, strengthening and preservation should continue.



Senior leaders at Bethany created an Operational Guidance grid to ensure minimal disruption to services

OPERATIONAL GUIDANCE

Between December 2019 and March 2020, the coronavirus made its way across the globe. While Bethany had a years-old Pandemic Outbreak Response Procedure, nothing existed that tangibly directed child welfare staff how to perform key duties.

On March 12, 2020, three senior leaders at Bethany (George Tyndall, Cheri Williams and Dona Abbott), created an operational guidance grid (see Attachment A on page 24) to ensure minimal disruption to services. Within one week, Bethany transitioned all visits between workers, children, birth families and resource families to a HIPAA-compliant virtual platform (Zoom). Bethany had a small subset of offices already providing tele-mental health services via HIPAA-compliant Zoom, so we quickly leveraged those learnings and expanded its use to an additional 1,000+ staff.

We also deployed technology hardware to families without devices or internet connection through partnerships with local community providers, such as a local library that loaned Bethany an array of iPads, hotspots, and laptops for months at a time.

LESSONS LEARNED

LESSON ONE:

Technology allowed potential and existing resource families to engage more flexibly than ever before.

Potential resource family inquiries:

Bethany experienced a 55% increase in attendance at initial foster parent information meetings between Quarter 1 and Quarter 2 of 2020 since all Q2 informational sessions were moved to a virtual platform. Many interested foster parents stated joining virtually alleviated both travel and childcare challenges. Many also cited they had often thought of becoming a foster parent, but with the global pandemic causing many communities to shut down, they simply had more time on their hands to explore fostering as an option.

Existing resource families supporting co-parenting:

During the pandemic, resource families have been more willing to supervise birth family

visits versus relying on workers to transport children to offices. In addition, resource families have been more open to embracing a co-parenting model during the pandemic, when a new level of flexibility was required to keep children connected with both their birth families and their workers. Anecdotally, younger resource families who have a solid command of technology, and more exposure to co-parenting experiences in everyday life, were most apt to rise to the occasion.



LESSON TWO:

Hybrid models of in-person and virtual contact, as well as remote and work-from-home (WFH) models are effective in child welfare work.

During this pandemic, our system was forced to provide services virtually through hybridized approaches that were never previously allowed within child welfare. Similarly, work from home models were widely allowed, causing Bethany leaders—many of them previously wary of such flexibility—to see the benefits of remote work.

Benefits of virtual and remote work include:

- Decreased travel time allowed staff to more flexibly, and often virtually, meet children and family's immediate needs.
- Staff and resource families were willing to facilitate more frequent and flexible child/birth family visits virtually.
- Staff and resource families were also more willing to conduct child/birth family visits in the child's home community versus in child welfare offices, which were simply not operational due to the virus. Requiring birth family visits in an office setting has been a long-standing "culture" challenge within child welfare, and often feels extremely disempowering to families and unnatural to children.
- Programs experienced cost savings on leased space, mileage, and worker travel time. This savings allowed Bethany to reinvest dollars into our staff acknowledging their innovation and hard work. Funds were also reinvested into children, birth and resource families as unique needs arose.

LESSON THREE:

Clients, resource families, and birth families were engaged in decision-making, and workers creatively explored even “far-fetched” placement possibilities like never before.

As community resources became overburdened or shut their doors altogether, the locus of control to alleviate barriers for clients became much more internalized for child welfare workers. Our staff could not rely on a long-standing system or “culture” of traditional child welfare work. In some cases, this meant increasing efforts to engage clients, resource parents, and birth families to brainstorm solutions that kept children out of shelter or group care and in a home-like setting, with kin or fictive kin.

While obtaining client input and shared decision-making are standard practices, the sheer lack of other options compelled staff to explore opportunities that would have previously been viewed as “far-fetched.” Although the urgency and restrictions of COVID appear to limit placement options, willingness to engage support networks in decision-making can prevent placement in a congregate care setting or bouncing from placement to placement.

BETHANY IN ACTION:

Creative and collaborative temporary placement

In our Grand Rapids foster care program, staff got very creative in finding a placement for a teenager from a sibling group of seven whose placement disrupted due to a potential COVID exposure. Staff worked with the youth to explore all possible relationships that could help identify a temporary placement while a relative home was assessed. They encouraged the youth to think broadly about supportive persons in his life, including family members and friends. Exploring one unconventional placement option with a school friend’s family culminated in this child being placed with them until his grandfather was approved to care for him and his siblings.

“We cannot be married to the norm. It is to our detriment not to change.”

