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Foster Parent Customer Service Survey

Lessons Learned

Lessons learned from the 3 years of the Foster Parent Customer Service survey focus on consistent problematic areas statewide, and on important differences between active/exited foster parents and non-relative/relative foster parents. Suggestions on next steps include leaving a 3 to 5 year interval in sending the same survey between fall 2017 and the next survey, as well as to focus in on the 3 topics with the most consistently negative responses for in-depth foster parent input.

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Foster Parent Customer Service Survey

Lessons Learned

Foster Parent Customer Service Survey

The Foster Parent Customer Service Survey has three years of data that say a few things very consistently.

- Over two thirds of Oregon’s foster parents have an appreciation for being treated with respect as individuals and families. They are satisfied with their certifiers and their caseworkers. They report fair treatment. They receive court hearing notifications.
- Less than half of them are satisfied with access to services and personnel after hours.
- Less than a quarter of them feel that they receive adequate support for loss and separation.

The survey is based on the Foster Parents Bill of Rights (see end of document for survey and Bill of Rights), with some clarifying or detailed questions integrated into the basic format. The survey asked respondents to use a 5 point scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). Results discussed below may focus on “poor” responses (disagree or strongly disagree) or “good” responses (agree or strongly agree). Results from the 2017 survey are from 973 respondents of foster parents who had been active in the 12 month period 06/16 to 05/17. Surveys were included if header information was complete and at least 25% of the 24 questions were rated. Note that surveys considered were submitted and collated by the original deadline, and do not include surveys that may have been solicited outside of the original criteria.

Overall Results

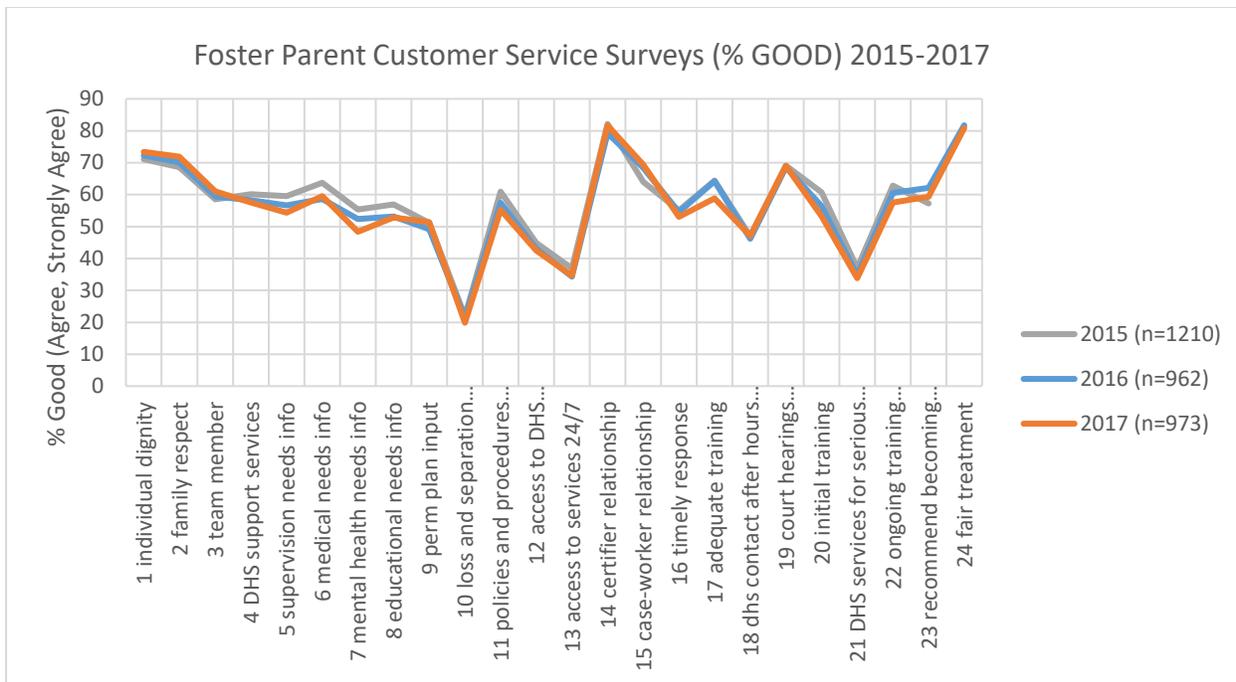
Support for loss and separation (transition support) has consistently been the most problematic. Information from foster parent interviews conducted by GRACE staff and a review of narrative responses provides some insight. (See Quotes appendix-Section A to this document). This topic integrates many issues including sensitive and timely communication and preparation for foster parents, team inclusion, transition planning, support for grief and loss for all parties, and adequate recovery time without additional placements if needed. These are some of the themes that severely stress foster parents. Some of these can be addressed in customer service trainings such as the Difficult Conversations training developed by Dr. Susan Quash-Mah, GRACE project technical consultant. Clearly, many of these issues are affected by high caseloads that impact branch ability to support foster parent participation and well-being during transitions.

