



Foster Parent Implementation Plan

2014

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ANNUAL REPORT

DEFICIENCIES IDENTIFIED IN 2013 PLAN

While there were no areas in which specific deficiencies were identified, the Camelot Care Centers, Inc. 2013 Foster Parent Law Implementation Plan did provide Suggestions for Improvement consisting of the following:

- Clearly address co-training, using foster parents as trainers alongside staff
- Describe the way your agency provides timely assessment for payment commensurate with the type of care provided
- Strengthen the description of caseworker accountability
- Strengthen descriptions that cover the way foster parents are encouraged to participate in case planning
- Clarify the method used to make confidentiality laws and regulations available to foster parents
- Strengthen narratives that address appeals process
- Do not send plan receipts. We need clear foster parent signature endorsement of your completed plan
- Describe how foster parents have provided input into the grievance procedure

From the meetings held with foster parents and Camelot staff across all 5 service regions, four trends emerged and that areas identified for **needed improvement** consisted of:

1. The need for improved communication between Camelot staff and foster parents overall, with special emphasis on such things as:
 - More extensive disclosure at the time of placement of the child's treatment, trauma and service history with particular emphasis on known "triggers" that may result in abrupt or significant behavioral changes that could potentially lead to crises or otherwise jeopardize the stability of the placement. Also that this material be provided more timely.
 - Additional clarification on the protocols that impact foster parent and biological parent interaction or involvement
 - Increased opportunities for communication between primary foster parents and those foster parents providing temporary respite care.
 - Camelot staff provides information regarding scheduled appointments, home visits, court dates and /or other meetings with more advanced notice, with understanding that some home visits are required/expected to be "unannounced."
2. In several locations discussions focused on financial and payment implications and how these related to the level of care a child was receiving (i.e. Traditional, Specialized and Family Supported Adolescent), with particular clarification on:
 - Financial expectations of foster parents for clothing and self-care items immediately upon placement
 - How are funds impacted while youth are on run or not otherwise in the foster placement
 - Greater explanation for how special service fees or exceptional payments can be accessed and utilized (i.e. types of activities)
 - How are allowance and other monies are to be allocated to youth > 17 years old to help prepare these older youth for independent living

- Clarification on monetary issues such as cell phone access/utilization, allowance, special service fees and that these matters be discussed directly with the foster parent before addressing directly with the youth.
3. Identified by both foster parents and staff was the need for increased partnership and collaboration between agency staff, foster parents, biological families and other community providers. In particular, providing more family-focused treatment that involves the foster parents as well as biological parents when appropriate, or at least discussions devoted to interactions between foster and biological families. Facilitating greater foster parent involvement throughout hospitalizations and discharge planning from hospitals as well as residential treatment facilities. Possibly creating more foster parent groups within the community that would increase support for caregivers as well as other community stakeholders to increase collaboration.
 4. More population or treatment-specific training made available to foster parents that is more accessible and addresses topics such as different types of clinical interventions and/or working

Efforts to address and respond to the suggested improvement areas as well as identified trends are being incorporated throughout the Camelot's 2014 Foster Parent Law Implementation Plan.

Successfully Implemented

The staff and administration of Camelot believes the majority of the Foster Parent Law Implementation Plan is being successfully implemented based on the continued growth of Camelot programs, increased number of foster parents new to Camelot as well as the retention of existing foster parents, and the absence of formal foster parent **complaints/grievances**. The following sections are highlighted for purposes of the Annual Report.

Foster Parent Rights, Section 1

- 1) *The right to be treated with dignity*, respect and consideration as a professional member of the child welfare team.

Camelot invited foster parents from all of our service regions to meet and talk with the Executive Leadership Team (Chief Executive Officer, Chief Financial Officer and Chief Operating Officer) of our parent company, Providence Service Corporation based in Tucson, AZ. This was a rare and unique opportunity for both staff and foster parents to hear directly from local and national leadership about efforts being made to enhance services so that we can all help serve more families. Foster parents attended and presented their perspective on what aspect of Camelot's operations they believed were going well and provided constructive feedback on areas where we could improve. This led to rich and poignant discussions as well as further emphasizing the critical role of the regional foster parent advisory boards.