— STARR ALLEN PETTWAY,
EXECUTIVE BRANCH DIRECTOR, DETROIT, MI



OPERATIONAL GUIDANCE

PRACTICE RECOMMENDATIONS:

1. **Clients, resource families, and birth families must continue to be tirelessly engaged in decision-making, and workers must maintain a deep commitment to exploring every placement possibility, as if there are no other options for the child.**
2. **Governments at all levels should approve hybrid models of child welfare practice, which will keep children, families, and workers more closely connected and hopefully positively impact reunification outcomes for children.**
3. **Technology investments and WFH models should continue, which will save costs and encourage child/parent visits to occur in the home community of children in out-of-home care.**
4. **Foster parents who successfully co-parent with birth families should be financially incentivized for this work.**



The creative use of technology undergirded our ability to stay closely connected and to deploy tangible supports

COMMUNICATION AND SUPPORTS

As the COVID-19 pandemic unfolded, Bethany's corporate leadership met with leaders across our national network at a much higher frequency than usual. In turn, our local foster care leaders met with their staff, resource families, and birth families at increased intervals. The creative use of technology undergirded our ability to stay closely connected and to deploy tangible supports to both staff and clients in this time of crisis. A special focus was placed on deploying culturally and linguistically sensitive support, both internally and externally. Some incredible innovation and resilience occurred during this time, and we observed evidence consistent with the Walsh Family Resilience Model as well as the Sanctuary Model's Parallel Process concept.

LESSONS LEARNED

LESSON ONE:

Increasing the frequency and type of communication across our network improved connectedness and resource sharing across Bethany sites.

Bethany's network functions as a federated model of affiliated branches under the leadership of Bethany's corporate headquarters (HQ). Prior to the pandemic, branches were independently providing services in their local geographic area only. Since foster care families around the nation were experiencing the same struggles and challenges, Bethany staff innovated to pool resources and created national virtual support groups as well as specialized trainings for Bethany resource families across the U.S. Pertinent topics in 2020 included how to be an anti-racist family and how to talk to your children about civil unrest.

Similarly, Bethany branches have always conducted their own local, in-person fundraising events to supplement funding for needed children's services. With the inability to hold in-person events, Bethany HQ again pooled resources and held a nationwide online virtual concert of influential musical artists. Bethany was able to increase our impact nationally and achieve the broadest range of reach and support through this spirit of shared resources and collective prosperity.

LESSON TWO

Investing in communication and tangible supports to children, resource families and birth families led to extraordinary resilience, which significantly positively impacted placement stability.

- During the pandemic, our case study locations experienced an 18% decrease in foster home closures when comparing March through October 2019 to 2020.
- Placement stability significantly improved, as evidenced by a 9% decrease in the mean number of placements per child pre-COVID to during COVID (see Table 1 on page 14).
- Additionally, when discounting suspected COVID exposures, critical incidents involving clients and foster parents across sites decreased by about 10%.

Per key informant interviews, these positive outcomes were largely attributable to resource parents having expeditious access to virtual supports such as flexible caseworker contact and behavioral supports. Key informants specifically credited the following concepts, observed within the Walsh Resilience Model, as contributing to the resilience observed in their staff as well as the children and families we serve:

Shared faith/spirituality, especially with Bethany staff and resource families.

Connectedness within Bethany between HQ, leaders, staff, and teams, as well as connectedness between staff and clients (children, birth families, and resource families).

Flexibility with Bethany staff and leaders, as well as resource families.

Support offered within Bethany teams and from resource families to children and birth families.

Transparent communication both within Bethany, as well as with staff and clients.



LESSON THREE

When given the resources, birth families can create their own support networks.

In our Grand Rapids, Michigan, location, the foster care team has begun offering birth families a virtual Parenting After Trauma course that was previously only offered to resource families. Response to this course has been very positive, and during the pandemic, the participants started a parent-led book club to further connect and offer each other additional support. By simply bringing these birth families together in a shared virtual space and providing them the technological resources to connect, these parents are proactively building their own circles of support. This has been an innovative way for us to “get out of the way” and simply allow parents to build their own solutions.

LESSON FOUR

Parallel process concepts require us to not only focus on the trauma supports needed for our clients, but also our staff and leaders.

COVID clearly showed us that our clients were not the only ones struggling to survive the pandemic—our staff and leaders were as well. At all levels within our organization, people were dealing with their own illness or the illness and sometimes death of loved ones. Our Detroit, MI, location had one foster father pass away from COVID early in the pandemic, while staff lost spouses and other relatives to the virus. As we learn through the Parallel Process Concept within the Sanctuary Model of Care, people within the people-serving institution are experiencing trauma in much the same way as those in the communities we serve, and significant supports are needed for staff and leaders just as they are for clients.

BETHANY IN ACTION:

Virtual engagement, intervention, and de-escalation

One teenage youth in foster care was supposed to be reunified with his mom just as COVID hit. Their reunification was delayed and he was struggling due to not being able to visit his mom in person. As with many kids, his frustration caused his behavior to deteriorate in the foster home and extra support was needed.

His foster care worker was able to conduct a virtual visit with the foster parents, the youth, and his birth mother. The teen’s behaviors de-escalated once he connected with his mom. Ultimately, his frustrated emotions were supported and the foster parents remained committed to supporting him until he was able to return home with his mom.

“Leading well in this season means addressing both professional and personal staff needs.”

