



The Louisiana Foster Caregiver Mentor Program formalizes the information, documents, and procedures which Methodist Foster Care has found to be helpful in creating and maintaining healthy, effective mentoring relationships among foster caregivers.

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v.20200930

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Becoming a foster parent is a life-changing decision that can lead to feeling overwhelmed and even isolated. Being matched with another foster parent who has experience in walking through the seemingly uncharted territory can make the difference between moving forward successfully or bailing out completely. The Louisiana Foster Caregiver Mentor Program hopes that every foster parent will have an opportunity to be paired with someone who can encourage, support and empower them on their journey.

There are times that experienced foster parents may need extra support to provide smooth transitions for their new placements. When this occurs, they can request a mentor as well.

### **Mission Statement**

**To develop foster parent mentors who will support and empower caregivers on their foster care journey.**

### **Overview**

- Upon completion of “Journey Home” training, mentees will be given the opportunity to apply to be matched with a mentor at any time.
- The Louisiana Foster Caregiver Mentor Program will be introduced during pre-service training and at monthly Foster Parent support meetings or associational meetings.
- The Department of Children and Family Services will provide information about The Louisiana Foster Caregiver Mentor Program to foster families who may benefit from mentor support.
- A mentor will initially support a caregiver for approximately 6 months, depending on the needs of the mentee. This time may be extended upon request.
- All foster parents who serve as mentors during the year will be recognized at an annual foster parent event or meeting, in the Foster Parent Support

Newsletter, and will also be supported through their Local Mentor Organization.

- Each month during support and upon exiting the program, mentees will complete a survey to determine the effectiveness of the program, and to make changes as appropriate for the enhancement of the program.
- Mentors will keep an activity log and visit the mentees at least 1 time a month.

### **Expected Outcomes**

- To increase the overall retention rate of foster parents
- To increase children's placement stability in foster homes
- To educate the foster parents on how to successfully navigate through the child welfare system
- To empower foster parents to encourage and empower other foster parents

### **Mentor Qualifications**

- Current Foster parent in good standing
- 2 years minimum experience as a foster parent
- No open abuse reports or Corrective Action Plans
- Supportive of and following the QPI philosophy of parenting to achieve permanency
- Good communication and interpersonal skills
- Committed to a positive approach and implementing TBRI® practices
- Interview and acceptance from Local Mentor Organization

### **The Local Mentor Organization**

- Local foster parent organization leading the Mentoring Program

- Partners with the Foster Care Ambassador in their region
- Gathers information from the Louisiana Foster Caregiver Mentor participants and keeps up with the records from visits and activities
- Partners with Foster Care Ambassador to train and support mentors
- Agrees to recognize and reward mentors when possible

### **Role of Agencies**

The Foster Care Ambassador and the Local Mentor Organization will collaborate to provide an effective Mentor program. DCFS will inform foster parents of the program, make referrals, and assist the Local Mentor Organization to validate mentor applications. The Local Mentor Organization will approve mentors, accept referrals, facilitate connections, train mentors and provide ongoing support to mentors and mentees and report to the Foster Care Ambassador who will provide support and oversee the mentoring program.

### **Mentor Training**

- 7 hours initial training, 3 hours quarterly training
- TBRI® Fridays training (if taken previously documentation is required)
- Up to date on all policy required training for foster parents

### **Expectations of Mentor**

- Up to date on all policy required training for foster parents
- Be available to be assigned a new or struggling foster parent
- Establish a personal, working relationship with foster parents
- Make phone/email contact as required –talking points will be given
- Guide mentees parents in navigating foster care system

- Make a minimum of 1 face to face contact each month (May be facetime if pandemic restrictions still apply)
- Turn in activity logs and notes weekly/monthly
- Willingly share questions or concerns with the Local Mentor Organization and/or the Foster Care Ambassador in all information discussed with the mentee

### **Role of Mentee**

- Be open to mentors advice and expertise
- Willingly share concerns and questions as they arise
- Provide feedback to the Local Mentor Organization about the mentors and your experience
- Be willing to attend area support groups, trainings and foster parent enrichment events throughout the year if possible
- Complete survey/questionnaire for program improvement

### **Schedule and Contact Info**

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

My Work Schedule: \_\_\_\_\_

Meal Time Schedule: \_\_\_\_\_

Bedtime: \_\_\_\_\_

Reoccurring schedule obligations: \_\_\_\_\_

Best time of day for contact: \_\_\_\_\_

## **Contact Information**

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Are text messages ok? \_\_YES\_\_NO

The best way to contact me is

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## **Application Process**

- Submit completed Foster Parent Mentor Application to Local Mentor Organization
- 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
- Interview with Local Mentor Organization

## Application for Mentor

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

Occupation: \_\_\_\_\_ Level of Education: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_

Will your spouse be able to support you in this role? \_\_\_\_\_

Personal Interests: \_\_\_\_\_

How long have you been (or were you) a foster parent? \_\_\_\_\_

Please list all biological and adopted children under the age of 24 that reside in your home:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

Please list all foster children (first name only) who reside in your home:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____



About which age group do you feel you are best qualified to offer advice and support to new foster parents (You may check more than one):

0-5 years  6-12 years  13-17 years  18-24 years  No preference

Please check all areas in which you feel you well qualified to offer advice and support to new foster parents (Please check all that apply):

