CORE
COALITION OF RESIDENTIAL EXCELLENCE

Executive Director's Report
March 2025

Legislative Issues

The legislative committee for the Coalition of Residential Excellence, along with CORE"s lobbyist are coordinating efforts with a congressman willing to refile the Create Accountable Respectful Environments (CARE) for Children Act. It is identical to the legislation that was filed in the 118th Legislative Session. Knowing the importance of bipartisan participation, consideration and care is being given to determine the best cosponsor(s) for the legislation.

As soon as I know more, I will be reaching out to your for your advocacy and participation on Capitol Hill.

THERE IS AN ENCOURAGING WORD ON THE HORIZON

Please find the attached draft statement emailed to me by Dr. Bruce Henderson affirming a document entitled: **"Towards a Statement on Residential Group Care for Children and Youth: A Suggested Framework."**

Background: Dr. Henderson served of the Board of Black Mountain Children's Home for many years. Last year he published an academic book entitled: "**Challenging the Conventional Wisdom about Residential Care for Children and Youth - A Good Place To Grow.**" The content of the book includes research findings that support the title of his book.

Dr. Henderson shared with me last week, that a paperback copy of the book should be available in June 2025. It will be significantly less expense than the hardback cover that came out last year.

The statement written by Dr. Henderson and Dr. James Anglin, will be published in a special issue of an open access journal, the International Journal of Child, Youth and Family Studies."

Dr. Henderson gladly provided written permission for me to share this information with all of our membership.

Towards a Statement on Residential Group Care for Children and Youth: A Suggested Framework 1

In recent years, there has been a growing and vocal lobby calling for the elimination of all forms of residential group care for all ages of young people. Statements have been issued by the American Orthopsychiatry Association, Annie E. Casey Foundation and Casey Family Programs, Lancet, UNICEF, and others.1

In brief, the problem with these statements is that they a) hold unrealistic aspirations for the provision of quality family-based alternative care;2 b) inappropriately interpret and generalize research on infants and young children in extreme environments to all residential settings;3 and c) do not acknowledge the findings of credible research on the positive impacts of various forms of quality residential group care.4

No one wants to support poor quality care for young people, whether family-based or group-care based. The central question appears to be: how do we assess the needs of each individual child, and ensure each one is placed in an appropriate, nurturing and safe living environment?5 Whenever a family of origin provides an environment conducive to an individual's positive development, that is where a child should reside. However, because there are periods in some children's development when that is not possible, we value a quality group care setting as a potential option.6

The authors of this statement bring a combination of many years in direct service, administration, research and policy development in the field of residential group care with children and youth. The goal of this statement is to promote a shift in the current conventional narratives on residential group care. Based on an extensive assessment of credible research findings, as well as decades of experience within various systems of out-of-home care, we conclude that a variety of forms of out-of-home care are required in a comprehensive child welfare system.7

We value family support services designed to keep children and youth in their own families. We value timely adoptions and foster care placements (including in kinship care) where this is the best alternative for a child. At the same time, we value a range of group care settings that can effectively respond to a range of young people's developmental and therapeutic needs and preferences.

Critical Developmental Themes that Inform Good Residential Care

Child development is not just growth or maturation. Development involves changes in complexity. Those changes have relevance for the provision of all forms of out-of-home care. We see the following four developmental themes as especially important in the provision of residential care.

Theme 1. Age-appropriate care. Residential care is suitable for those in need during middle childhood through early adulthood, not for infants, except in emergency situations.8

Theme 2. Children and adolescents are active explorers and creators of their own environments and identities. Their explorations of the physical environment are increasingly focused on particular interests. Their explorations of their social environments increasingly focus on peers, and their explorations of their changing personal identities continue into adulthood.9

Theme 3. The adult-child relationships that best nurture cognitive, social, moral and emotional development are characterized by high levels of warmth and communication, reciprocal, and increasingly democratic interactions, and firm, authoritative, not authoritarian, guidance.10

Theme 4. Children and adolescents need to be challenged. With age, children and adolescents need rich social and educational environments that provide increasing individually appropriate psychological and educational challenges.11 Vulnerable children, including most children and youth in out-of-home care, need meaningful social-emotional and educational supports to balance those challenges.12

We offer for consideration the following framework to guide debate on future developments in alternative care for children and youth.