The regional foster parent advisory boards role and influence has been bolstered this past year, through extending initiations to other additional community stakeholders (i.e. school, providers, businesses) to help develop greater community awareness and involvement between Camelot, foster families and the members of the communities in which they live. In addition, the regional advisory boards input has now begun to be shared on a quarterly basis with the Camelot Care Centers, Inc. Board of Directors, through the State Executive Director.

Finally, as numerous changes have taken place throughout DCFS, Camelot has made a concerted effort to communicate more with staff and foster parents regarding internal performance and quality improvement areas in on the new data collection methods as well as the increased focus on placement stability, permanency and the other performance benchmarks intended to better serve the children in our care. Camelot has used this increased emphasis on outcome achievement to further partner with foster parents in recognition that is the foster parents that remain one of the most influential change agent with the children in their care.

Foster Parent Rights, Section 9

- 9) *The right to be notified of scheduled meetings and staffings concerning the foster child* in order to actively participate in the care planning and decision making process regarding the child; including an individual service planning meeting, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the child welfare agency concerning the child, the right to provide input concerning the plan of services for the child and have that input given full consideration in the same manner as information presented by any other professional on the team, and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.

In response to the increasing complexity of needs and severity of trauma and behaviors the children being referred to Camelot are experiencing, utilization of our tele-psychiatric services has been expanded to more office locations. In addition, resources have been allocated to enhance the overall coordination of psychiatric services and to streamline follow up appointment scheduling, timely prescriptions and emergency consultation availability. In response to the scheduling demands foster parents face, particularly when serving youth involved with multiple service providers, Camelot had begun developing the capacity to provide psychiatric consultation within the foster parent's home. Through the utilization of newer technology, greater foster parent involvement and input is being achieved.

Foster Parent Rights, Section 2

- 2) *The right to be given standardized pre-service training* and appropriate on-going training to meet mutually assessed needs and improve the foster parent's skills

Camelot continued to focus heavily in 2013 to enhance the training and education in both content as well as format that were better designed to address the complexities of youth in specialized foster care and offer more guidance and greater understanding about the impact of trauma on the children we served by both the agency staff as well as the foster parents. Some examples include:

- The continued implementation across all of Camelot of the empirically supported Parent Skills Training (PST) orientation and training curriculum and the Beyond Consequences/The Great Behavior Breakdown/Post Institute training models.
- The Peoria region implemented a new curriculum called, Effective Black Parenting. This is a 15 week training course that was created by the Center of the Improvement of Child Caring (CICC) and is the **first** program to teach parenting skills within a African-American cultural frame of reference. The classes focus on life goals, drugs, path to the pyramid of success,

- family rules, point systems, effective praise, effective forms of discipline, chit-chat times, social learning theory and staying on the right path. This class is geared towards any parent raising an African American or Bi-racial child. In its first implementation, 80% of the participants completed the course and several were able to identify specific examples in which they were able to successfully implement strategies that were successful with the youth in their home.
- More trainings were offered in the evenings and on weekends to make them more convenient to foster parents and in consideration of child care needs
 - Part-time staff have been made available to provide childcare to help make it easier for foster parents to attend and participate more regularly

Foster Parent Responsibilities, Section 8

- 8) *The responsibility to develop and assist in implementing strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions of a foster child and all members of the foster family; and the responsibility to provide emotional support for the foster children and members of the foster family if preventative strategies fail and placement disruptions occur.*

Camelot continued to focus on strengthening the regional foster parent advisory boards by developing the capacity to provide recommendations and suggestions that are communicated through the Camelot Executive staff to the Board of Directors. In addition, foster parents were provided with internal outcomes and performance data as well as information from DCFS that outlined the new performance benchmarks, increased level of monitoring and the goals of 40% permanency achievement and < than 2 placement changes in a year. Discussions focused on the strategies that would increase communication and engagement among foster families and staff earlier when challenges first arose to better support caregivers in order to prevent possible placement disruptions. Greater emphasis was also placed on convening meetings with families and the treatment teams to more quickly to address emerging challenges or to review recent placement disruptions to better understand what factors led to these in order to prevent future ones.

