

SECTION II: FOSTER PARENTS

Introduction:

The role of the Treatment Parent is central to Treatment Foster Care. Treatment Parents are colleagues and part of the professional team. While all Treatment Parents are foster parents, not all foster parents are Treatment Parents. Treatment Parents serve both as caregivers of children with treatment needs (the fostering role) and as active agents of planned change (the treatment role).

Their fostering responsibilities encompass all basic parenting duties typically required of foster parents. In addition, Treatment foster parents must be contracted with a licensed Treatment Foster Care Agency in the state of Maine or an organized entity within another agency providing Treatment Foster Care.

Their treatment responsibilities, which are outlined below, reflect their role as active agents of planned change and integral members of the treatment team. Treatment Foster Care Programs recognize the treatment family as the primary focus of intervention with children in their care and seek to integrate rather than substitute treatment services provided outside the home. Treatment Parents are not expected to function independently. They are asked to perform tasks central to the treatment process in a manner consistent with the child's treatment plan and the decisions of the treatment team.

A. TREATMENT HOME RESPONSIBILITIES

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| Description of Responsibilities | Prospective Treatment Parents shall be provided with and shall review with Program staff a written list of duties clearly detailing their responsibilities both as Treatment Parents and as foster parents prior to their approval by the Program. Foster parent rights and responsibilities may be drawn from the “Rules Providing for the Licensing of Specialized Children’s Foster Homes” and additional agency requirements. |
| Treatment Planning & Implementation | The Treatment Parent shall participate with the Case Manager and other team members in the development of Individual Service Plans for the child or youth in their care. Treatment Parents contribute vital input based upon their observations of the child/youth in the natural environment of the treatment home, in contact with parents and family members and in participation in community life. As with any treatment team member, if at any time the Treatment Parents believe the ISP is not in the best interest of the child/youth, they shall call a team meeting including the legal guardian. The Treatment Parent(s) shall assume primary responsibility for implementing the in-home treatment strategies specified in the child’s/youth’s initial and comprehensive Individual Service Plan and revisions thereof. Foster Parents must participate, according to the treatment plan, in all therapies of the child/youth (physical, mental health, speech, etc.). Foster parents must participate in all therapies of the child/youth’s (physical, mental health, speech, etc) at the level prescribed in the Treatment Plan. Foster Parent will work with the treatment team to develop strategies and methods regarding their parenting skills, behavior management, and effective communication in meeting the needs of the child. |
| Treatment Team Meetings | The Treatment Parent shall work cooperatively with other team members under the management of the Case Manager, attend team meetings and participate at training sessions and other gatherings required by the Program or by the child’s/youth’s Individual Service Plan. |
| Record Keeping | The Treatment Parent shall keep a systematic and descriptive record of the child's behavior and progress in targeted areas on a weekly or daily basis with frequency based on the child's treatment plan. The Treatment Parent also systematically |

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| | records information, logs medication administration and documents activities as required by the Program and the standards under which it operates. Such documentation allows for the tracking and evaluation of services provided by the treatment family, in the community, in the child's family, and by the Program as a whole. |
| Birth Family Contact | The Treatment Parent shall assist the child in maintaining contact with his/her family, including siblings, and work actively to support and enhance these relationships, as indicated in the Individual Service Plan and according to the State of Maine Visitation Policy. Also see Section III, A, #5. |
| Permanency Planning Assistance | The Treatment Parent shall assist in meeting the child's/youth's permanency goal(s), while working cooperatively with the DHHS Caseworker in achieving the permanency plan. Such efforts shall include the support and intervention necessary to successfully transition the child to a permanent family (e.g., biological, relative or adoptive family). Such efforts may include emotional support, information sharing, and the demonstration of effective child behavior management and other therapeutic interventions to the child's/youth's permanent family. When youth transition needs are identified in the Treatment Plan, treatment parents will provide practical, hands-on skill development opportunities for youth that support development of critical skills to facilitate their transition to adulthood. |
| School Relations | Treatment Parents shall assume primary responsibility for ongoing relationships with the child's teacher and administrators in the child's school. It is the Treatment Parent's responsibility to monitor school attendance, homework, and academic achievement; to actively participate in educational planning for the child and work with the school to address behavioral or academic problems that may arise in the school setting. The Treatment Parent should support and encourage the child's involvement in age-appropriate extra-curricular activities. |
| Community Relations | New: The Treatment Parent shall develop and maintain positive working relationships with service providers in the community such as departments of recreation, social service agencies, mental health programs and professionals, and other community resources that the child might access. |
| Advocacy / Outreach | The Treatment Parent, together with the agency Case Manager and other staff, shall advocate on behalf of the child to achieve the goals identified in the child's/youth's Individual Service Plan. These goals include educational, vocational, medical and other services needed to implement the plan, and to assure full access to and provision of public services to which the child is legally entitled. |
| Transportation | Treatment Parents are the primary providers of transportation for the children placed with them. Treatment Parents are responsible for the transportation to school activities, recreational activities, respite, agency activities such as case reviews, treatment team meetings, support groups, birth family visitation, medical appointments, and foster parent training. |