— HEATHER BERT, EXECUTIVE BRANCH
DIRECTOR, PHILADELPHIA, PA



COMMUNICATION & SUPPORTS

PRACTICE RECOMMENDATIONS:

- 1. Larger child welfare organizations should seek opportunities to creatively pool resources so that clients can be supported more thoroughly.** Bethany will continue to pool our resources nationally to offer virtual resource family support groups and trainings through a culturally sensitive, anti-racism frame. We will also continue to hold national fundraising events through a hybridized approach offering local, in-person gatherings to experience a national Bethany virtual event with high-profile influencers. This will allow us to be more strategic in how we raise private funding to supplement supports to the vulnerable children and families we serve.
- 2. Child welfare staff must continue to provide flexible, accessible virtual supports to families even after the pandemic, to ensure continued positive placement stability outcomes for children in our care.** Special focus should be paid to building resilience and protective factors into both birth and resource families. Bethany offered numerous trainings on protective factors in 2020 and is continuing to invest in this training in 2021.
- 3. It is critical that birth parents be supported in creating their own solutions within their own communities.** In 2021, Bethany is increasing opportunities for parents' voices to inform our work. We are exploring private funding to start parent cafes in select urban cities we serve so that family support, strengthening, and preservation services can be built by families, for families.
- 4. All child welfare organizations must build both formal and informal supports for leaders and staff if we expect them to build supports for families.** In 2020, Bethany conducted a training for supervisors on supporting the well-being of staff during the pandemic. We are continuing to invest in supervisor support throughout our system by starting a new Transformative Leaders cohort, which launched in January 2021.



Bethany has been on a long journey toward becoming an anti-racist organization

ADDRESSING DISPARATE OUTCOMES

Due to the level of difficulty and disconnected systems, Bethany has not routinely assessed macro-level outcomes stratified by race. As part of this research, we were committed to changing that. As Bethany has been on a long journey toward becoming an anti-racist organization, grappling with the reality of disparate outcomes within our own programs is a necessary reality to own—and also one we must honestly address.

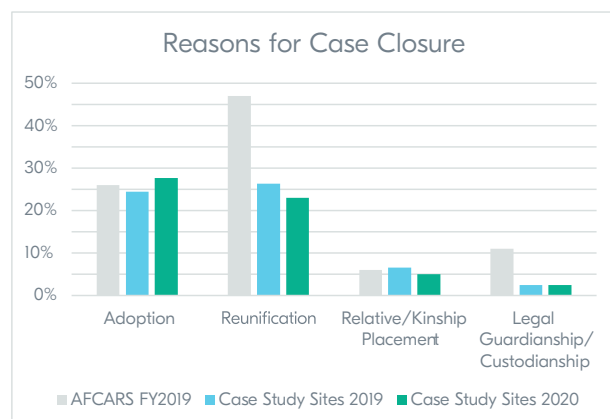
Compared to the pre-COVID time frame, our case study sites saw drastic changes in foster care intake, discharge rates, lengths of stay and outcomes (see Table 1 below, and Figure 1 on page 15). The trends seen in our programs have been consistent with national predictions that foster care entry would decrease during the pandemic due to reductions in child maltreatment reports and investigations nationwide (Rapoport et al., 2020).

Table 1. Trends in Bethany Foster Care programs pre- and during COVID.

Measure	March—October 2019	March—October 2020	% Change
Entered Bethany foster care	382 children	301 children	–21%
Exiting Bethany foster care	364 children	318 children	–12%
Median length-of-stay	250 days	310 days	+24%
Median # of placements (mean)	2 (m=3.44)	2 (m=3.14)	0% (–9%)

Notably, our observed increases in length of stay (LOS) during COVID confirm theories that the pandemic would slow reunification times for children in out-of-home placement (Font, 2020). Since Bethany does not provide full family case management at all sites, our foster care outcomes are defined as reasons for case closure. Reasons for case closure of interest to this analysis included adoption, reunification, legal guardianship/ custody, and relative or kinship placement at time of discharge. Across the sites included for this study, Bethany has seen a collective increase in adoptions and similar decreases in reunifications and kinship/relative placements at time of case closure (see Figure 1 below). While these changes pre- and during COVID appear small, they parallel the decade-long national foster care trends of declining reunification and kinship/relative placement rates and increased adoptions (United States, 2010; United States, 2020). With leading child welfare experts seeking to build a holistic child and family well-being system, it is imperative that decreasing reunification trends be assessed.

Figure 1. Reasons for foster care case closure at Bethany case study sites in 2019 and 2020 compared to national trends.



LESSONS LEARNED

LESSON ONE

While 21% fewer children entered Bethany's foster care programs during the pandemic, 12% fewer children exited compared to 2019. In addition, there was a 24% increase in length of stay, showing children's path to permanency has been significantly slowed during COVID.

LESSON TWO

Disaggregated by race, Bethany's statistics reveal trends of over-representation of and disparate discharge outcomes for children who are Black, Indigenous, or people of color in foster care (see Appendix B on page 22).