Foster Parent Responsibilities, Section 10

- 10.) *The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and to promote the foster parenting experience in a positive way.*

Camelot's foster parent marketing and recruitment efforts remained strong throughout 2013, continuing to build upon our well established radio commercials that led to the development of other multimedia approaches such as interactive cable television commercials and the internet. The most compelling aspects of these commercials are actual testimonials from foster parents themselves of the rewards they receive from being a foster parent. Several Camelot offices have allocated staffing resources dedicated exclusively to conveying the rewards and benefits that comes from foster parenting. These are now prominently featured on Camelot's website at www.camelotcarecenters.com. Whenever possible, foster parents are invited and trained in participating in various recruitment events.

Most recently, Camelot was awarded the from the Human Rights Campaign All Children All Families Seal of Recognition celebrating our commitment to strengthening families throughout the communities we serve through greater awareness and understanding in how to better serve the LGBT community. Foster parents from several regions graciously accepted our invitation to celebrated with us when Camelot received the seal.

MOST CHALLENGING TO IMPLEMENT

The staff and administration of Camelot Care Centers, Inc. welcomes feedback and embraces all opportunities to critically examine its operations in order to help improve services and programs that will further enable us to identify and address the needs of the families we serve, build on their identifiable strengths and successes so that more children can achieve permanency. We further maintain the belief that foster parents are the primary change agent in the lives of children served in the Therapeutic Foster Care Program and view foster parents as true partners in this endeavor.

We do however, continue to face the continuing challenge of recruiting enough foster families that is sufficient to meet the increased demand and complexity of need the children in foster care. Despite our efforts and training enhancements, this process remains lengthy and arduous with systemic delays often resulting in potential foster parents withdrawing their interest prior to obtaining a license.

The other challenge directly impacting staff and foster families is the higher needs and complexity of children being referred to the specialized foster care and the knowledge and resources that are needed to help them remain stable in their placement.

Camelot supports DCFS increased emphasis on service compliance, permanency achievement and placement stability, and renews its commitment to continued efforts to improve collaborations and partnership building with foster parents through:

- a) Further enhancing accessible communication with local leadership and staff
- b) Providing clear and routine review of changes with respect to Camelot, DCFS as well as state-wide economic issues and how these may impact services
- c) Greater clarification around payment structure, expectations and limitations
- d) Developing more creative and thoughtful ways to demonstrate appreciation to and recognition of the considerable contributions foster parents make
- e) Increasing regular input directly from foster parents about how Camelot is meeting the needs of families through regular meetings, trainings and the maintenance of advisory committees where they exist and the development of these in service regions where they have yet to be fully formed

The final challenge is in the recruitment and retention of qualified, experienced and credentialed staff. Camelot recognizes the impact staff turnover has on children and families and particularly foster parents. 2013 has been a particularly challenging year which has resulted in this becoming a primary focus of our performance and quality improvement efforts that are intended to improve recruitment, hiring, orientation and training of new staff as well as developing a more clearly defined and transparent key performance indicators that will ensure staff develop the core competencies fundamental to their work through on-going guidance, supervision and professional development that will enable staff to be successful leading to self-fulfillment and additional incentives that will encourage staff retention.

SECTIONS NOT IMPLEMENTED

There are no sections of the Foster Parent Law Implementation Plan that were identified as “Not Implemented”.

INVOLVEMENT OF STAFF AND FOSTER PARENTS IN PLAN DEVELOPMENT

Each of the five Camelot service regions holds a meeting in September/October to begin the process of reviewing the existing plan with foster parents and staff. Comments are solicited through multiple methods such as scheduled meetings, emails, phone calls or regularly available direct access to local and/or state leadership regarding changes that should be made or practices that should be changed. The **Regional Director** oversees collection of this information and submits it to the State Executive Director.

When comments from all regions have been received, they are reviewed by the State Leadership Team and where appropriate, practices are amended to incorporate recommended changes which are then inserted into the revised plan. The revised plan is then reviewed with the State Leadership Team and **Camelot’s foster parent liaison and some members from the regional advisory boards**. Newly updated Implementation Plans are distributed to all Camelot Foster Parents who may meet individually with Camelot direct care staff to provide additional input. **When all revisions are accepted, foster parent sign-off forms are completed. Camelot will implement this process sooner next year to ensure foster parents may review and approve of the Implementation Plan prior to submission to the Department.**

The final Implementation Plan, with all supporting documents, and Annual Report are submitted to the Department by the end of November.