The other consistent issues in fostering come from lack of timely information, support, and services.

**“...heart breaking,
devastating,
traumatic....”**

“We had a child for over 7 months and then got a call at 5pm to have them ready by 8am the next day. That was heart breaking, devastating, traumatic, etc. It also didn't transition the birth mom very well. There has to be a better way. It just didn't feel respectful-like our attachment and bond wasn't important. It made us not want to foster for a while.”

2017 survey narrative comment



1 Chart A - Foster Parent Customer Service Surveys 2015-2017

Table 1 summarizes % satisfied (“good” responses) by year, sorted from the most positive responses to the least positive responses.

	2015 (n=1210)	2016 (n=962)	2017 (n=973)	Average
24 Fair treatment		81.7	80.9	81.3
14 Certifier relationship	82.1	79.2	81.7	81.0
1 Individual dignity	71.0	72.2	73.4	72.2
2 Family respect	68.6	70.1	71.9	70.2
19 Court hearings notifications	69.1	68.6	69.0	68.9
15 Case-worker relationship	64.0	68.4	69.4	67.3
17 Adequate training	64.4	64.2	58.8	62.5
6 Medical needs info	63.8	58.6	59.5	60.6
22 Ongoing training develops skills	62.8	60.5	57.6	60.3
3 Team member	58.5	59.4	61.0	59.7
23 Recommend becoming foster parent	57.2	62.2	59.3	59.6
4 DHS support services	60.1	58.3	57.5	58.7
11 Policies and procedures info	60.9	57.4	55.2	57.8
5 Supervision needs info	59.5	56.7	54.3	56.8
20 Initial training	60.7	56.4	53.2	56.8
8 Educational needs info	56.9	53.2	52.9	54.3
16 Timely response	55.1	54.5	53.0	54.2
7 Mental health needs info	55.4	52.3	48.4	52.0
9 Perm plan input	51.2	49.2	51.3	50.6
18 DHS contact after hours crisis	46.9	46.2	47.0	46.7
12 Access to DHS personnel/service providers 24/7	44.8	43.0	42.4	43.4

13 Access to services 24/7	36.9	34.3	34.6	35.3
21 DHS services for serious situations after hours	37.0	34.8	33.8	35.2
10 loss and separation support	21.9	21.3	19.9	21.0

Information and Access

DHS implemented statewide 211 foster parent telephone support line, to provide after-hours contacts and some level of advice and referral. It doesn't appear to have affected foster parent perceptions in the short time since it was introduced. This may be because foster parent opinions were formed before 211 was available; foster parents may as yet be unaware of 211; staff may not refer foster parents to 211; 211 may not have established a reputation that has attracted users; 211 may not have the threshold level of detailed local information available to date; or 211 may not represent the services/responses that foster parents are looking for. Perhaps a combination. (See Quotes appendix – section C) Some of these may change as 211 matures.