The disparate trends and outcomes we have begun to see in Bethany foster care speak to larger trends of inequity within child welfare and foster care in the United States. In 2019 and 2020, Black children made up 43% and 40% (respectively) of clients entering Bethany foster care, 19-22% higher than national foster care trends. This increased disparity in Bethany foster care entry at our case study sites may be because our case study sites serve large metropolitan areas where economic inequality is widespread and where poverty is more likely to be mistaken for neglect. Multiracial children were also disproportionately overrepresented within Bethany foster care intake and volume of cases pre- and during COVID. From 2019 to 2020, the proportion of multiracial children admitted to Bethany's foster care programs increased from 7% to 11%. While there were also increases in the proportion of white children admitted to Bethany foster care from 2019 to 2020, these clients remain underrepresented within our foster care programs. Hispanic/Latino, American Indian/Native Alaskan, and Asian children remained underrepresented within Bethany in both 2019 and 2020.

LESSON THREE

Case closure trends at Bethany suggest that the pandemic only exacerbated existing inequities within child welfare.

From 2019 to 2020, the sites included in this study saw a 9% decrease in Black children leaving foster care. Of Black children who did successfully leave care, there was a 10% increase in their exit due to adoption. Similarly, Black children also had the lowest reunification rates in 2019 and 2020. It is noteworthy to mention that most Black children adopted through Bethany are adopted by white families, and due to Multi-Ethnic Placement Act (MEPA) restrictions, limited action can be taken by child placing agencies to ensure these families will appropriately preserve Black children's cultural heritage.

White children experienced unprecedented growth in median length of stay (85% increase) and the greatest reduction in the proportion of case closures due to reunification (12%). In contrast, both multiracial and Hispanic/Latinx children experienced significant decreases in length of stay; however, multiracial children experienced the second-largest decrease in reunification. Hispanic/Latinx clients were the only client group to experience increases in reunification from 2019 to 2020 (see Appendix C on page 23).





ADDRESSING DISPARATE OUTCOMES

PRACTICE RECOMMENDATIONS:

- 1. Governments at all levels should reduce the barriers to permanency that children face.** Creative solutions were found to meet many needs during the pandemic, yet children have lingered longer in foster care. Compounding barriers such as job and housing loss significantly impacted children's ability to be reunified. Additional supports must be provided to families so that children can be returned home when it is safe to do so. When reunification is not a safe option, kinship care or adoption should be pursued as quickly as possible.
- 2. Require data collection, stratification by race, and contextualization.** Child welfare agencies must continue to update outdated data systems and consistently stratify outcomes by race or the problem of disparate outcomes for Black or Indigenous children and families of color (BIPOC) will never truly be changed. Bethany is currently building a robust client outcome measurement system for all programs, based on newly created logic models, and will be consistently stratifying and analyzing our outcomes by race.
- 3. Joint action across governments, non-profits, faith-based communities and BIPOC communities to ensure systemic inequities are addressed and remedied within the child welfare system.** A full review of all U.S. child welfare policies should be conducted, updating them to promote race equity. Similarly, all state and private provider policies and practices should be reviewed through an equity frame. It is also imperative for social services organizations to examine their role in upholding disparate outcomes for BIPOC children and families in order to disrupt these patterns. Bethany has been on a long journey toward becoming an anti-racist organization. Small pockets within the organization have been organizing for years.

Over the past 2.5 years, Bethany's focus on becoming an anti-racist organization has expanded and we are committed to analyzing staff and client outcomes by race, requiring intensive learning experiences for all staff on anti-racism principals, as well as reviewing internal child welfare policies and practices to ensure they are equitable for all families we serve.

- **Multi-Ethnic Placement Act (MEPA) Reform.**

The Multi-Ethnic Placement Act of 1994, as amended by the Interethnic Placement Act (IEPA) of 1996, intended to remove barriers to adoption for children of color in foster care by prohibiting a child or family's race from being a factor in placement. While well-intentioned, MEPA has substantively failed to achieve its stated intent since a disproportionate number of children of color continue to linger in foster care. This law also prevents social workers from ensuring the protection and support of Black children's cultural heritage within their temporary or permanent homes. Further, it prevents professional social workers from assessing whether a family is unqualified or unprepared to appropriately parent a child of another race and prohibits child welfare professional from offering families additional trans-racial parenting training. MEPA should be overhauled to:

- Reinstate the "permissible considerations" language, stricken from the law shortly after its inception, which allowed an agency or entity to, "consider the cultural, ethnic, or racial background of the child and the capacity of the prospective foster or adoptive parent to meet the needs of a child of such background, as one of several factors in making foster and adoptive placements" (Title IV-E Foster Care Eligibility Reviews and Child and Family Services State Plan Reviews).
- Proactively require social workers to:
 - Assess a resource family's ability to effectively parent transracially
 - Provide additional training to families who may be well-intentioned but not yet equipped to parent transracially
- Enact incentives for child welfare organizations that effectively recruit a diverse pool of families representative of children served, essentially putting data-driven "teeth" in the diligent recruitment efforts already required by MEPA but seldom enforced.

Bethany is currently reviewing research on MEPA conducted by Children Need Amazing Parents (CHAMPS) and The North American Council on Adoptable Children (NACAC) to better inform our own diligent recruitment practices. We are also actively partnering with other child welfare leaders and government agencies to ensure the pursuit of these reforms.