STAFF TRAINING ON THE IMPLEMENTATION PLAN

All new employees to Camelot Care Centers, Inc. go through a comprehensive New Employee Orientation during the first 90 days of employment. Training on the Foster Parent Manual and Foster Parent Law Implementation Plan are part of the initial orientation. Subsequent training on the Plan occurs annually during the review and revision of the Plan.

DAILY SERVICE DELIVERY IMPACT

The Foster Parent Law Implementation Plan impacts daily service delivery because of the recognition of rights and responsibilities of foster parents. The Implementation Plan serves as **the “compass” by which Camelot staff and leadership use in guiding our** procedures, practices, **and interactions with foster parents, youth and families as collaborative partners within the larger** child welfare system. The Implementation Plan establishes accountability for how agency staff performs day-to-day activities and how foster parents serve children while interfacing with agency operations. The Implementation Plan establishes best practice guides for **Camelot staff as well as** Foster Parents and creates the expectations of each for the other **that profoundly impacts our youth and families. It is these very things** that translate into day-to-day service delivery and service excellence for **staff, foster parents and all families** alike. The Implementation Plan creates and maintains the linkage for staff and **families** to work together using a common organizing

framework that defines our collective purpose, protects the rights of our families, and ensure mutual accountability that will achieve the highest standard of care.

IMPLEMENTATION PLAN DISTRIBUTION/AVAILABILITY

The annual Foster Parent Law Implementation Plan is distributed by hand and by mail to all Camelot foster parents immediately upon the completion of the annual update and review. All newly licensed foster parents are provided a copy of the Implementation Plan during pre-service training along with a copy of the Camelot Foster Parent Manual. In addition, the Implementation Plan as well as the Foster Parent Manual and other relevant documents are posted and accessible on the Camelot Care Centers website located at www.camelotcarecenters.com.

FOSTER PARENT LAW GRIEVANCES

There have been no Foster Parent Law grievances submitted in 2013.

INITIAL DEVELOPMENT OF PLAN-RELATED GRIEVANCE PROCEDURE:

The Foster Parent Grievance Plan was written in response to the 2003 Implementation Plan review and in preparation for accreditation by the COA. The Grievance Policy was just recently reviewed and updated as part of Camelot's COA re-accreditation review that concluded in early 2013. The policy contains language that the process is used by foster parents only for grieving alleged violations of the Foster Parent Law. There has been only one modification made to the Grievance Procedure since the revision mentioned above as a Medicaid Rule 132 requirement which stipulates that a copy of the grievance will be retained in the record of the client for whom the grievance was related. Client rights were amended to include language that ensures rights are explained and understood prior to the commencement of services. A Notification of Privacy Practices was also developed in 2013 and is displayed in all Camelot service locations as well available in both Spanish and English on the organization's website.

The Foster Parent Grievance Policy and forms are available to foster parents as a link on the agency website. Foster Parents also have a copy of the Foster Parent Manual which also contains the Grievance Policy and a grievance form and foster parents may also access the information from any of the Camelot offices.

Introduction

Camelot Care Centers, Inc. is a national child welfare agency. The Illinois Department of Children and Family Services (DCFS) in 1973 licensed the Illinois locations of Camelot. Over the years, Camelot has remained committed to providing quality specialized educational and behavioral health care services to children, adolescents and families. Camelot Care Centers has continued to provide a number of intensive treatment programs, including: respite care, therapeutic monitoring of children in their own homes or other foster homes, therapeutic foster care, and after care services. Camelot contracts for permanency services with Family Preservation Community Services, an Illinois not-for-profit child welfare agency.

With reunification being the preferred permanency outcome, Camelot works with children and families to promote positive exchanges with all members of the family building on each other's strength to promote

stability in the child's life. Every effort is made to utilize biological or adoptive families as discharge resources for the therapeutic foster child, and to promote positive cultural and ethnic identity.