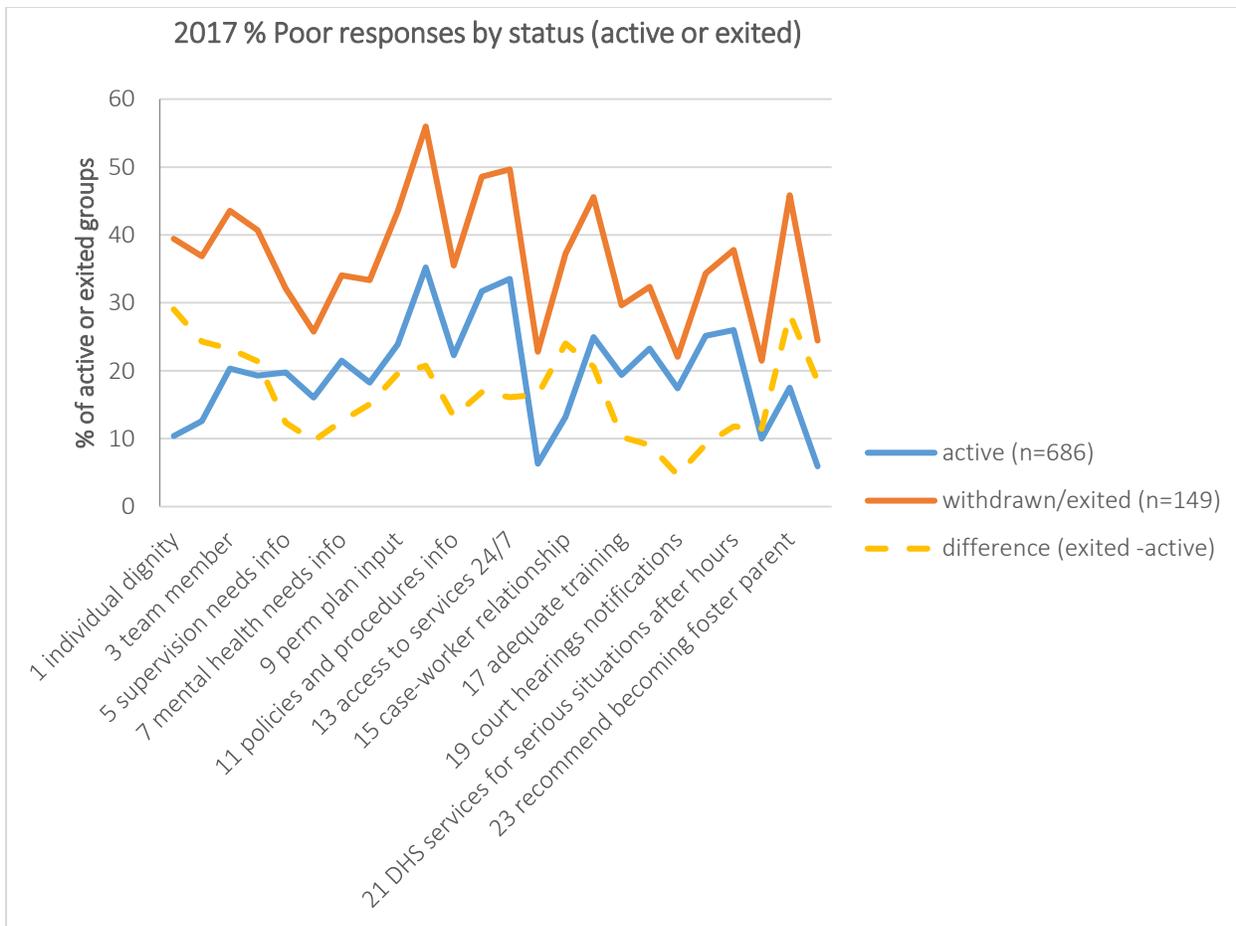
Service/support Availability

Making contact is not the only issue that these questions (#4, 12, 13, 16, 18, 21) cover. They also reflect the availability of effective services once contact has been made. Which services or supports are foster parents most concerned about? A concrete step in building foster parent confidence that their need for help and answers can be met by 211 and/or by DHS is to determine what those are at a local level and involve foster parents in how to address that need. 211 can't help, and the caseworker can't help, if the resources are absent, over-loaded, too far away, or too expensive. This is an opportunity to enlist (or establish) community action teams to identify service barriers and reach beyond DHS resources to meet them. The GRACE model of community action teams can be expanded to work on this across the state.

Active/exited Foster Parents

Exited foster parents are more dissatisfied than active foster parents across all questions.

How similar are active and exited foster parents in the most problematic areas? Four of the most negative questions (peaks in Chart B) overlapped between the groups: #10 loss and separation, #13 access to services 24/7, #12 access to DHS/service providers 24/7, and #16 timely response. For active foster parents, #21 DHS after hours for serious situations and #20 initial training were also of major concern.



2 Chart B - Active vs. Exited Foster Parent % Dissatisfaction

The biggest differences between active and exited foster parents? The largest gaps between the groups reflect an estrangement from the agency in personal relationships: feeling respected as an individual (#1), as a family (#2), as a team member (#3), in dealing with case-workers (#15). The end result is being unwilling to recommend becoming a foster parent (#23).

The loss and separation (transition support) item doesn't have the biggest gap between active and exited foster parents, but it does represent the topic that exited foster parents are least satisfied with (more than half dissatisfied). On the other hand, relationships (the number one theme associated with exiting foster parents) can be strained and trust damaged during poorly managed transitions. This may ultimately contribute to loss of foster homes. If DHS wants to approach this problem, it would be advisable to ask foster parents which among the interacting components of the issue are the top priorities.