- **Reform the Child Welfare System.** We should do more to help families who are at risk stay together instead of quickly throwing children into the chaos of the foster care system. More organizations should join efforts to reform the child welfare system, such as the work being done through the Thriving Families, Safer Children effort — a national partnership of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation and Prevent Child Abuse America® — which aims to fundamentally rethink the traditional, reactive child protection systems by creating the conditions to support child and family well-being and prevent child maltreatment and unnecessary family separations. Bethany is currently partnering with Alia Innovations to revamp our foster care approaches through a formative process. Additionally, we are strategically investing in growing our family support, strengthening, and preservation services across our network.

- **Continue FFPSA implementation.** Congress has taken steps in recent years to invest in keeping families together by passing the Families First Prevention Services Act (FFPSA). These policy reforms are just the beginning. Moving forward, governments at all levels need to double-down on their investments in strengthening and restoring families. In addition, the government should consider that Evidence-Based Programs (EBPs) oftentimes do not take racial and cultural heritage into consideration. As a result, efforts must be made to ensure that EBPs are balanced with FFPSA funded grassroots, community-led efforts that are not EBPs. Bethany is currently seeking to expand our family support, strengthening, and preservation services across our national network.



Conclusion

In 2020, the child welfare industry quickly pivoted to continue providing services to families in the midst of a global pandemic. At Bethany, we deployed resources across our network and radically changed our practices to adjust to virtual services in a matter of weeks. Our priority was to ensure that our staff, clients, resource parents, and birth families could stay connected to the appropriate resources while following required safety guidelines. Through clear operational guidance changes that were frequently updated, increased communication and supports to both staff and clients, and a strong focus on resilience, our organization successfully pivoted our services in ways we never imagined were possible. In light of increasingly apparent injustices and inequities within our field, Bethany is more committed than ever to continue assessing and addressing inequities within our organization and the communities we serve. As we move forward in 2021, we will persist in living out our core values, updating our practices to be more inclusive of family voice, advocating for reform in the Child Welfare System, and reforming our own practices in support of our belief that family changes everything.

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United States. (2020). The AFCARS Report. Washington, D.C.: U.S. Dept. of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, from <https://www.acf.hhs.gov/cb/report/afcars-report-27>.

Walsh, F. (2011). Family resilience: a collaborative approach in response to stressful life challenges. Resilience and mental health: Challenges across the lifespan, 149-161.

APPENDIX A

CASE STUDY SITES

These following locations were selected because of the size, scope, and the diversity of their foster care programming within our network.

Programs and scope of practice offered at case study sites.

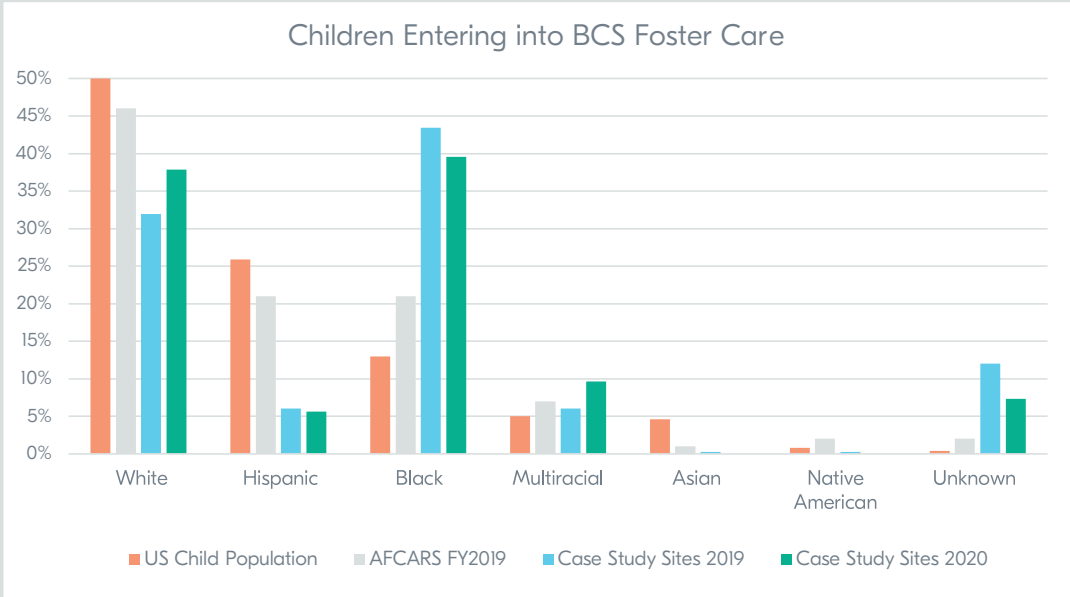
ATLANTA GEORGIA	PHILADELPHIA PENNSYLVANIA	DETROIT MICHIGAN	GRAND RAPIDS MICHIGAN
EST. 1990	EST. 1980	EST. 2008	EST. 1945
FC PROGRAMS: Non-Kinship Juvenile Justice	FC PROGRAMS: Therapeutic Kinship/Relative Non-Kinship	FC PROGRAMS: Independent Living Reunification Kinship/Relative Non-Kinship	FC PROGRAMS: Independent Living Reunification Therapeutic Kinship/Relative Non-Kinship Young Adult Voluntary FC
SCOPE OF PRACTICE: Foster parent recruitment, licensure, and training Placement only	SCOPE OF PRACTICE: Foster parent recruitment and licensure Placement only	SCOPE OF PRACTICE: Foster parent recruitment and licensure Placement Full family care	SCOPE OF PRACTICE: Foster parent recruitment and licensure Placement Full family care

