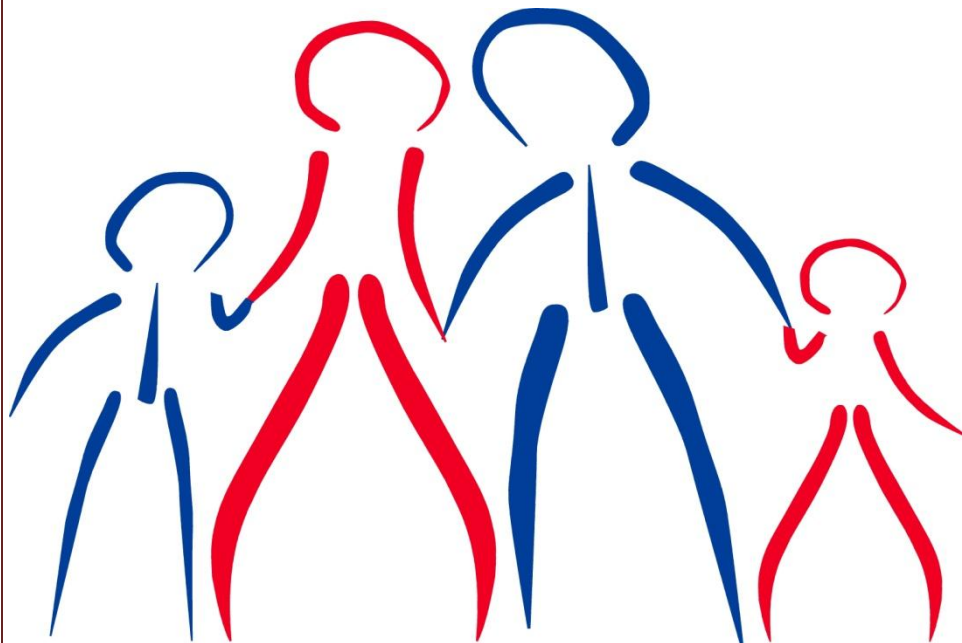


# **BBCBC Foster Parent Mentor Manual**

## **Foster Parents Supporting Foster Parents**

A Big Bend Community Based Care QPI Initiative in partnership with the Florida Department of Children and Families, Life Management Center, Children's Home Society, Boys Town North Florida, and Florida Baptist Children's Home



**BIG BEND COMMUNITY BASED CARE**

## Contents

|   |     |
|---|-----|
| Vision/Mission Statement.....                 | 3   |
| Overview of Foster Parent Mentor Program..... | 4   |
| Expected Outcomes.....                        | 4   |
| Description of Target Group.....              | 4   |
| Qualities of a Mentor.....                    | 4-5 |
| Role of a Mentor.....                         | 5   |
| Stipend/Reporting.....                        | 5   |
| Applicant Criteria.....                       | 6   |
| Application Process.....                      | 6   |
| Supervision process.....                      | 6   |
| Mentor Training.....                          | 7   |
| Program Evaluation.....                       | 8   |
| Appendix A:<br>Mentor Application.....        | 9   |
| Appendix B:<br>Feedback Survey.....           | 11  |
| Appendix C:<br>Activity Log.....              | 13  |
| Appendix D<br>Resource Directory.....         | 15  |

**Vision Statement:**

Big Bend Community Based Care (BBCBC) recognizes the importance of supporting newly licensed foster parents. BBCBC further recognizes the value of experienced foster parents. In an effort to support newly licensed foster parents, BBCBC has opted to create a mentor program that will utilize experienced foster parents as a support network for newly licensed foster parents. Experienced foster parents meeting established criteria will possess the knowledge, skills and abilities to teach newly licensed foster parents how to navigate the dependency system, how to access needed services for children placed in their homes and how to appropriately advocate for those children.

A clear, concise understanding of the intricacies of the Child Welfare System is critical to the success of foster parents. Experienced foster parents and community based care partners will unite to provide newly licensed foster parents with an integrated view of the Child Welfare system. The Foster Parent Mentor Program will utilize experienced foster parents, specialized training and compensation, to develop quality caregivers that are committed to ensuring each child's well-being. This "peer based" supportive learning environment will hopefully increase retention and satisfaction among the foster parent population of Big Bend Community Based Care and its providers.