Even satisfied foster parents exit the system. Without a comprehensive exit survey, we can't get an adequate estimate of how many foster parents left because they were too dissatisfied to continue. It is too simplistic to suppose that all negative experiences and attitudes could have been resolved through agency or community efforts, but at least some of those exits may have been preventable. Those exits represent a major loss to the agency, costing time, money, experience, employee morale, and social capital with the community. It also affects children in care by adding even more instability to their lives.

Table 2 includes information displayed in Chart B. Table 2 is sorted on the differences between exited and active foster parent responses. Note that 106 responses identifying as “temporarily inactive” are intermediate between the actives and exits for three quarters of the questions. The 2017 survey was the first survey to include “temporarily inactive” as a status, and the results are not included in the graph or discussion this year.

Table 2 % rated “poor” (disagree to strongly disagree)	Active (n=686)	Withdrawn/ exited (n=149)	Difference (exited - active)	Temporarily inactive (n=106)
1 Individual dignity	10	39	29	13
23 Recommend becoming foster parent	18	46	28	24
2 Family respect	13	37	24	30
15 Case-worker relationship	13	37	24	39
3 Team member	20	44	23	33
4 DHS support services	19	41	21	26
10 Loss and separation support	35	56	21	29
16 Timely response	25	46	21	20
9 Perm plan input	24	43	20	35
24 Fair treatment	6	24	19	43
12 Access to DHS personnel/service providers 24/7	32	49	17	34
14 Certifier relationship	6	23	16	52
13 Access to services 24/7	34	50	16	51
8 Educational needs info	18	33	15	13
11 Policies and procedures info	22	36	13	27
7 Mental health needs info	21	34	13	35
5 Supervision needs info	20	32	12	23
21 DHS services for serious situations after hours	26	38	12	34
22 Ongoing training develops skills	10	21	11	24
17 Adequate training	19	30	10	30
6 Medical needs info	16	26	10	41
20 Initial training	25	34	9	16
18 DHS contact after hours crisis	23	32	9	27
19 Court hearings notifications	17	22	5	12

How can we interpret these differences? Again, foster parent interviews as well as narrative responses provide insight. There are several possible scenarios that may happen and even interact. Were some homes traumatically affected by loss/transitions? Did some lose confidence that DHS support was consistently available? Did they lose trust that caseworkers have the resources to support foster parents and children effectively, fairly, and compassionately? Negative experiences may have soured relationships and perceptions that they were respected and valued as individuals, families, and team members. Or poor relationships may have exacerbated challenges working with the agency. Active foster parents, on the other hand, may have experienced similar issues but good relationships may have enabled them to persevere or allowed them to resolve situations with better outcomes. (See Quotes appendix Section B for an example.

Key elements in retention:

- Relationship
- Connections
- Feeling a valued part of a reliable and supportive team