DATA COLLECTION AND ANALYSIS METHODS

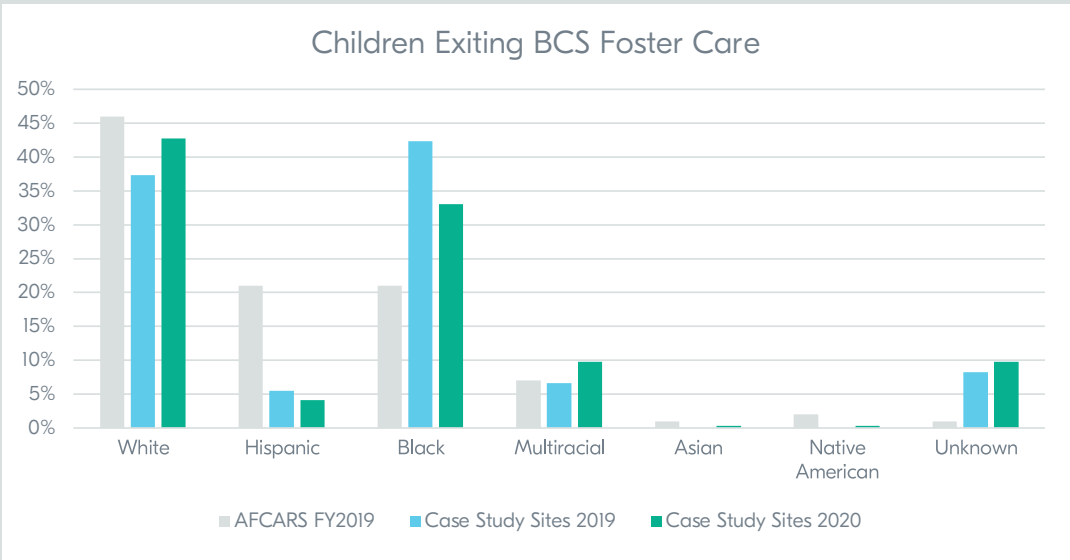
Data for this report were collected and analyzed from October 26 to December 4 of 2020. Semi-structured qualitative key informant interviews with nine racially and culturally diverse foster care leaders and staff were conducted over the course of two weeks in late October/early November. Interviews lasted between one and a half to two hours and focused on three domains of interest: operational changes, service delivery/client engagement challenges, and lessons learned during the COVID-19 pandemic. Qualitative data were analyzed using a memo matrix that highlighted themes of service delivery challenges and resilience factors observed by interviewees during the pandemic. Quantitative resource home and client data were collected from Bethany’s internal foster care case management platforms. Quantitative data were analyzed by comparing foster home and client intake and outcome trends before and during COVID (March 1 through October 31 of 2019 and 2020, respectively).

APPENDIX B

Proportion of children entering Bethany foster care by race compared to the US child population and Foster Care entry reported in AFCARS #27.