As part of Camelot's continuum of care, in 1996 the Therapeutic Foster Home Program (TFH) was added in Illinois. The model used to develop the TFH Program in Illinois was, and continues to be, the Florida Camelot TFH Program that opened in 1983. In an effort to service children of all ethnic and cultural backgrounds, Camelot has expanded its offices to include sites in Itasca, Rockford, Matteson, Peoria and Springfield Illinois. The TFH Program provides a safe and nurturing home environment with a trained professional and licensed foster parent working together to meet the physical and emotional needs of the children and adolescents admitted to the program.

Camelot Care Centers Staff

The clinical team is made up of seasoned in-home counselors who are master-level degreed. These persons are directly supervised by the clinical director at each office location. The case management team is made up of Case Managers, Family Development Specialists, and Case Aides. Case managers and Case Aides are supervised by case manager supervisors or Regional Directors who possess the case management expertise as well as the experience to meet the needs of the children and families. Family Development Specialists are supervised by Regional Directors who have the necessary licensing knowledge to address foster home licensing concerns.

The In-Home Counselor provides intensive home-based services that is highly individualized based on the child and family's needs. Service frequency and duration will be tailored to meet the changing needs of the child and foster family as well as the type of treatment required as determined by ongoing assessment. **This ensures that each child and family receives is highly individualized to ensure that treatment efforts meet not only the needs of the youth and family, but meets the required threshold of medical necessity.** On average, a child and foster family will **likely receive** one to two home visits per week and be provided a minimum of sixty (60) to ninety (90) minutes of individual and/or familial counseling per visit. Other clinical services include: 24-hour crisis intervention, a comprehensive assessment, CANS (Child and Adolescent Needs Assessment), which shall be administered by *both* Case Managers and In-home counselors that will be incorporated into the development of a individualized treatment plan, on-going treatment planning and review and modification, continuing foster parent training, counseling services for biological families as appropriate, and psychiatric/tele-psychiatric and/or educational consultation, as needed. Additional face-to-face client contact is provided as needed and/or directed by the treatment plan.

The Case Management team coordinates and arranges for family visits, legal proceedings, school staffing, administrative case reviews, educational services, and all other services needed to meet the basic needs of children. In the event that adoption or subsidized guardianship is the permanency goal, the case manager works closely with the permanency specialist to ensure every reasonable effort toward meeting the permanency outcome is achieved in a timely and efficient manner.

The family development specialists identify, train and develop prospective foster families. Their duties also include the supervision and monitoring of each foster home regularly to ensure ongoing compliance with the Licensing Standards for Foster Family Homes Rule 402.

The case aide provides transportation for clients to visits, appointments, and any other needed services, supervises visitation between clients and their families, and provides any additional support needed to the case management or clinical team.

In addition to the clinical team, each regional office employs Administrative Assistants who are responsible for supporting daily operations and are supervised by the Regional Directors are often among the first Camelot staff with whom foster parents and the community regularly interact. They strive to maintain a welcoming, friendly and responsive atmosphere that positively impacts families, children and staff.

In summary, Camelot Care Centers employs a team of professionals whose goal is to provide safe, stable and nurturing out-of-home care to children who are in need of special living arrangements.

IMPLEMENTATION PLAN

FOSTER PARENT RIGHTS

- 1) *The right to be treated with dignity, respect and consideration as a professional member of the child welfare team.*

Camelot Care Centers views foster parents as the primary change agent in the lives of children served in the Therapeutic Foster Care Program. Foster parents are viewed as members of the treatment team and respect for them is embodied in the Camelot Core Values. Foster parents are to be treated as professional peers with dignity, respect, consideration and professionalism in the same manner as other professionals with whom Camelot staff comes into contact.

Some of the ways in which professional respect is evidenced include:

- Returning phone calls within a 48-hour period. Foster parent surveys of the last year indicate
- 90 percent of foster parents report phone calls are returned within 24 hours.
- Camelot staff is routinely trained on professionalism and cultural sensitivity to improve communication and services to foster parents.
- Camelot staff will acknowledge and “check in” with foster parents before or after each home visit or meeting with the child

Camelot also attempts to treat and include Foster parents as a Member of the Professional Team in the following ways:

- a. **Matching Child and Family:** Foster parents are contacted by the Clinical Director, Regional Director or other members of the Admissions Committee with a preliminary description of the child’s functioning and status, i.e., age, history, medical, academic and behavioral functioning. Prior to placement of a child in the foster home for pre-placement visits, the Clinical Staff provides a Behavior Identification/Disclosure Form to the foster parents identifying all of the known current and historical behavioral issues exhibited by the child. Foster parents sign the document indicating their awareness of these issues and acknowledging they have been given the opportunity to review documentation in the case file and discuss concerns with staff. Foster parents are encouraged to seek clarifying information. The Clinical Director, Regional Director, or Case Management Supervisor gathers any requested information and provides this information to the prospective

foster parents. Foster care placements are not made without the completion of pre-placement visits except in extreme emergency situations.