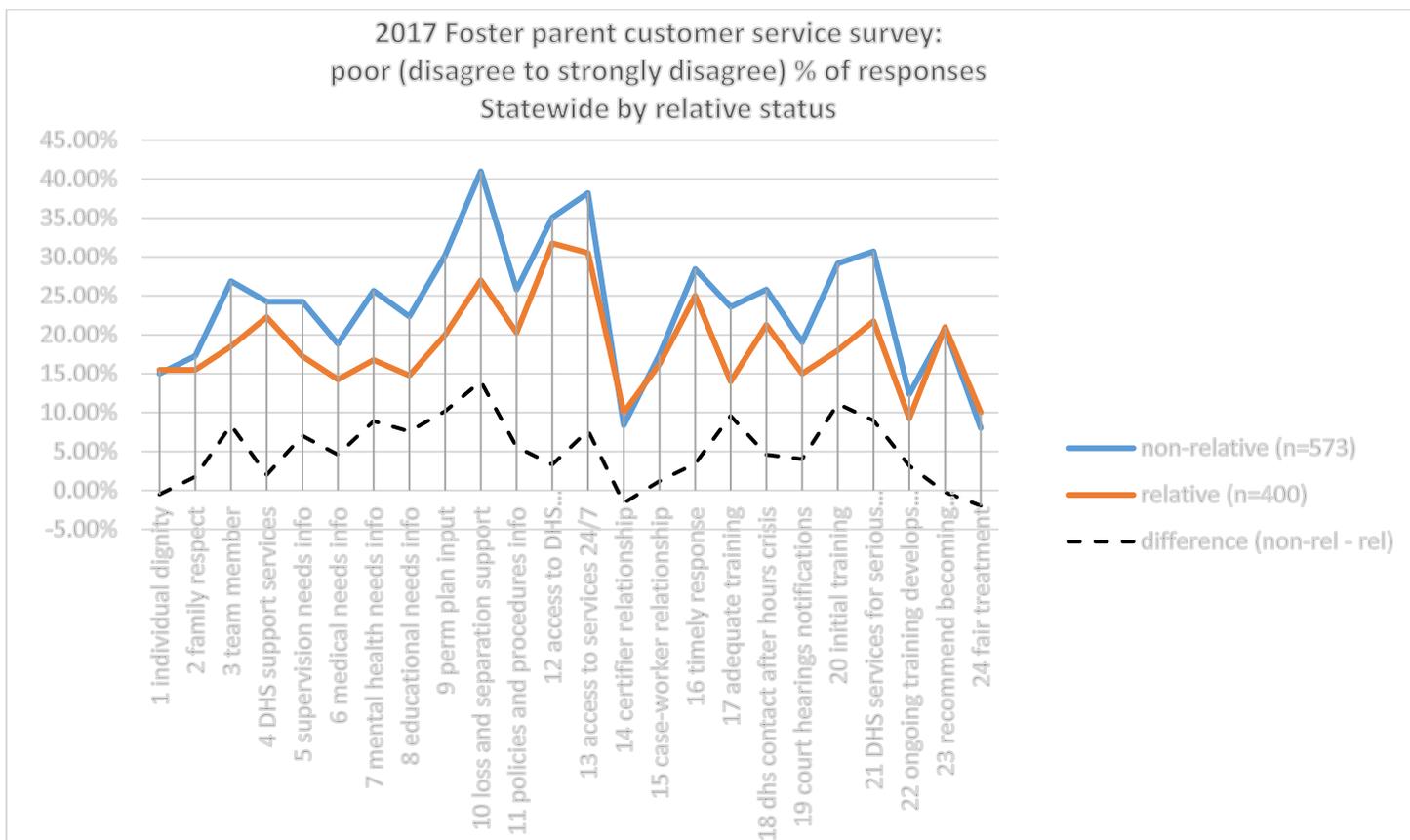
To rephrase: Exiting foster parents either ran into tough situations, so their relationships with agency personnel soured and they left with a bad taste in their mouths. Or their relationships with the agency were poor already and they didn’t have connections that could help resolve issues

(or at least come to a sympathetic understanding of the situation) when a bad problem cropped up, so they left. Interviews with foster parents show that both scenarios are at play. What about foster parents who remain in fostering? It could be a matter of time before negative experiences pile up and push more of the foster parents out of fostering. Or, from a more positive perspective, active foster parents may have better relationships with key DHS personnel that allow them to weather such tough situations.

What does this suggest for retention?

- Foster parents who feel isolated, without an effective voice, seem to be at risk of leaving.
- Respectful and supportive relationships with open communication can prevent, ease, or mitigate difficult situations and retain a foster home.

Relative/Non-relative foster parents



3 Chart C 2017 Relative vs. Non-relative % Dissatisfaction

Non-relatives appear to have higher expectations around foster care support than relatives do. This applies across all foster parent types (general, child specific, and adoptive). Although non-relatives had a higher proportion dissatisfied in 20 out of 24 questions, for most of the questions the groups were quite similar (small differences). Also, the top three concerns for both non-relatives and relatives include loss and separation/ transition support (#10) and 24/7 access to DHS services and personnel (#12 and #13). At least a quarter of relatives expressed dissatisfaction on only 4 items (the top three and timely response (#16)). However, at least a quarter of non-relatives expressed dissatisfaction on 11 out of the 24 questions (see table 3, sorted in difference order).