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| Notice of Request for Child Move | Whenever possible, alternatives to moving the child shall be explored to prevent placement disruption. For a planned and minimally disruptive transition, the Treatment Parent provides at least 30 days notice to the legal guardian and Program staff. If a move is precipitated by a serious family crisis, or is required to protect the health or safety of the child/youth or other Treatment Family members, less than 30 days notice may occur. |
| Recreation & Camp | Foster parents are responsible for ensuring that the recreational needs of the child are met, according to treatment team recommendations and the decisions of the DHHS Caseworkers. |

B. TREATMENT PARENT QUALIFICATIONS AND SELECTION

Treatment Parent selection is a process which begins with the initial recruitment contact and extends through the Treatment Parents' orientation, training, and licensing process. Treatment Parents are selected in part on the basis of their acceptance of the agency's treatment philosophy and their ability to practice or carry out this philosophy on a daily basis. They must be willing and able to accept the intense level of involvement and supervision provided by the Treatment Foster Care Program in their treatment parenting functions and the impact of that involvement on their family life. Treatment Parents must be willing to carry out all tasks specified in their Treatment Foster Care Program's job description including working directly and in a supportive fashion with the families of children placed in their care.

In the selection of prospective Treatment Parents, several important qualities should be sought. These may include, but are not limited to, commitment, positive attitude, willingness to implement treatment plans and follow the Program's treatment philosophy, flexibility, tolerance and the ability to adjust expectations concerning achievement and progress to children's individual needs and capabilities. Treatment Parents need to approach the commitment to work with a child as a family commitment, informing their own children of the nature of the Program and the children it serves and involving them closely in the decision to function as a treatment family. Treatment Parents should have access to reliable back up and a strong network of social support.

With increasing numbers of children in relative (Kinship) placements, some children served by the Program may be placed in homes of relatives. When relatives are Treatment Parents, they shall meet Program criteria; receive training, supervision, and support; and be accountable for participating as part of the treatment team with all the rights and responsibilities of other Treatment Parents in the program.

All Treatment Foster Parent must meet and adhere to all current licensing standards for Specialized Foster Homes in the State of Maine. Minimum requirements for a Specialized Foster Home Licensing in Maine are:

1. Must have ongoing predictable income.
2. Must have verifiable experience working with moderately to severely handicapped children, i.e. One year experience as a licensed foster home parent or six months work experience with moderately to severely handicapped children.
3. Meet all requirements for licensure at the Family Foster Home level in the State of Maine.

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| Recruitment | The program shall develop and implement a foster parent recruitment plan designed to meet the resource needs for its service population. It is necessary to carry out recruitment activities on an ongoing basis in order to have a pool of Treatment Parents from which the Program can select appropriate placement matches for children referred. Approaches to recruitment vary and can include advertisements in the media, speaking engagements, feature articles, etc. as well as word of mouth efforts by Treatment Parents and others associated with the Program. |
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C. Treatment Parent Training

