

THERAPEUTIC FOSTER CARE (TFC)

INFORMATION

MISSION STATEMENT

VISION: Our vision is for all children and youth to live in a safe and secure home that recognizes individuality and promotes their maximum growth and development.

MISSION: Our mission is to provide children with significant emotional, behavioral, or developmental disabilities with home environments that best meet his/her needs for living, learning and growing.

We believe that all children are unique and valuable and contribute to life in their communities. We believe that all children are entitled to respect, dignity, affirmation, kindness and love. We believe that all children have abilities, talents and gifts, and should be given the opportunity to grow in a safe and secure home.

It is our belief that a Therapeutic Foster Care providers' home is more personalized and consistent because the people involved do not change shifts every eight (8) to twelve (12) hours. The environment is more constant throughout a twenty-four (24) hour day, and month after month. With this, a unique and involved relationship can develop between the TFC family and the child, which we hope, will bring about a more effective means for treatment of the child's problems.

Finally, we believe that the need for love and acceptance are basic requirements for each and every individual. Unconditional positive regard will be given to each child while simultaneously teaching socially acceptable replacement behaviors. This will facilitate the child realizing a new sense of self-worth with increased self-esteem.

What is TFC?

TFC is a program for youth in private placement or state's care that provides a therapeutic foster home with foster parents who have specialized training. TFC also provides intensive services including case management, therapy, treatment planning, medication management assessments (as needed), foster parent support group, and 24 hour on-call support. Typically, a youth is placed in TFC due to social, emotional and/or behavioral needs; these needs are sometimes due to the neglect and physical/emotional/sexual abuse they have experienced. Foster care is defined to include the following:

- For children who are abused, neglected, emotionally maltreated or abandoned.
- For children who have such complex treatment needs that is difficult for them to remain with their birth parents.
- Homes for children whose parents cannot parent them at this time.
- Place for children to become healthier.
- Foster care is temporary.
- Foster care is different from adoption.
- Foster care is a service to keep families together; not to drive them further apart.
- Foster care means that foster parents are supplemental parents (substitute or supplemental does not mean replacement). A birth family will always be a part of the child.

Foster care is founded on the belief that children grow better in families. First their birth families; then a temporary foster family to help a child and birth parent(s) work out their problems; then an adoptive family only if the birth family problems cannot be resolved.

Foster parents will find themselves as part of a treatment team that will include themselves, the child, the birth family, and a combination of other professionals such as: psychiatrists, therapist, case managers, school personnel, and other professionals as needs indicate.

The Children Served in Foster Care

LifeSkills serves youth birth to age 21 but, primarily focusing on school age children from 4 to 18 years of age.

These children may share histories of abuse, neglect, abandonment, emotional difficulties, and exhibit behaviors that prevent them from staying in their own homes; and who are at risk of being placed in hospitals, institutions, or other long-term facilities.

Requirements for Foster Parenting:

Foster parents should exhibit personal characteristics to include: patience, flexibility, consistency and unconditional nurturing skills.

Additional requirements include:

• Foster parents shall possess sound mental and physical health and shall be free of communicable diseases, illnesses or disabilities which would interfere with the family's ability to parent complex treatment needs.

- Schools, recreation opportunities, health care, churches, etc. shall be within easy access to the family.
- Housekeeping standards shall be such that health and safety of the child are maintained and that attic or basement rooms used by the child should be comparable to other living areas of the home.
- There shall be adequate room within the home to allow sufficient privacy for all household members.
- No more than four children may share a room and each child must have his/her own bed. Children of the opposite sex shall not share a bedroom. Adults may not share a bedroom with children.
- Smoke detectors shall be located in each bedroom; each kitchen shall be equipped with a fire extinguisher.
- Family pets must be vaccinated according to state law and documentation provided to the agency verifying such.
- The foster parent with primary care giving responsibilities shall have a valid driver's license, an automobile that is in working order and shall be immediately accessible.
- Both married couples and single persons may become foster parents.
- Individuals who are in the process of a divorce may not become foster parents until the divorce is final.
- Marriages, divorces, and death of a spouse shall be verified officially through court documentation.
- A minimum of six references will be received prior to foster parent approval.
- Criminal background records shall be checked for all family members over the age of 18, for any criminal and/or abuse/neglect history.
- Families shall be prepared to receive training specialized to assist them in the care of the children with complex needs. The training starts with Building Foundations for Successful Parenting. Additional initial training includes the following: Pediatric Abusive Head Trauma (PAHT), Medication Administration, Medical Passport, and more. Families will also be required to have 24 additional hours of training a year including, CPR, First Aid, and Safe Crisis Management. Many of these trainings are provided online so that foster parents can work at their own pace.

Description of Support Services:

Services provided to TFC parents include, but are not limited to:

- Providing information regarding children being referred, so that an informed decision can be made about accepting children into their home.
- Providing home visits, counsel, and supervision of children placed in their home.
- TFC case manager support (they are your first point of contact for child needs/questions).

- Providing support services that care and contribute to foster children.
- Involving them in service/treatment planning for the child in their home.
- Reimbursement for the child's care beginning the day of placement.
- Training opportunities to assist the family in meeting the annual 24-hour on-going training requirements, certifications, as well as providing foster parent support groups.
- Accessibility to LifeSkills, Inc. staff on a 24-hour basis.

FREQUENTLY ASKED QUESTIONS

- 1. <u>How long will the child stay in my home?</u> State committed children that have a goal of reunification with their biological family could stay with you for up to a year or more. If there is no longer a reunification goal, the amount of time depends on that youth's permanency goal.
- While the child is under my care, am I responsible for paying for doctor, dental visits, or any other type of treatment? No, each child has a medical card that is given to the foster parent when the child is placed in the home. This card covers any medical attention that the child may need. Foster parents are not allowed to pay medical expenses.
- 3. <u>Do I need to buy clothes for the child?</u> The DCBS/state guardian will provide an initial clothing/voucher letter for a child entering foster care; the amount is specific and depends on the age of the youth. If the youth is already in foster care and does not need clothing, the clothing letter/voucher would not apply. Every month TFC parents are required to spend an allotted amount on the foster youth. You will receive documentation on how much to spend on the child each month.
- 4. <u>Do I need to give a foster child an allowance?</u> There is a requirement for the youth in states care to receive a monthly allowance; the amount depends on the age of the child. You will receive documentation on how much allowance is required each month.
- 5. <u>Have any of the children in the program ever been sexually or physically abused?</u> The answer should be no, but unfortunately many of the children have at one point been abused in a way that could be contributing to their behavior or health problems. Sometimes there is no way of knowing who these children are until they are put into the program.
- 6. <u>What are the expectations for therapeutic interventions?</u> The foster youth will be required to meet with our TFC therapist at least twice a month. The youth will also have a TFC case manager. The youth and foster parent have to meet in person with that case manager at least twice a month, once being in the TFC parents' home. The TFC case manager will either meet with the TFC parent or have phone contact weekly. There are team meetings at least every three months with the foster parent, youth (if appropriate), DCBS/State guardian, therapist, and other team members. If the youth is in need of psychiatric interventions, that would be once a month up to every three months.

7. <u>Do I get compensated for having children in my home?</u> Foster parents are reimbursed at daily rate based on the child's level of needs. As stated above, for State committed children, the foster parent will give the foster child an allowance and purchase clothing for the foster child – amount depends on the age of the child. Foster parents are reimbursed for mileage if they take the foster child out of the county for treatment related appointments.

Contact Information:

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