Table 3 2017 Poor (disagree to strongly disagree)	non-relative (n=573)	relative (n=400)	difference (non-rel - rel)
10 Loss and separation support	41.01%	27.00%	14.01%
20 Initial training	29.14%	18.00%	11.14%
9 Perm plan input	30.19%	20.00%	10.19%
17 Adequate training	23.56%	14.00%	9.56%
21 DHS services for serious situations after hours	30.72%	21.75%	8.97%
7 Mental health needs info	25.65%	16.75%	8.90%
3 Team member	26.88%	18.50%	8.38%
13 Access to services 24/7	38.22%	30.50%	7.72%
8 Educational needs info	22.34%	14.75%	7.59%
5 Supervision needs info	24.26%	17.25%	7.01%
11 Policies and procedures info	25.83%	20.25%	5.58%
6 Medical needs info	18.85%	14.25%	4.60%
18 DHS contact after hours crisis	25.83%	21.25%	4.58%
19 Court hearings notifications	19.02%	15.00%	4.02%
16 Timely response	28.45%	25.00%	3.45%
12 Access to DHS personnel/service providers 24/7	35.08%	31.75%	3.33%
22 Ongoing training develops skills	12.39%	9.25%	3.14%
4 DHS support services	24.26%	22.25%	2.01%
2 Family respect	17.28%	15.50%	1.78%
15 Case-worker relationship	17.45%	16.25%	1.20%
23 Recommend becoming foster parent	20.77%	21.00%	-0.23%
1 Individual dignity	15.01%	15.50%	-0.49%
14 Certifier relationship	8.38%	10.00%	-1.62%
24 Fair treatment	8.03%	10.00%	-1.97%

Access to personnel, services, and supports is the dominant theme for both groups.

While retention of all foster parents, regardless of relationship, requires better access to resources, non-relative/general foster parents are particularly sensitive to exclusion and lack of preparation. They perceive themselves as critical and professional team members, and they expect their input to be solicited and valued. They expect to have a voice in transitions, and they expect the impacts of such transitions on their families to be recognized and managed. Non-relatives often feel ill-trained and under-informed. They report being asked to manage serious situations without adequate support or experience. Sometimes they're ignored, sometimes they're asked to do too much.

It is important to thoroughly investigate what foster parents want from training, when they want it, and how they want to receive it before investing in changing orientation/foundations. There may be differences between relatives and non-relatives on training issues, and those can be explicitly addressed at the same time.

More inclusive, timely transition planning and integrating foster parents into consistent team roles are more ambitious goals. From an organizational perspective, it would be a better return on the investment in changing local practice if median length of service for non-relative/general foster parents were longer than the current 2 years. This could be a chicken and egg problem.

Next steps in foster parent customer service surveys

Relative/Non-relative: Where are the differences?

- The impact of loss and separation/transitions is greater for non-relatives; this makes sense as the general foster parents make up most of the non-relative group. General foster parents typically care for more children over their service, and children in their care have less placement stability.
- Non-relatives appear to have different expectations about training, overall, but especially initial training.
- Non-relatives seem more frustrated with input to permanency plans than relatives.
- Non-relatives are more negative about responses to serious situations after hours. This could be expectations or the reflection of having cared for more children. Or it could be that the occurrence of such serious situations may be more common for non-relative/general foster parents, who do care for more of the most challenging children (older, more placements, long-stayers, those with high behavior needs, etc.)
- Non-relatives are more dissatisfied as team members.

The 2015-17 survey results are so similar that we are unlikely to see much change until there have been bigger changes in foster care. Plus many of the longer term foster parents have taken this same survey for 2 or 3 years in a row. Further, the foster parent responses integrate events that have taken place over the entirety of their service. Some of those formative events happened quite a while ago. This argues for letting an interval pass long enough to have a mainly new population to survey. It would be more informative to send this survey out in another 3 to 5 years to see whether there have been significant shifts.

Choose one customer service issue per year (at most) to investigate and then develop a specific practice response to it. Make the process transparent and collaborative. Report results to foster parents and community partners. Focus reporting on concrete changes.

For the top issues (not necessarily in order):

1. Loss/separation (transition support). Because it's so consistent statewide and across all years, using a statewide approach is most appropriate. Survey foster parents on the range of issues that are in play, including but not limited to:
 - sensitive and timely communication and preparation for foster parents
 - team inclusion
 - transition planning
 - support for grief and loss for all parties
 - adequate recovery time without additional placements
2. Access to personnel: This should be more sensitive to differences around the state and among Districts and Branches, and surveys would focus on the District or Branch level. (Information gathering tool an action item in a statewide recruitment/retention plan.)
 - Survey on contact and resource information (211 performance) within the community.
3. Access to services: This should be more sensitive to differences around the state and among Districts and Branches, and surveys would focus on the District or Branch level. (Information gathering tool an action item in a statewide recruitment/retention plan.)
 - Use local DHS-Community partnerships to survey foster parents on what their local priorities (access, actual services/supports) are and then work with community partners to identify gaps and barriers.