A Fundamental Standard of Care for Quality Residential Settings

We suggest eight key elements to what can be called "the fundamental standard of care."13 If these eight elements are in place and are experienced on an ongoing basis by children, youth and families, then agencies will in all likelihood be providing quality care. The eight elements, or principles, are:

1. first, do no harm;

2. ensure children and adolescents are safe, and feel safe;

3. act in the best interests of each child;

4. create warm, healthy and positive relationships between adults and children, and amongst the children;

5. create and maintain a "culture of care" that is welcoming of diversity, inclusive, and provides fairness, kindness, compassion and an atmosphere of deep humanity;

6. such a culture of care requires staff with skills, knowledge and ways of being that promote quality care interactions and experiences;

7. ensure reflective practice and active self-awareness by staff members;

8. the children's family ties and promote healthy family relationships.

If programs and services demonstrate on an ongoing basis these eight elements, we suggest that they will have a strong and necessary foundation for the provision of quality care.

Propositions Guiding Implementation of an Alternative Care System for Children and Youth

Evidence from decades of research supports the following propositions for creating and maintaining an effective alternative care system for children, youth and their families.

Proposition 1

Any consideration of care arrangements for children and youth must be grounded in what is in the interests of individual children and youth, in accordance with the developmental themes set forth above.14

Proposition 2

The complex nature of development requires the widest possible array of alternative living arrangements for children and youth who cannot live with their families of origin.15

Proposition 3

Meeting the developmental and, where appropriate, therapeutic needs of each child, as well as their right to be safe from harm and to live in a state of well-being and happiness constitute a fundamental obligation of society. Means for doing so should be provided for those whose families are temporarily or permanently unable to do so.16

Proposition 4

All relevant and credible evidence concerning the various forms of child and youth care (including families, adoption, kinship care, foster care, group care, residential education and treatment programs) needs to be assessed in determining the suitability and efficacy of such care placements. The available evidence shows that the quality of the care provided is more important than its site.17

Proposition 5

Policy, legislation and service provision decisions must reflect Propositions 1 to 4, and seek to both meet the needs of young people within their purview and continuously strive to enhance the quality of existing policies, legislation and services. The diversity of children and their circumstances requires that those decisions consider the widest possible range of high-quality options.18

Proposition 6

All alternative care services must strive to the utmost to maintain and develop positive links and relationships between young people and their families. The nature and quality of a child's relationship with their family while in care is significantly related to their post-care success.19

Proposition 7

Because children increasingly create their own environments, the voices and experiences of children and youth of all ages must be invited, encouraged, listened to, and appropriately acted upon at all stages of decision-making about their interests and living situations.20

Proposition 8

No quality child and youth care services should be eliminated unless and until more appropriate quality services are immediately available to those young people affected by the change.21

Proposition 9

A central factor in decisions about care for children and youth should be stability. If a site change would not result in an improvement in the quality of care, it should be avoided.22

Proposition 10

There is a need for a serious discussion in the child welfare discipline about myths regarding residential care that have been perpetuated by some organizations and in the academic literature. This discussion should focus on the best interests of the child in the broadest sense.23

Proposition 11

Field research on what care environments are most appropriate for individual children and youth with particular profiles is needed in order to minimize the occurrence of multiple placements.24

Conclusion

The intent behind this document is to contribute to a nuanced conversation about ensuring a comprehensive child welfare system that addresses the best interests of all children, youth and families that it serves, and to ensure such a system includes appropriate, high quality residential group care for those young people and families who need or prefer this option.

1 These organizations do good work but appear to have a blind spot in regard to residential care. For the American Orthopsychiatric Association statement, see Dozier, M., Kaufman, J., Kobak, R., O'Connor, T. G., Sagi-Schwartz, A., Scott, S., Shauffer, C., Smetana, J., van IJzendoorn, M. H., & Zeanah, C. H. (2014). Consensus statement on group care for children and adolescents: A statement of Policy of the American Orthopsychiatric Association. American Journal of Orthopsychiatry, 84, 219–225. https://doi.org/10.1037/ort0000005; for Casey foundations, Fathallah, S., & Sullivan, S. (2021). Away from home: Youth experiences of institutional placements in foster care. Think Of Us. https://assets.website- files.com/