- b. Admission/ Mental Health Assessment and Individualized Treatment Plan: In an effort to familiarize the family with placement stabilization upon admission of a child into a therapeutic foster home, a comprehensive mental health assessment is completed by Clinical Staff within 30 days following the first face to face meeting with the child or adolescent and an individualized treatment plan is completed within 60 days to address presenting problems. In addition, Case Managers provide written documentation of child's known behaviors, medical conditions, dietary restrictions, service plans, visitation plan, case history, and educational needs per DCFS Policy and Procedure 2007.14. A child specific crisis plan has been incorporated into the provided written documentation that more thoroughly identifies, behavioral de-escalation recommendations, (i.e. responding to behavioral "triggers") supportive interventions in addition to access information for on-call staff in response to emergency situations.
- c. Foster Parent Manual: Each foster parent is provided with a manual that the Family Development Specialist reviews with the family during the training and licensing process. This manual includes an introduction and explanation to Camelot's Therapeutic Foster Home Program, all policies and procedures, a copy of safety expectations for the home and child, foster parent documentation requirements, major incident reporting, emergency numbers and procedures related to the safety and welfare of both children and families, current organizational chart, copy of the Foster Parent Code and current Camelot Foster Parent Law Implementation Plan, copy of the Child Care Act, and a copy of Part 402, Licensing Standards for Foster Family Homes. The Foster Parent Manual as well as the Resource Handbook have also been made available in the Spanish language and ~~will be~~ are accessible via the Camelot website in both languages at www.camelotcarecenters.com.
- d. Child and Family Team Meetings: Foster parents are an integral part of the treatment team and are consulted for input and information to be integrated into treatment plan reviews and updates. The foster parents are encouraged to attend Child and Family Team meetings, and are required to if the child has a goal other than return home. The Child and Family Team Meetings are held in family settings whenever possible. Each child is reviewed quarterly as required by policy. The meetings may include the foster child, foster parent, biological family, case manager, in home counselor, case management supervisor, clinical director, regional director, and services providers as well as any other client identified supports as appropriate for each case.
- e. Monthly Foster Parent Meetings: Camelot Care Centers provides monthly training/support meetings for our foster families. These meetings are designed to create a safe environment in which our foster families are able to share issues and learn from each other. It is also used as a training base to assist families better on meeting the needs of children. In 2011, based upon feedback provided by Camelot foster parents, greater emphasis was placed on developing and implementing trainings that consisted of topics more relevant to the daily challenges they were facing, but also to promote greater natural support networking among foster parents and enhance their overall feeling of competency. This included the procurement of the PST curriculum that more thoroughly addresses the impact trauma has on children and provides a practical intervention framework. Although intended for caregivers new to Specialized Foster Care, all Camelot foster

parents must complete this training. ~~In 2013,~~ Trainings will continue to respond to foster parent identified needs or interests as well as conduct a pre-placement training for those new to fostering. There will also be continued efforts to expand the foster parent support group in all the regions beyond Springfield. **Ideas and suggestions will be solicited from regional advisory boards to further enhance on-going training and foster parent support activities. Providing meals and childcare during trainings will continue to be prioritized in all Camelot service regions to better accommodate foster parents.**