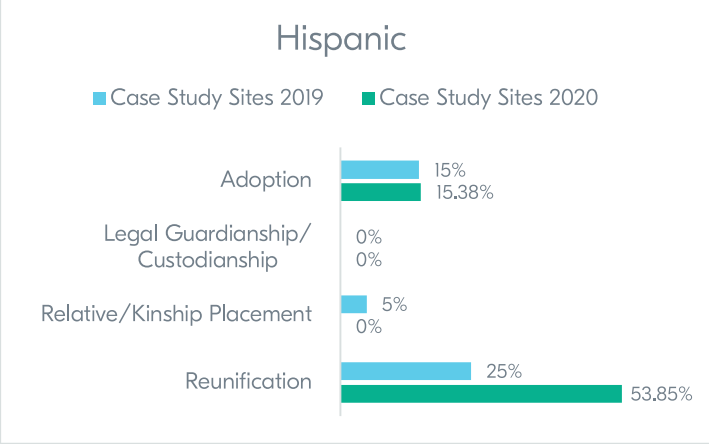
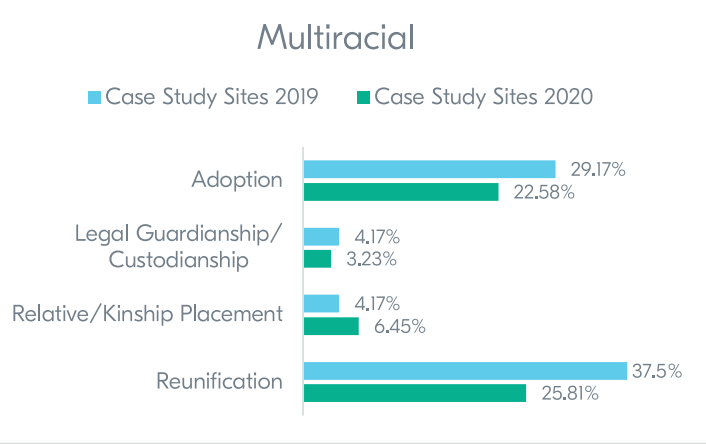
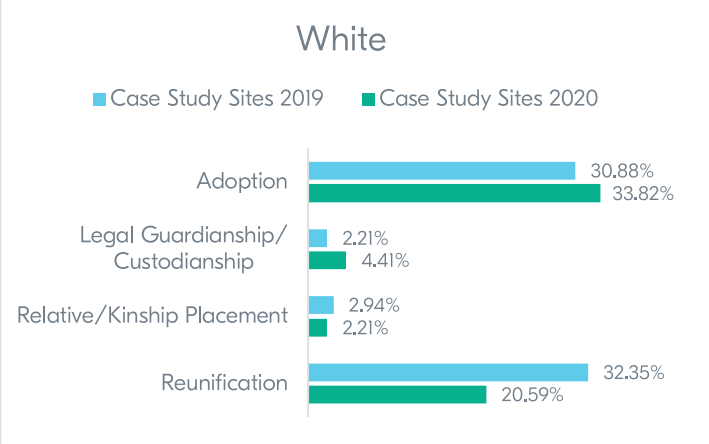
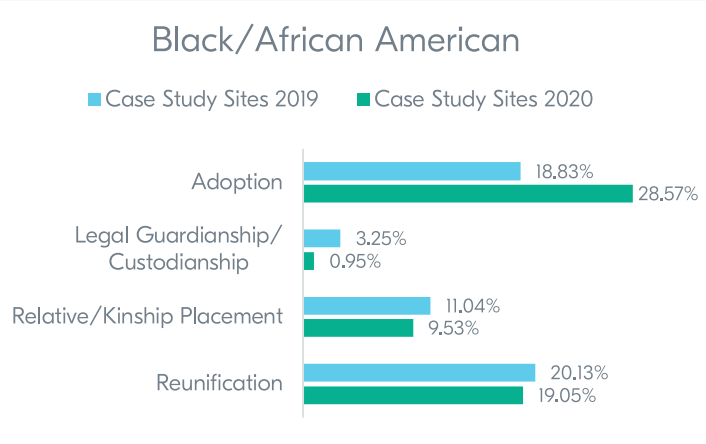


Proportion of children exiting Bethany foster care by race compared to Foster Care exit reported in AFCARS #27.



APPENDIX C

Reasons for Bethany foster care case closure disaggregated by race.



ATTACHMENT A

Bethany Operational Guidance for a Declared Pandemic: Stage 5

Eff. 3/13/20; Revised 3/20/20, 3/23/20, 4/24/20 & 7/23/20

Bethany has a pandemic response procedure located here on SharePoint. Because the NASW social work code of ethics states social workers should provide appropriate professional services in public emergencies to the greatest extent possible, this document offers a specific leveling system and guidance to branches and staff within the Stage 5 Pandemic Determination. This leveling system applies both when increasing and decreasing the appropriate level. The official Branch Leveling Matrix, located here, which is editable only by the SET team, must be kept accurate through communication with the Senior VP of Operations.

Level I, II & III definitions: Branch levels of operation will be determined by the SVP of Operations (George Tyndall) in conjunction with local, state, and federal recommendations based on branch location.

- **Level I:** Community spread is observed nationally but not locally. State and local governments and schools are discouraging certain activities.
- **Level II:** Schools are closed, moderate child care agency workforce disruption, moderate healthcare system stressors. Government advisories are requiring postponement of public events or a decrease in personal contact. Communities are beginning to re-open businesses after a decrease in widespread infection. Communities are experiencing disruption or closure of some businesses or activities in an attempt to restrict or decrease the spread of infection.
- **Level III:** Community and government leaders are requiring non-essential businesses to close and/or individuals and families to remain sheltered in place.

Client contact/operations have been categorized into the following four categories.

- **Administrative support and non-client contact:** General staff expectations are noted in “work instructions to staff” below.
- **Confidential in-home client contact:** Foster care/adoption in-home visits, family preservation in-home visits, home-based assessments or therapy.
- **Confidential client contact in office:** Counseling sessions, family visitation, case manager meetings with clients/other providers.
- **Group-based, non-confidential client or stakeholder contact:** Discover Bethany meetings, family orientations/trainings, recruitment activities, donor events.

Work instructions regarding operations and client contact: The grid below offers guidance to staff on how to proceed with operations based on operational level.