60a6942819ce8053cefd0947/60f6b1eba474362514093f96_Away%20From%20 Home%20-%20Report.pdf; for Lancet, Boyce, N., Godsland, J., & Sonuga-Burke, E. (2020). Institutionalisation and deinstitutionalisation of children: The Executive Summary from a Lancet Group Commission. Lancet Child & Adolescent Health, 4, 562-563.https://doi.org/10.1016/S2352-4642(20)30089-4; and for the UN, UNICEF Europe and Central Asia Regional Office. (2024, September). Keeping families together in Europe. https://www.unicef.org/eca/media/36541/file/Keeping%20families%20together%20in%20Europe.pdf; Others have assumed the anti-residential care position based on these reports and on the findings of the BEIP (Wade, M., Parsons, J., Humphreys, K. L., McLaughlin, K. A., Sheridan, K. A., Zeanah, C. H., Nelson, C. A., & Fox, N. A. (2022). The Bucharest Early Intervention Project: Adolescent mental health and adaptation following early deprivation. Child Development Perspectives, 16, 157–164. https://doi.org/10.1111/cdep.12462), including, for example, Cappa, C., Petrowskia, N., Deliege, A., & Khan, M. R. (2022). Monitoring the situation of children living in residential care: Data gaps and innovations. Vulnerable Children and Youth Studies, 17, 110-118. https://doi.org/10.1080/17450128.2021.1996669 and Haskins, R. (2017). A national campaign to improve foster care. the Brookings Institution. https://www.brookings.edu/research/a-national-campaign-to-improve-foster-care/

2 Sometimes the challenges of providing family reunification services, quality foster care, and permanent adoptions have been underestimated. See Bombach, C., Gabriel, T., & Stohler, R. (2018). Acknowledging the complexity of processes leading to foster care breakdown. International Journal of Child, Youth and Family Studies, 9, 38–60. https://doi.org/ 10.18357/ijcyfs92201818212; Riley, N. S. (2021). No way to treat a child: How the foster care system, family courts, and racial activists are wrecking young lives. Bombardier Books.; Williams, K. A., Lewis, E. M., & Feely, M. (2023). Stay just a little bit longer: A scoping review of foster parent engagement in the U.S. Children and Youth Services Review, 146, 106814. https://doi.org/ 10.1016/j.childyouth.2023.106814; Brodzinsky, D., & Smith, S. L. (2019). Commentary: Understanding research, policy, and practice issues in adoption instability. Research on Social Work Practice, 29, 185–194. https://doi.org/ 10.1177/1049731518782647; Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Goddu Harper, S. G., & Carmichael, H. (2018). "It's just not right to move a kid that many times": A qualitative study of how foster care alumni perceive placement moves. Children and Youth Services Review, 86, 76–83. https://doi.org/10.1016/j.childyouth.2018.01.028

3 The overreliance on the BEIP and other research on children in stark environments as infants is common in this literature. See p. 42 of Porter, R. B., Giraldi, M., & Mitchell, F. (2020). Function, quality and outcomes of residential care-rapid evidence review. Retrieved from: https://www.celcis.org/ knowledge-bank/search-bank/function-quality-and-outcomes-residential-care-rapidevidence- review.

4 For a sample, see Lee, B. R. (2020). Residential programs: Opportunities and challenges in the 21st century treatment environment. In T. W. Farmer, M. A. Conroy, E. M. Z. Farmer, & K. S. Sutherland (Eds.), Handbook of research on emotional and behavioral disorders: Interdisciplinary developmental perspectives on children and youth (pp. 306–320). Routledge. https://doi.org/10.4324/9780429453106-21; Portwood, S. G., Boyd, S. A., Nelson, E. B., Murdock, T. B., Hamilton, J., & Miller, A. D. (2018). A comparison of outcomes for children and

youth in foster and residential group care across agencies. Children and Youth Services Review, 85, 19–25. https://doi.org/10.1016/j.childyouth.2017.11.027; and chapter 5 in Henderson, B. B. (2024). Challenging the conventional wisdom about residential care for children and youth: A good place to grow. Routledge. https://doi.org/10.4324/9781003435709

5 Anglin, J. P., & Henderson, B. B. (2024). A critical dialogue on residential care for children and youth: What we really know and questions of quality. Residential Treatment for Children & Youth, 41, 135–151. https://doi.org/10.1080/0886571X.2023.2284693

6 Whittaker, J. K., Holmes, L., del Valle, J. F., & James, S. (2023). Residential care for children and youth in a cross-national perspective. In J. K. Whittaker, L. Holmes, J.F. del Valle, & S. James (Eds.), Revitalizing residential care for children and youth: Cross-national trends and challenges (pp. 3–15). Oxford UniversityPress. doi: 10.1093/oso/9780197644300.003.0001.