- f. Appreciation Events/Activities: At any time throughout the year, Camelot may sponsor activities designed to show its appreciation for the work, cooperation and continuing commitment to our foster children. Foster families may receive plaques, gift certificates, appreciation gifts or other items intended to recognize them for their dedication and commitment. **Whenever possible, celebrations/appreciation dinners are provided in recognition of foster parents' commitment in May during Foster Parent Appreciation Month as well as holiday parties in December. Foster parents are encouraged to attend other Camelot-sponsored events throughout the year.** When funding permits, Camelot may sponsor and provide the travel and accommodations for a select number of foster parents so they may attend special events such as the annual Foster Family Treatment Association Conference.
- g. Satisfaction Surveys: Camelot Care Centers conducts satisfaction surveys of all foster parents. Surveys are distributed on an annual basis by mail or in person by Case Managers and/or In-home Counselors who encourage foster parents to complete the surveys during the visit. Surveys are sealed by the foster parent and returned to the staff member or can be mailed. Without disclosing the identity of the participant, the results of the surveys are distributed throughout the agency. The information gathered is used to ensure the quality of the program and make enhancements to the services. Due to extremely low return rate of these surveys, additional enhancements such as making surveys on-line accessible will be developed in 2010 as well as a reviewing the survey content itself will be developed in 2010. The option of offering the surveys through a web-based application is also being developed for 2014. **Random phone surveys began being piloted in 2013 to gather feedback directly from foster parents. It is anticipated to be expanded into other regions in 2014.**
- h. Administrative Reviews: When issues arise, Jason Keeler, State Executive Director, may meet with the families to develop a plan of correction based on the specific needs. The plan is monitored by the individual office regional director **and local leadership** to ensure effectiveness and timely implementation.
- i. Special Meetings: Camelot staff will convene a staffing/foster parent meeting upon the request of the foster parent, supervising agency or other case involved individuals to address any issues or concerns present in a case.
- j. Office Visits: Foster families are encouraged to visit the offices whenever possible. Camelot supervisors arrange to meet with foster families, as needed, at their home to provide support and assistance.

- k. Advisory Board: Camelot Care Centers, Inc. advisory board was designed to advise and make recommendations to the state administration team on issues that affects the foster family homes, their rights and the continuation of quality service to the children. During 2008, Regional Directors were asked to elicit suggestions and ideas from foster parents regarding state-wide representation. Efforts to obtain local participation have not been successful and the goal of a State-wide Foster Parent Advisory Board has not been achieved. In response to this continued challenge, implementation of local Foster Parent Advisory Boards/Committees at each of Camelot's service regions to increase foster parent input and involvement have been developed in most locations. Information gathered from these local advisory boards/committees will be regularly communicated to the local leadership as well as the State Executive Director. **This input is then shared with Camelot Board of Directors by the State Executive Director to ensure that consideration is given at all organizational levels. Feedback will then be shared with regional leadership this will be communicated back to Advisory Board/Committees. When possible, the State Executive Director will meet directly with Advisory Board representatives.** The impact consistent foster parent input has on Camelot's capacity to serve youth and families are so essential it shall remain a priority in ~~2013~~ **2014**. In 2009, a Camelot Foster Parent began serving a two-year term on the Statewide Foster Care Advisory Council. He has since been re-appointed and continues serving his second term in this capacity.

 - l. Advocacy Organizations: Camelot Care Centers, Inc. supports our foster families in their participation in the activities of the Illinois Foster Parent Association and local foster care alliances where available. Camelot will pay the cost of foster parent membership in the Illinois Foster Parent Association. Camelot will make space available for the meetings and all resources to support their work.
- 2) *The right to be given standardized pre-service training and appropriate ongoing training to meet mutually assessed needs and improves the foster parent's skills.*
- a. PRIDE training and Pre-Service training: Foster parent s' completion of the Adopt PRIDE/Foster PRIDE training's as well as the educational advocacy training as required by IDCFS. In addition, Camelot provides specialized, pre-service training for therapeutic foster families working with children and adolescents with emotional and behavioral problems. Camelot Care Centers supports **our** foster families in becoming PRIDE co-trainers.