1	When I interact with the agency, I am treated with dignity, respect, and trust.
2	The agency shows respect for my family values and routines.
3	I am included as a valued member of a team that provides care and planning for a foster child placed in my home.
4	I receive support services from DHS that are designed to assist in the care of the foster child placed in my home.
5	I am informed of the <i>supervision</i> needs of the child(ren) placed in my home in a timely manner.
6	I am informed of the <i>medical</i> needs of the child(ren) placed in my home in a timely manner.
7	I am informed of the <i>mental health</i> needs of the child(ren) placed in my home in a timely manner.
8	I am informed of the <i>educational</i> needs of the child(ren) placed in my home in a timely manner.
9	I have input into the Permanency Plan for foster child(ren) placed in my home.
10	My family receives assistance from DHS in dealing with the loss and separation when a foster child leaves my home.
11	I am informed of DHS' policies and procedures that relate to my role and responsibilities as a foster parent.
12	I have access to DHS personnel or service providers 24 hours a day- 7 days a week.
13	I can receive the services I need to care for a foster child(ren) from DHS 24 hours a day, seven days a week.
14	I have a respectful and supportive working relationship with the <i>certifier</i> of my home.
15	I have a respectful and supportive working relationship with <i>the caseworker(s)</i> of the child(ren) in my home.
16	I receive a timely response from DHS staff when I have questions or concerns.
17	The training I have received has adequately prepared me to foster the child(ren) placed in my home.
18	I can contact DHS personnel or service providers if a foster care crisis arises outside of regular working hours.
19	I am notified of the date, time and location and of my right to be heard for all court or other review hearings scheduled for the child(ren) placed in my home.
20	The initial training I received adequately prepared me to foster the child(ren) placed in my home.
21	I receive the DHS services I need to care for a foster child(ren) when serious situations arise outside of regular working hours.
22	The ongoing training available to me assists me in developing skills to parent and care for the child(ren) placed in my home.
23	I have not been discriminated against on the basis of race, color, religion, sex, gender identity, gender expression, sexual orientation, national origin, age or disability. IF YOU MARKED 4 OR 5 for this question: please circle the discrimination issue in the sentence above.

Be It Enacted by the People of the State of Oregon:
FOSTER PARENT BILL OF RIGHTS

A FOSTER PARENT HAS THE RIGHT TO:

1. Be treated with dignity, respect and trust as a member of a team, including respect for the family values and routines of the foster parent.
2. Be included as a valued member of a team that provides care and planning for a foster child placed in the home of the foster parent.
3. Receive support services, as resources permit, from the Department of Human Services that are designed to assist in the care of the foster child placed in the home of the foster parent.
4. Be informed of any condition that relates solely to a foster child placed in the home of the foster parent that may jeopardize the health or safety of the foster parent or other members of the home or alter the manner in which foster care should be provided to the foster child. The information shall include complete access to written reports, psychological evaluations and diagnoses that relate solely to a foster child placed in the home of the foster parent provided that confidential information given to a foster parent must be kept confidential by the foster parent, except as necessary to promote or to protect the health and welfare of the foster child and the community.
5. Have input into a permanency plan for a foster child placed in the home of the foster parent.
6. Receive assistance from the department in dealing with family loss and separation when the foster child leaves the home of the foster parent.
7. Be informed of all policies and procedures of the department that relate to the role of the foster parent.
8. Be informed of how to receive services and to have access to department personnel or service providers 24 hours a day, seven days a week.
9. Initiate an inactive referral status for a reasonable period of time, not to exceed 12 months, to allow a foster parent relief from caring for foster children.
10. Not be discriminated against on the basis of race, color, religion, sex, gender identity, gender expression, sexual orientation, national origin, age or disability.
11. Be notified of the foster parent's right to limited participation in proceedings in the juvenile court and provided with an explanation of that right.



I CAN CONTACT THE GOVERNORS ADVOCACY OFFICE AT 800-442-5238 OR EMAIL DHS.INFO@STATE.OR.US TO DISCUSS MY CONCERNS.



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ORS 418.648 — Enacted on January 1, 2006

CF 103A (Rev. 01/2006)



24	I would or have recommended others become foster parents for children in DHS's care.
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Quotes Appendix – Insights into negative responses from 2017 survey narrative field.

These selections from comments are excerpts and have had minor spelling and punctuation edits.

Section A: On grief, loss, and transitions:

Our new caseworker was inexperienced, did not communicate with us and provided no closure when our child was returned home.

When the child with us with reactive attachment disorder asked to leave after 2 years, DHS immediately decided they would not help to reconcile and immediately gave the boy no choice to return when he wanted to. We were not informed they made this decision for 2 months, only after boy had been telling us he was told we wouldn't take him back (false).