7 See p. 215 of Holmes, L., Connolly, C., Mortimer, E., & Hevesi, R. (2018). Residential group care as a last resort: Challenging the rhetoric. Residential Treatment for Children & Youth, 35, 209–224. doi: 10.1080/0886571X.2018.1455562.

8 See Dozier, M., Kaufman, J., Kobak, R., O'Connor, T. G., Sagi-Schwartz, A., Scott, S., Shauffer, C., Smetana, J., van IJzendoorn, M. H., & Zeanah, C. H. (2014). Consensus statement on group care for children and adolescents: A statement of Policy of the American Orthopsychiatric Association. American Journal of Orthopsychiatry, 84, 219–225.

9 For a sampling of research on child and adolescent development in these areas, see Harter, S. (2012). The construction of the self: Developmental and sociocultural foundations (2nd ed.). The Guilford Press.; Laursen, B., & Veenstra, R. (2023). In defense of peer influence: The unheralded benefits of conformity. Child Development Perspectives, 17, 74-80. doi:10.1111/cdep.12477; Low, K. S., Yoon, M., Roberts, B. W., & Rounds, J. (2005). The stability of vocational interests from early adolescence to middle adulthood: A quantitative review of longitudinal studies. Psychological Bulletin, 131, 713–737. doi:10.1037/0033-2909.131.5.713.; Renninger, K. A., & Hidi, S. (2019). Interest development and motivation. In K. A. Renninger & S. Hidi (Eds.), The Cambridge handbook of motivation and learning (pp. 265-290). Cambridge University Press. doi:10.1017/9781316823279.013; and Rubin, K. H., Bukowski, W. M., & Parker, J. G. (2006). Peer interactions, relationships, and groups. In N. Eisenberg, W. Damon, & R. M. Lerner (Eds.), Handbook of child psychology: Social, emotional, and personality development (pp. 571–645). John Wiley & Sons, Inc.

10 Baumrind, D. (2013). Authoritative parenting revisited: History and current status. In R. E. Larzelere, A. S. Morris, & A. W. Harrist (Eds.), Authoritative parenting: Synthesizing nurturance and discipline for optimal child development (pp. 11–34). American Psychological Association. doi:10.1037/13948-002

11 The CARE model provides a strong theoretical base in Vygotsky's theory for the role of challenge. See Holden, M. J. (2024). CARE: Creating conditions for change (3rd edition). Child Welfare League of America.

12 Lerner, R. M., Lerner, J. V., & Benson, J. B. (2011). Positive youth development: Research and applications for promoting thriving in adolescence. Advances in Child Development and Behavior, 41, 1-17. doi:10.1016/b978-0-12-386492-5.00001-4

13 Excerpted from a Statement on Quality in Residential Care developed as a Working Paper by the Quality Theme bundle of FICE-International presented at the FICE35 Congress in Split, Croatia, October 23, 2024.

14 Anglin, J. P. (2002). Pain, normality, and the struggle for congruence: Reinterpreting residential care for children and youth. Haworth Press.

15 Whittaker, J. K., Holmes, L., del Valle, J. F., & James, S. (2023). Residential care for children and youth in a cross-national perspective. In J. K. Whittaker, L. Holmes, J.F. del Valle, & S. James (Eds.), Revitalizing residential care for children and youth: Cross-national trends and challenges (pp. 3–15). Oxford University Press. doi: 10.1093/oso/9780197644300.003.0001.

16 The child-friendly version of the UN Convention on the Rights of the Child statement is available at https://www.unicef.org/child-rights-convention/convention-text-childrens-version and is probably the clearest English version.

17 The importance of the quality rather than the site of care is emphasized in multiple studies. Examples: Boel-Studt, S. M., & Tobia, L. (2016). A review of trends, research, and recommendations for strengthening the evidence-base and quality of residential group care. Residential Treatment for Children & Youth, 33, 13–35. https://doi.org/ 10.1080/0886571X.2016.1175995; Hermenau, K., Goessmann, K., Rygaard, N. P., Landolt, M. A., & Hecker, T. (2017). Fostering child development by improving care quality: A systematic review of the effectiveness of structural interventions and caregiver trainings in institutional care. Trauma, Violence, & Abuse, 18, 544–561. https://doi.org/10.1016/ j.childyouth.2023.10731910.1177/1524838016641918; Holmes, L., Connolly, C., Mortimer, E., & Hevesi, R. (2018). Residential group care as a last resort: Challenging the rhetoric. Residential Treatment for Children & Youth, 35, 209–224. https://doi.org/ 10.1080/0886571X.2018.1455562 ; Neagu, M. (2021). Voices from the silent cradles: Life histories of Romania's looked after children. Policy Press.; Huefner, J. C. (2018). Crosswalk of published quality standards for residential care for children and adolescents. Children and Youth Services Review, 88, 267–273. https://doi.org/10.1016/j.childyouth.2018.03.022

18 Whittaker, J. K., Holmes, L., del Valle, J. F., & James, S. (Eds.). (2023). Revitalizing residential care for children and youth: Cross-national trends and challenges. Oxford University Press.