- Difficult Behaviors  Sexual Abuse  Physical Abuse  
 Emotional Concerns  Mental Health  Medically Fragile  
 Navigating the School System  Information re: Community Services  
 Permanency Planning  Working with Biological Families  Special Needs  
 Trauma Informed Care  Support through Abuse Investigations  LGBTQ  
 Cultural/Religious Awareness  Hair/skin care

Please describe your experience and comfort level working with children of various ethnic and cultural backgrounds:

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Please describe any specific areas in which you may not feel comfortable providing support to new foster parents:

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Please describe your experience in working with biological parents and family members, as well as adoptive parents, to help children achieve permanency:

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I have read and understand the Foster Parent Mentor Program Description and Requirements. I attest that I meet all of the requirements. I am willing to share my personal experiences with new foster parents. I acknowledge that I cannot counsel new foster parents in legal or psychiatric matters and will refer to DCFS when these situations arise. I will, to the best of my ability, provide support to new foster parents assigned to me and follow the foster parent mentor program rules, including confidentiality.

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Signature

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Date

### Foster Parent Mentor Talking Points

1. When a child is placed in your home
  - a. Understanding the first 24 hours
  - b. Lice
  - c. Sleep difficulties
  - d. Emotional needs
  - e. Communication difficulties
  - f. Special needs
  - g. Difficult behaviors
  - h. Sensory integration
  - i. Felt safety
2. Quality Parenting Initiative (QPI)
  - a. Initial phone call - this is done with assistance from DCFS
  - b. Icebreaker - this is done with assistance from DCFS

- c. Shared parenting expectations (visits/medical appointments/extracurricular
  - d. Family Team Meetings
3. Transition Period
    - a. Clothing and personal item inventory (requesting voucher if necessary)
    - b. Honeymoon period
    - c. Hoarding
    - d. Food insecurity
    - e. Normalcy (prudent parenting)
  4. The Court process
    - a. Your role as the Foster Parent
    - b. Understanding the CINC “Child in Need of Care” Process
    - c. Child attorney
    - d. CASA
    - e. Overall objective/goal
  5. Members on Each child’s team and their role
    - a. Birth family
    - b. Case worker
    - c. Investigator (DCFS)
    - d. Child’s attorney
    - e. Foster parents
  6. Goals
    - a. Reunification with birth family
    - b. Adoption
    - c. Guardianship
    - d. Independence
  7. Record Keeping
    - a. Receipts
    - b. Medical appointments past and future
    - c. Behaviors
    - d. School/daycare reports
    - e. Any concerns or questions regarding visits
    - f. Expenditure Form (mileage or other reimbursement)
    - g. Journal (consider journaling to write notes to parent to share during visits)

8. What you MUST have consent for
  - a. Surgical
  - b. Mental health
  - c. Psychotropic Medication
  - d. Travel
  - e. Medical care
9. Education
  - a. IEP Process
  - a. School lunch form
  - b. School clothes and supplies
  - c. Tutoring
  - d. Transportation
10. Caregivers' Rights and Responsibilities
11. Childcare
  - a. How to choose childcare that works for you
  - b. CCAP
12. Training credits required
  - a. Counted in the fiscal year
  - b. How many hours are required
  - c. Moodle and other training resources
13. Respite
  - a. encouraged to utilize personal support system that the child knows
  - b. DCFS respite can be requested to the worker
14. Medications
  - a. Notifying caseworker when prescribed
  - b. Storing
  - c. Administering
15. Safety Procedures
  - a. Emergency Medical treatment of a child
  - b. Fire and Natural Disaster

16. Cultural considerations
  - a. Haircare
  - b. Skincare
  - c. Traditions
17. TBRI® (Trust-Based Relational Interventions)
  - a. Training
  - b. Implementation
18. Visits
  - a. Transportation
  - b. Times
  - c. Role of the worker
  - d. Preparing the child for the visit
  - e. Conversation after the visit
19. Clothing
  - a. Initial clothing allowance
  - b. Basic maintenance and supplemental clothing allowance
  - c. local foster closets and partners
20. Communication- how to speak to case workers and birth parents
  - a. Remain positive
  - b. Help the birth parent feel like a parent
  - c. Listen to the concerns of the birth parent
21. Boundaries and safeguarding against allegations
22. Life books
  - a. Purpose
  - b. Ideas
  - c. Reimbursement
23. Confidentiality and HIPPA guidelines
  - a. No information shall be shared about a child or his/her family to anyone other than those involved with the child professionally; Dr's, counselors, etc.
  - b. Be especially careful with texts and social media
24. Social Media rules and expectations

- a. These guidelines change often—please stay up to date.
- b. Pictures may be shared, but no names or identifying as foster children

25. When a child leaves your home

- a. QPI Planful Transition
- b. Packing- no plastic/trash bags, please
- c. Grieving

26. What to do if you disagree with a decision

- a. Agency decision
- b. Court decision
- c. School decision
- d. Medical decision

27. Additional Resources

- a. SNAP
- b. WIC

Notes:

## Foster Parent Mentor Monthly Activity Log

Mentor Name:

Month:

Date of Activity	Activity (call, in person, email, text, training, meeting, event)	Name of Mentee	Activity Descriptions	Follow Up Needed

\*Mentor is to turn in this log each month to the Local Mentoring Organization along the accompanying notes. It can be emailed or scanned in.

# Foster Parent Mentor Activity Note

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

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

Activity Date: \_\_\_\_\_

Type of Activity (*Check one*)

- In person visit (*Where: \_\_\_\_\_*)
- call
- text
- email
- Event (*Describe: \_\_\_\_\_*)

## Notes

*Please include topics discussed.*

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