**Mission Statement:**

Children need families that will love, heal and nurture them. Our team is made up of equal and distinct partners committed to communication, support encouragement and mutual respect. Together we are working to strengthen families during challenging times so children grow up in safe, healthy environments.

### **Overview of Foster Parent Mentor Program:**

- Upon completion of the training, mentors and mentees will be matched based on need and other commonalities.
- The Foster Parent Mentor Program will be introduced during pre-service training and at monthly foster parent association meetings. Supervising licensing agencies will be given information discussing the mentor program for dissemination to existing foster homes.
- Depending on need, a mentor will initially support a caregiver for approximately 3-6 months depending on the mentee's need. Extended timeframes may be requested and will require advanced approval by the FHM agency and BBCBC.
- All foster parents who serve as a mentor during the year will be recognized at the annual Foster Parent Appreciation events, quarterly newsletter.
- After completion of a mentor "experience", mentees will complete a survey to determine the effectiveness of the program and to make changes as appropriate for the enhancement of the program.

### **Expected Outcomes:**

As a result of the Foster Parent Mentor Program, the following outcomes are anticipated:

- Increased foster parent retention
- Increased placement stability for children
- Increased foster parent recruitment activities
- Improved satisfaction with BBCBC and provider agencies
- Increased demonstration of QPI and Family Centered Practice concepts and values, especially the importance of working with biological families to meet the best interest of children in care
- Increased understanding of the roles of child welfare professionals and the ability to build effective partnerships with these team members
- An in-depth understanding of the major components of the Child Welfare system

### **Description of Target Group:**

- Newly licensed foster parents providing out-of-home services for dependent youth
- Existing foster parents requiring additional assistance or support.

### **Qualities of a Foster Parent Mentor:**

- A mentor will have demonstrated the ability to maintain stable placements for children placed in their care
- A mentor will have demonstrated the ability to appropriately advocate for the needs of children in their care
- A mentor will have demonstrated the ability to work with biological parents when appropriate
- A mentor will have demonstrated an understanding of the dependency system

- A mentor will have demonstrated an understanding of the roles of case managers, licensing staff and protective investigations staff
- A mentor will display a positive attitude, and enthusiasm for promoting partnership

**Role of a Foster Parent Mentor:**

- To provide guidance and support to foster families, including contact upon placement of new children and assist in advocating for specific needs.
- To participate in MAPP classes a minimum of 3 times per year.
- To assist in the development of skills that will result in a level of proficiency in navigating the system of care and provide support and guidance with school system issues and court-related issues.
- To provide support for existing foster families in need of additional support.
- To assist in finding the appropriate resources based on needs of the mentee and child.
- To assist the mentee in working with the biological parents consistent with the case plan and permanency goal and care management recommendations as appropriate.
- To offer support during transitions (grief and loss).
- To offer support to foster parents through the adoption process.
- To model and coach supportive communication and positive working relationships between foster parents, case management and others in the system of care.

**Note:** *The role of a foster parent is **not** to engage in any activity that may interfere with an active investigation involving a foster family. The role of a mentor is **not** to intercede on behalf of any family for which mentoring services are being provided, the role of a mentor **is** to teach the family to advocate for themselves and provide support during the advocacy process.*

**Foster Parent Mentor Stipend and Reporting:**

- Mentors must document all activities on the Mentor Activity Log and submit the logs on the last day of the month to the supervising licensing agency for submission to BBCBC. In order to receive the \$75.00 monthly stipend, the mentor must document weekly contact, at least 1 monthly face to face contact, a summary of each contact which includes strengths and concerns observed in the mentee and any actions they are working on completing. Additionally mentors are expected to participate in at least 1 MAPP session per cycle to be introduced to prospective parents and share information about foster parenting.
- Interactions between foster parent mentors and those they are mentoring are expected to be completed via phone, e-mail and personal visits based on level of need as determined by the mentee, mentor and licensing agency.
- The licensing agency will provide oversight in ensuring the quality, frequency and type of mentor contact is sufficient to meet the needs of the mentee.