19 Holden, M. J. (2024). CARE: Creating conditions for change (3rd edition). Child Welfare League of America.; Li, J., & Julian, M. M. (2012). Developmental relationships as the active ingredient: A unifying working hypothesis of '"what works"' across intervention settings. American Journal of Orthopsychiatry, 82, 157–166. doi:10.1111/j.1939-0025.2012.01151.x

20 See Boel-Studt, S., Huang, H., & Collins, C. (2023). "I hope my voice is heard.": A mixed-methods study of youths' perceptions of residential care. Children and Youth Services Review,

152, 107034. https://doi.org/10.1016/j.childyouth.2023.107034; Brown, W. K., & Seita, J. R. (Eds.). (2009). Growing up in the care of strangers: The experiences, insights and recommendations of eleven former foster kids. William Gladden Foundation Press.; Narey, M. (2016). Residential care in England: Report of Sir Martin Narey's independent review of children's residential care. London: Department for Education. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/534560/Residential-Care-in-England-Sir-Martin-Narey-July-2016.pdf.

21 The extreme nature of some of the anti-residential care rhetoric has led to simplistic all-or-none conclusions about care. Two examples: Kohomban, J. (2015). Testimony in "No place to grow up: How to safely reduce reliance on foster care group homes." Hearing before the Committee on Finance of the United States Senate (S. Hrg.114–273), 114th Congress, May 19, 2015. https://www.finance.senate.gov/imo/media/doc/20209.pdf; Sixto Cancel in the Foreword to Fathallah, S., & Sullivan, S. (2021). Away from home: Youth experiences of institutional placements in foster care. Think Of Us. https://assets.websitefiles.com/60a6942819ce8053cefd0947/60f6b1eba474362514093f96_Away%20From%20Home%20-%20Report.pdf; also see Ramaswamy, S., & Seshadri, S. (2020). The deinstitutionalisation debate in India: Throwing the baby out with the bathwater? Scottish Journal of Residential Care, 19(2). Retrieved from: https://www.celcis.org/application/files/2816/2306/7079/2020_Vol_19_No_2_Ramaswamy_S_The_Deinstitutionalisation_Debate_in_India.pdf.

22 Stability may be the single most important but underappreciated factor for children and youth in out-of-home care. See: Thoburn, J. (2023). Residential care across jurisdictions: Understanding context and comparing data. In J. K. Whittaker, L. Holmes, J. F. del Valle, & S. James (Eds.), Revitalizing residential care for children and youth: Cross-national trends and challenges (pp. 16–24). Oxford University Press. doi: 10.1093/oso/9780197644300.003.0002.; Chambers, R. M., Crutchfield, R. M., Willis, T. Y., Cuza, H. A., Otero, A., Goddu Harper, S. G., & Carmichael, H. (2018). "It's just not right to move a kid that many times": A qualitative study of how foster care alumni perceive placement moves. Children and Youth Services Review, 86, 76–83. https://doi.org/10.1016/j.childyouth.2018.01.028

23 Central to this discussion should be broader debates about the best interests of the child, the nature of family and home, and the concept of the least restrictive environment, and the characteristics of good care in a developmental perspective. The best interests of the child need to be seen in terms of developmental outcomes. Rarely, but for some children, importantly, sometimes a home is not a biological or foster family. The least restrictive environment has been defined in terms of physical space instead of psychological constraints and freedoms. Good care needs to be defined in terms of the stability in relationships provided by the care and the resources available to make those relationships meaningful. See Huynh, H. V. (2019). Lessons learned from high-quality residential care centers around the world: A visual story. International Journal on Child Maltreatment: Research, Policy and Practice, 2, 99–116. https://doi.org/10.1007/s42448-019-00018-5