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| Introduction | Training of treatment parents shall be a systematic, planned, and documented process, which includes skill training through a variety of instructional methods. Training shall be consistent with the Program’s treatment philosophy and methods and shall equip treatment parents to carry out their responsibilities as agents of the treatment process. Treatment parents shall be involved in determining their training needs. |
| Pre-Service Training | Prior to the placement of children in their homes, each treatment parent shall satisfactory complete at least twenty-four (24) hours of primarily skill-based training (Adoptive and Foster Family Introductory Training). |
| In-Service Training | Treatment parents must meet the required number of hours of training, per the Rules Providing for the Licensing of Specialized Children’s Foster Homes. The licensing worker will provide the treatment parents with a list of required trainings and of approved training options. |
| Evaluation of Training | All treatment parents must be provided an opportunity to evaluate mandated training. |

D. Treatment Parent Support

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| Treatment Foster Care Programs are obligated to provide intensive support, technical assistance and supervision to all Treatment Parents. Treatment Parents shall be provided such support and assistance including the specific case management and supervision services described in Section I of these Standards. Additional types of support and support services shall include the following: | |
| Support Network | The Treatment Foster Care Program shall facilitate the creation of formal and informal support networks for its Treatment Parents, i.e. Parent support groups, Treatment Parent “Buddy” systems, and mentoring. |
| Information Disclosure | All information the Treatment Foster Care Program receives concerning a child to be placed with a treatment family shall be shared with and explained to the prospective treatment family prior to placement. Agency staff will discuss with the prospective Treatment Parents the child's strengths and assets, potential problems and needs, and initial intervention strategies for addressing these areas. As full treatment team members, Treatment Parents have access to full disclosure of information concerning |

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| | <p>the child. With this access goes the responsibility to maintain agency standards of confidentiality regarding such information.</p> |
| <p>Substitute Care / Respite</p> | <p>Treatment Parents shall have access to both planned and crisis respite. Respite shall be provided by individuals who have been approved by the treatment team. Respite providers shall be informed of the youth's treatment plan and supervised in their implementation of the in-home strategies as deemed necessary by the treatment team.</p> <p>Respite is the provision of periodic and/or intermittent, temporary care of children who are in the care and custody of the Department of Health and Human Services. It is designed to provide relief from the stresses of constant responsibilities of providing for out of home care. Respite should be used to maintain stable placements, but should not be used to exclude foster children from ordinary and traditional family activities.</p> <p>Respite is arranged and funded by the foster parent. The treatment team is involved in discussions which assist the foster parent in identifying appropriate respite providers for the child. In line with normalizing the child's experience in foster care, those providing respite ideally include individuals who serve as natural supports for the foster parent and for the child.</p> <p>Foster parents are responsible both for notifying the Child Placing Agency and for notifying the child's caseworker prior to a respite placement being utilized. The information provided must include the name of the respite provider and the duration of the respite. The caseworker must know where the child is placed at all times.</p> <p>Foster parents may choose to use their own relative supports or those of the child for respite if those relatives have undergone background checks and if the caseworker and treatment team approve use of the relative providers.</p> <p>Foster parents will prepare children for respite placement by arranging pre-placement visits whenever possible and being sensitive to the child's needs. The foster parent will provide the respite provider with a copy of the Foster Child Identification and Information Sheet and with the child's Mainecare card. Activities should be suggested to the respite parents that are appropriate for the child's age, developmental abilities, interests, and special needs.</p> <p>When children are prescribed medication, the respite caregiver will be provided with the medication in its original container; with information about administering the medication; and with information about any possible side effects which need to be reported to the child's prescribing physician.</p> <p>Use of respite shall be consistent with the Department of Health & Human Services respite policy.</p> |
| <p>Day Care</p> | <p>(Less than 24 continuous hours of childcare): licensed, regular, planned, consistent, structured care. Providers will be able to follow any behavior plan for child. DHHS worker must approve all Day Care services.</p> |

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| Child Care | (Less than 24 continuous hours of childcare) more informal and occasional. Childcare providers must be a least (18) eighteen years of age or older. Childcare providers will be able to keep children/youth in care safe. Childcare needs will be discussed & approved within the treatment teams. |
| Crisis Support | Treatment Parents and their families shall have access to crisis support arranged by the Treatment Foster care Program for the issues/problems caused by a specific incident related to a child/youth receiving treatment within the Treatment Family. The Program shall have a written plan concerning access to crisis support. |
| Emergency Services | The Program will provide access to program staff 24 hours a day 7 days a week. |