Level	Work instructions to staff	Confidential in-home client contact	Confidential client contact in office	Group-based, non-confidential client or stakeholder contact
LEVEL one	Proceed as normal, unless a staff member is symptomatic. If staff is symptomatic, staff should stay home. Staff in affected areas may work from home if feasible for their job type and with supervisor approval. Questions around working from home should be directed to a supervisor. Sick time should be directed to HR.	Increase awareness of universal precautions. Increase availability of hand sanitizer, soap, etc. Refer to Stage 5 pandemic instructions in Bethany Pandemic Response Plan. If clients present with COVID-19 symptoms, sessions should be postponed or rescheduled or conducted via tele-visits if approved by supervisor (in consultation with branch director) and funder.	Increase awareness of universal precautions. Increase availability of hand sanitizer, soap, etc. Refer to Stage 5 pandemic instructions in Bethany Pandemic Response Plan regarding office cleanliness. If clients present with COVID-19 symptoms, sessions should be postponed or rescheduled or conducted via tele-visits if approved by supervisor and funder.	Proceed as normal, ensuring CDC guidelines for group gatherings are followed, particularly around social distancing and gathering size and space. Video-conferencing may be used as appropriate.

Level	Work instructions to staff	Confidential in-home client contact	Confidential client contact in office	Group-based, non-confidential client or stakeholder contact
LEVEL two	Level I guidance, plus all staff who are able to complete their work functions from home should do so. Select staff will be expected to come into the office as needed for essential services or functions, which cannot be conducted from home, as approved by their supervisor. When office work occurs, all proper social distancing and CDC recommendations must be followed. This may require accommodations to office space and/or use of video conferencing for supervision and/or team meetings. Supervisor to consult with HR as needed.	Prior to home visit being conducted, all staff must contact family to ask whether anyone in the home is displaying symptoms and document their response. Worker should also state to the client that the worker does not have symptoms. If symptoms are present in home, visit should be rescheduled or conducted virtually, if allowable. Tele-visits may only occur with both supervisor (in consultation with branch director) and funding source approval. In-person visits will still be expected in cases where client safety is an active concern or as otherwise deemed clinically necessary by staff and supervisor. When in-person visits occur, all proper social distancing and CDC recommendations must be followed.	When permitted by funding source or contract, staff should explore the possibility of conducting client contact via tele-mental health/tele-visit. If not approved by funding source, contractual obligations must be met, and all proper social distancing and CDC recommendations must be followed.	These meetings should be conducted via video-conferencing or as otherwise determined as allowable within proper social distancing and CDC recommendations.
LEVEL three	All staff stay home, with the following exceptions: -Residential staff -Staff that must conduct in-person work to fulfill contractual requirements or address client safety concerns. -Others as determined by SET as essential* (SET may approve staff that are required to work from the office as part of their role. For essential staff working from the office, proper social distancing and CDC guidelines are expected to be followed).	No home visits by staff will occur unless deemed essential* by supervisor, state licensing agent, or contractual funder. Tele-visits shall be used for all other client contact. Only when families do not have access to internet services, and attempts have been made by staff to alleviate this barrier, may phone contacts be utilized, and only if approved through state licensing and funder. Required tele-visits must be made and must include confidential contact with the child to assess safety and well-being, as dictated by supervisor (in consultation with branch director), licensing, or funder. *Essential in-person contact: In situations where face-to-face contact is required to ensure child safety, when facilitating a DIA placement, an emergency foster care placement change, or an ORR-related reunification, or when there is another such essential need, brand director will ensure additional safety measures are in place per CDC and local health department recommendations.	No office visits by staff will occur, unless deemed essential by funder or supervisor. Tele-visits/tele-mental health can be explored only when approved by funding source and state licensing. Required tele-visits must be made and must include confidential contact with the child to assess safety and well-being, as dictated by supervisor, licensing, or funder.	Same as Level II. If significant staffing disruptions, all events will be postponed.

NOTE: For all child welfare court hearings, please follow advisories of your local court system regarding hearing attendance. Please see the Coronavirus page on the HUB for HR-related details and FAQs. Brand directors (BDs) should ensure all clients are categorized into the following three categories to triage contacts: low, moderate, or high risk. BD discretion should be used to define these risk levels based on their child welfare knowledge.

TELE-VISITS: All confidential client contact conducted virtually must be performed through Bethany's approved HIPAA-compliant platforms (e.g., Zoom/Teams).

RETURN TO WORK PROTOCOL/LEVELING: BD, RD, or VP of regional ops can request a level change for each individual branch. Any aforementioned party, including HQ service-line leaders, may request certain staff or specific duties be deemed by SET as "essential." SET, and most specifically the SVP of ops and service line SVPs, will assist the Bethany network in implementing this operational guidance, which could include portions of staff returning to work at staggered intervals. Staff who are deemed essential, are required to conduct essential in-person contact, or are required to perform aspects of their job at the office, are expected to do so at the request of their supervisor. If staff issues arise, HR should be immediately consulted.

A "Back to Office Plan" will be completed by each branch director for their local branch that contains specific office guidance for local staff

Protocol for symptomatic, suspected, or confirmed COVID positive in staff, clients, and other Bethany stakeholders:

Staff and their leadership are to use the following developed plans in the event of a suspected positive or confirmed positive COVID-19 case.

[COVID-19 Positive Case Protocol](#)

[COVID-19 Positive Case Protocol-Residential](#)



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