24 See the good ideas in: Cross, T. P., Koh, E., Rolock, N., & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care?: Content analysis on reasons for

instability. Journal of Public Child Welfare, 7, 39–58. https://doi.org/
10.1080/15548732.2013.751300 Libby, A. M., Coen, A. S., Price, D. A., Silverman, K., & Orton,
H. D. (2005). Inside the black box: What constitutes a day in a residential treatment centre?
International Journal of Social Welfare, 14, 176–183. doi: 10.1111/j.1468-2397.2005.00357.x.;
Palareti, L., & Berti, C. (2009). Different ecological perspectives for evaluating residential care
outcomes: Which window for the black box? Children and Youth Services Review, 31, 1080–
1085. https://doi.org/10.1016/j.childyouth.2009.07.011

Welcome Watersprings Ranch
7707 Sanderson Ln
Texarkana, AR 7185 4

Watersprings Ranch has been operational since 1989 and is
located on two tracts of land within a mile of each other in a rural setting on the same road. There
are five homes, and an administrative building and special events center located on the North
Campus and five homes located on the South Campus.

David and Carla Whatley did not set out to operate a children's home when they initially
accepted foster children in their home in 1984. After serving foster children for a couple of years,
they felt God had more in store for them because the need for resources for abused, neglected
and abandoned children exceeded resources that were available in their area of Arkansas.

The children's home is licensed for the care of 48 children, though they are not fully staffed to
accommodate that number. In addition, they have come to believe that six children in a home
seems to be more productive for both children and staff. There are currently 28 children in care.

"The mission of Watersprings Ranch is to provide healing and restoration through God's love
and grace for children who have been abused, abandoned or neglected. Our staff focuses on
breaking generational cycles of hopelessness and fear, knowing that as a child accepts God's
unconditional love, their futures will forever be changed and negative patterns interrupted and
broken."

David and Carla Whatley did not set out to operate a children's home when they initially
accepted foster children in their home in 1984. After serving foster children for a couple of years,
they felt God had more in store for them because the need for resources for abused, neglected
and abandoned children exceeded resources that were available in their area of Arkansas.

Watersprings Ranch serves both boys and girls and accepts children between the ages of five and
twelve at the time of admission unless there is a sibling group with a younger sibling. Their
optimum goal in providing care is the hope to orchestrate family reunification.

Initially, most of the children coming into care are academically behind in school. Watersprings Ranch has an on-campus school and once students are functioning at grade level, they then transfer into the Texarkana public school system.

The home uses a level system of rewards and privileges associated to children behaviorally functioning at the highest level. At the time of my visit, only two children out of twenty-eight were not at the highest level. That speaks volumes in terms of the staff support and encouragement to assist children in being successful.

Children in care have multiple opportunities for extracurricular and age-appropriate activities. Children are encouraged to get a driver's license when they are old enough and children with part-time jobs often opt to purchase a vehicle, but they have to pay their own insurance costs.

Children in care receive any special services they need including speech and occupational therapies. The Ranch works with each child as they graduate to apply and enroll for college, the military, vocational school, Charis Bible College or the workforce.

They say of themselves: "Though equal parts of love, encouragement, grace, discipline and training, staff members promote the children's overall development and instill personal responsibility and accountability, build self-esteem and develop positive personality traits."

They desired CORE membership because many of the organizations in Arkansas that serve children and families moved away from residential care after passage of FFPSA. Consequently, they see CORE has providing an environment of other like-minded providers.

A Friendly Reminder

Please check to ensure your organization has paid 2025 CORE Dues
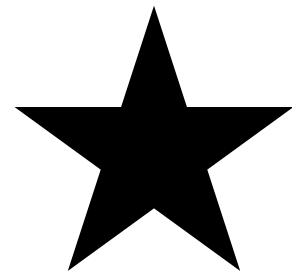
CORE
COALITION OF RESIDENTIAL EXCELLENCE

Save the Date!
(Registration Details Coming Soon)

WACO

2025 NATIONAL CORE CONFERENCE
OCT. 21 - 23 | WACO, TX

Hosted by Methodist Children's Home
Offering Hope Since 1890

It is the bill's intent that children remain with or near family. The bill incorporates provisions of the 1979 Child Welfare Act. It highlights a child's right to be placed with their own families and kin.

CORE Annual Membership Dues

CORE Annual Membership Dues – Please be reminded that annual membership dues to the Coalition of Residential Excellence were due January 31, 2025.

Perhaps some of you inadvertently overlooked the need to process your payment.If you need another copy of the invoice, please let me know.

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