**Applicant Criteria:**

- Must **not** have had any corrective actions (exceptions may apply), open abuse reports or a history of abuse reports with indicators.
- Must be active in the foster care system and have current placements in the home, with special exceptions.
- Must have a desire to assist and support other foster parents.
- Must have held an active license for a minimum of two years.
- Must have served a diverse population of children.
- Must possess good interpersonal skills/willingness to ask questions.
- Demonstrates participation in multiple aspects of the Child Welfare system (trainings, staff meetings, conferences, the Quality Parenting Initiative and the Foster Parent Associations, etc).
- Must have a positive relationship with the supervising licensing agency, BBCBC and Foster Parent Associations.
- Must maintain membership in good standing with the Foster Parent Association or local support group in their area if there is one available.
- Foster parents will complete and submit the Foster Parent Mentoring Program application and required recommendations to their licensing agency foster care supervisor for review and submission to BBCBC.
- Successfully complete an interview with the Foster Parent Mentor selection committee.

**Application Process:**

- Submit completed Foster Parent Mentor Application to BBCBC.
- Submit Letter of Recommendation from their Licensing Agency.
- Submit Letter of support from either of the following: area foster parent association board member, foster parent support group leader or experienced foster parent.
- Attend and demonstrate partnership and leadership in required training for foster parent mentors.

**Supervision Process for Foster Parent Mentors:**

- The contracted licensing agencies will provide supervision for mentors and mentees whom they license.
- The contracted licensing agency will follow procedures of incident reporting if there are concerns.
- The contracted licensing agency will be responsible for all reporting documentation associated with the mentoring program.
- BBCBC will work in partnership with the licensing agency to establish training requirements and ongoing program support.
- BBCBC will receive all Mentor Activity Logs from the licensing agency and process payments to Mentors.

## Foster Parent Mentor Training Outline

### I. Training Topics

- Child Welfare System Overview
- Family Centered Practice
- Licensing Process
- Mentoring and Coaching

### II. Training Objectives

1. Discuss the information that should be provided by a protective investigator at shelter placement.
2. Discuss the information that should be provided by placement staff and case managers at initial placement.
3. Identify the responsibilities of BBCBC and the contracted Foster Home Management organization to the foster parent?
4. Understand the QPI Foster Parent Partnership Agreement.
5. Identify the responsibilities of foster parents to the child/agency.
6. Review the Florida Statutes and Florida Administrative Codes that define the guidelines for the licensure of family foster homes and the mandated services for children removed from their primary caregivers.
7. Discuss state and local community resources available to foster parents.
8. Identify the groups and contact information for the support group designed to offer support and guidance to foster parents who are subjects of an “alleged institutional abuse report”.
9. Demonstrate an understanding of the mentor reimbursement process.
10. Demonstrate an understanding of the documentation/reporting process.
11. Be able to discuss the importance of boundaries in the helping process.
12. Demonstrate leadership skills as presented in the training curriculum.
13. Understand key elements of building effective mentoring relationships.
14. Understand the barriers and potential challenges in establishing effective mentor relationships.

The foster parent mentor training is open to all foster parents, but is a mandatory prerequisite for potential foster parent mentors.

## Program Evaluation

### ***BBCBC and Foster Home Management Agencies will:***

Develop a timeframe and baseline that will measure the retention rates of foster parents that participate in the Foster Parent Mentor Program.

Develop a timeframe and baseline that will allow for the measurement of the placement stability of children who are placed with foster parents who participate in the Foster Parent Mentor Program.

Evaluate the review forms developed in partnership with the Quality Parent Initiative (QPI) and the foster parent mentor feedback survey to measure foster parent satisfaction with provider agencies.

Evaluate the review forms developed in partnership with QPI and the foster parent mentor feedback survey form to determine if foster parents are working with biological parents when appropriate.

Evaluate the review forms developed in partnership with QPI to determine if foster parents possess an understanding of the roles of case managers and licensing staff.

Evaluate the effectiveness of the Foster Parent Mentor Program by rating the responses provided on the foster parent feedback survey form.

Develop methods to determine the effectiveness of the training provided to mentors.

Continually evaluate and adjust the training objectives to meet the ever changing needs of foster parents.



**Appendix A**  
**Big Bend Community Based Care**  
**Foster Parent Mentor Program – Mentor Application**

Name of Mentor Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_

- 1) How long have you been a foster parent in the Big Bend Community Based Care, system of care?
- 2) How many children are currently placed in your home and what are their ages?
- 3) What is your licensed capacity?
- 4) How long have you been with your Licensing Agency and if you have changed agencies, why did this occur?
- 5) What do you enjoy most about being a foster parent?
- 6) What are your frustrations related to foster care?
- 7) What do you believe has contributed to your success as a foster/adoptive parent?
- 8) Why do you want to be a foster parent mentor? Why do you believe that you will be a good mentor for other foster parents?