We feel that more supervision needs to take place on birth parents before a return happens and we should be given more notice before a return happens.

Also moving kids to often to new placements That's the main reason for me stopping Kids were moved to other foster homes Then I get new kids The children who did the best are the ones who stayed for the year they were in care. Then onto their new forever home. It just seemed as though when I conveyed my concerns about children then the CW just moved the child.

I would like to see DHS and foster parents work together regarding Reuniting so the children involved do not feel abandoned for a second time.

However, I was not prepared for the loss I would experience when our FS left our home. I think it would be beneficial to have some kind of service available for foster families as they experience the transition/loss of a child for whom they have loved and cared for deeply.

Personally, the most difficult things for our family have been ... b) how we were treated when children were removed from our home for either reunification or an emergency scenario. I had a CW scoff at my tears when I dropped off a sick and vomiting 2yo with his bio father at a transition house for reunification. I was terrified for that child's wellbeing and heartbroken to say goodbye after caring for them for a significant amount of time. My feelings were not only invalidated, but mocked. That accurately represents how I feel CWs have always treated my feelings toward the children in my care. My role is to attach to and provide unconditional care for every young person that comes through my door in order to offer them a safe place of healing. I do that freely, but it comes with definite sacrifices that are never truly recognized by CWs with the exception of occasional and trite thank yous that lack any real understanding of what I do. Empathy would go a long way...

I've been a foster parent once and I feel I was lied to just so a child could be placed in my home. My family was never considered when visits or other situations arose, even when family planned functions had been planned. We had no follow up after child went home, we asked, been none was given.

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As for help for the family when a child leaves the home, yeah right. My children and I still have grief over a set of brothers who lived with us for a year and a half. We were willing to adopt but they wanted to see if even with all the developmental problems they could be adopted with their sister as a trio. We were told when they were moved we would be able to meet them at parks for the children after they settled in after a month. Also if they couldn't be adopted together we would be considered for the boys return. My calls were never returned. We later saw the boys up for adoption separately when they had always been together. My children years later still ask where their brothers are.

Having more resources to help families struggling with a child leaving after making an impact on their lives is so important. I contemplate doing foster care again, my fear is having to go through the loss of another child.

Child removed without valid cause or prior notice. No caseworker visits done.

Section B: On poor relationships:

We do not have a strong relationship with our certifier. They arrive at our home and seem detached from our family and are unaware of who we have in our home, the age range we care for, and assumed we only wanted to do shelter care when we've always been long term providers. It seems that they can't be bothered to do a simple file review before driving to my home, and therefore we do not feel like we are seen as important or valued by the agency. I do not trust our certifier to answer any questions or support me when I'm struggling with a foster care situation because in the past when I've asked they've always cut the conversation short and redirected me to the caseworker - even though the questions I ask them are not child specific but about policy or our rights and responsibility. I've had good experiences with the ... County caseworkers for the most part, but they do not come across as truthful or honest when discussing the child's permanency plan. Most days I feel as if they look at me as a cheap babysitter when in fact I care deeply about this child, love this child, know this child better than they ever will and ultimately they don't include us in any conversation regarding transition, services, or visitation. I would strongly disagree that DHS respects foster families.

Section C: 211

It is insanely difficult to get ahold of anyone after hours. I had to beg and plead to get the after-hours line. I was told to call 211, which took forever to get to a human, then hung up on me... Additional ways to contact DHS outside normal business hours would be wonderful. Calling 211 is not always practical.

It was really hard. A lot of bureaucracy, assumptions that we should be available during work hours, and when things got difficult we were really on our own. DHS, hospitals, service providers, crisis lines, etc.... It was all empathy and "I'll help connect you with this other resource... wait you tried that, they can't help?... I don't know... well we don't actually do that we just help you connect to someone else.. do you want to talk about how you feel..." We were on our own. It's exhausting. It's painful. Best case scenario is someone would have helped in a concrete way. 2nd best would have been to know earlier that no one would. At least then I could have redirected my energy

I think it needs to be more clear who to call for help when you're in a crisis w your foster child. I called 211 last weekend and the lady literally was googling behavior recommendations. Maybe emergency psych services for the county is more appropriate?

We had a child with un-diagnosed issues which brought about serious outbursts at night. The 211 options were absolutely worthless in addressing the child's needs in the moment. We were forced to call 911 several times. A true crisis management tool would have been useful.