- 9) In what ways do you believe you could support new foster parents or existing foster parents in providing care for children placed in their homes?
- 10) Are you willing to attend training to become an approved foster parent mentor?
- 11) What information do you believe may have been useful to you as a new foster parent that a mentor could potentially provide?
- 12) Are you an active member of your local, state or national Foster Parent Association? If yes, please list the names of the organizations and the length of time you have been involved. If no please discuss why.
- 13) Are you a current or past member of any organized board/committees in your community?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Appendix B**  
**Big Bend Community Based Care**  
**Foster Parent Mentor Program**  
**Feedback Survey**

**Foster Parent Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_

**Mentor Information:**

Name of Mentor: \_\_\_\_\_

Telephone/Email: \_\_\_\_\_

Licensing Agency: \_\_\_\_\_

- 1) How long did you have a foster parent mentor?
  
- 2) Was the program explained to you so that you felt you understood it clearly and how a mentor would support your family?
  
- 3) Did your foster parent mentor support and assist you with your questions, issues, needs? If yes, how was this done? If no, how were your needs not met?
  
- 4) Was the foster parent mentor available at critical times when you felt you needed support/guidance?
  
- 5) Were you comfortable discussing areas of concern with your mentor?

- 6) Did you believe that your mentor was responsive to your needs?
  
- 7) Did your mentor discuss and encourage that you partner with the birth family? If yes, how was this done?
  
- 8) What recommendations would you make to improve the foster parent mentor program?
  
- 9) After having experienced the Foster Parent Mentor Program, would you ever consider serving as a mentor?

## Appendix C Mentor Activity Log

Supervising Agency: \_\_\_\_\_

Month: \_\_\_\_\_

**Mentor Information:**    NEW    REPEAT  
(need 19)

**Mentee Information**

Name of Mentor: \_\_\_\_\_

Name of Mentee \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone \_\_\_\_\_

| Focus of Activity<br>(Identify if there is a<br>specific focus, MAPP<br>participation, skill area<br>being coached, etc.) | Phone/Email/<br>In-Person | Start<br>time | End<br>time | Date | Comment<br>(Provide a summary of the contact with<br>specific attention to strengths and<br>challenges, actions needed, follow up,<br>etc.) |
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|   |                           |               |             |      |   |

Mentor Signature: \_\_\_\_\_ FHM Agency Signature: \_\_\_\_\_

## Appendix D Resource Directory

### **Big Bend Community Based Care, Lead Agency**

525 N. Martin Luther King Boulevard  
Tallahassee, Florida 32301  
Chief Executive Officer, Mike Watkins  
QPI/Mentor Program Contact: Carol Edwards  
Cell (850) 694-0728  
[cedwards@bigbendcbc.org](mailto:cedwards@bigbendcbc.org)

### **Children's Home Society, subcontractor, (Leon, Franklin, Gadsden, Jefferson, Liberty and Wakulla Counties)**

1801 Miccosukee Commons Drive  
Tallahassee, FL 32308  
Executive Director, Charles McDonald  
Foster Home Management Supervisor, Jonathan Hasel  
Cell- 694-8341/ Direct Office Line- 219-4239  
[jonathan.hasel@chsfl.org](mailto:jonathan.hasel@chsfl.org)

### **Life Management Center of North Florida, Inc., subcontractor (Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties)**

910 Harrison Ave.  
Panama, City Florida 32405  
Kelley Hrubes, Licensing Manager  
(850) 522-4485  
[khrubes@lifemanagementcenter.org](mailto:khrubes@lifemanagementcenter.org)

### **Leon County Tallahassee Area Foster Parent Association**

Karen Condry, President  
(850) 216-2168  
president@tafapa.org [www.tafapa.org](http://www.tafapa.org)

### **Florida State Foster/Adoptive Parent Association (FSFAPA)**

Trudy Petkovich, President  
(866) 913-0977  
[petkovij@me.com](mailto:petkovij@me.com)

### **Foster Parent Allegation Support Team**

(800) 327-8119  
Trudy Petkovich at [petkovij@me.com](mailto:petkovij@me.com) or [fast@floridafapa.org](mailto:fast@floridafapa.org)