 - b. Monthly Training: The monthly foster meetings are used as the platform for training, along with support and fellowship for the Camelot foster parents. Foster parents are required by DCFS to have 12 hours per year of training to maintain their specialized foster parent licenses and a minimum of 48 hours of training must be completed at the time of Foster Home Licensing renewal. Ongoing training for foster parents is provided in each regional office on a monthly basis. Foster parents are strongly encouraged to attend these trainings. Foster parents are also able to access ongoing training opportunities available in the community, through DCFS or online, however 6 hours or 50% of the annual training requirement must be through Camelot provided training. Ongoing training is tailored to meet the specific needs of the clients served as well as provide ongoing support to foster parents in handling the behaviors the clients present. In addition, outside speakers are used to provide additional information to foster parents and have included Health works representatives and legal experts on subsidized guardianship and Adoption, various

treatment approaches, impact of trauma and psychotropic medication as well as speakers in other areas representative of the client population, which may include other foster parents. Camelot foster parents are encouraged to complete evaluation forms at the end of each training **session** and provide feedback on topics. The feedback is used to develop future training topics and improve on existing programs. In addition, foster parent input is continually sought both on an individual basis as well as during monthly meetings **and from the regional foster parent advisory boards** to determine additional training needs or topics through continuing discussions among staff and foster parents about:

- Understanding the reasons for placement, benefits **and critical importance of** permanency planning and Camelot's philosophy of promoting a team or collaborative approach to family reunification
- Encourage the development and maintenance of positive relationships between youth and their families and how to work more closely with biological families
- Foster parent active contribution to development and implementation of service and treatment plans and collaborative participation in accessing services
- Impact of separation and attachment and how children are impacted by this and helping them understand and respond to the child's emotional and behavioral reactions
- The critical importance of pre-placement visits and the time the children require in adjusting to placement changes
- The unique developmental aspects that Adolescents experience in foster care and specific techniques in response
- Advocating for the children in their care
- Continued trainings on the impact of trauma through the PST/Beyond Consequences/Great Behavior Breakdown/Post Institute training modules

Quality assurance activities are also utilized to identify training needs based on placement stability trends or from meetings conducted between foster parents and staff following a service issue or crisis. Whenever possible, foster parents are asked to identify areas in which they feel comfortable to participate as co-trainers or lead trainers in monthly foster parent meetings. Beginning in 2011, and continuing throughout ~~2013~~ **2014** Camelot will be **continue** the implementation of the Beyond Consequences/Post Institute curriculum as well as **the** PST (Parenting Skills Training) curriculum that is geared specifically for therapeutic foster caregivers and was featured at the FFTA conference. These specific training initiatives are being maintained as result of direct input and reported satisfaction from foster parents who have completed these trainings. **The PST implementation has been incorporated into Camelot's three year Strategic Plan and through consultation from foster parent advisory boards the goal is to formally incorporates foster parents as co-trainers.**

- c. Weekly Administrative/Treatment Meeting: The In-Home Counselors and foster parent s consult regularly regarding appropriate interventions to address emotional needs of children. The foster families are provided with ongoing information regarding the special needs of the child during the pre-placement of the child, admission of the child, and while the child is in the home.
- d. Foster Parent Mentoring pilot program: Camelot's Springfield region began implementing a pilot foster parent mentoring program in 2011 intended to pair new foster parents with a foster parents that have extensive knowledge and experience with both special needs children and having

worked with Camelot Care Centers, in order to provide additional consultation and support. Feedback from this effort will be used to expand this approach to other Camelot regions if it is determined to be impactful. While anecdotal evidence has suggested this was found to be helpful, there were no specific trends that could be identified for attempted replication. The original participants continue to meet regularly and provide input to services in that region, which is shared among all Camelot service locations throughout the state. The mentors have also continued to hold monthly Foster Parent Support groups to provide guidance and experiential “coaching” to other foster parents in that service region.

- e. **Experiential Training Opportunities:** When indicated, initial foster parent training may consist of experiential opportunities such as providing weekend respite for other foster parents in order to provide new caregivers with an increased understanding of the daily impact of fostering youth and to identify any aspects they feel they would like additional training before a child is placed in their home. Foster parent support/mentoring will also be made available when indicated.
 - f. **Additional Resource Material:** As a supplement to existing training documents provided at orientation, additional material may be distributed to foster parents that consists of instructions on form completion, relevant policies and procedures and regionally-specific resource information that is an easily accessible reference that will further promote training needs identification and collaboration with Camelot staff.
- 3) *The right to be informed as to how to contact the appropriate child placement agency in order to receive information and assistance to access supportive services for children in the foster parent's care.*
- a. Upon placement of a child in a therapeutic foster home, the foster family is provided with the phone number of the Camelot Office and the name of their In-Home Counselor, Case Manager and Supervisors. The name and phone number for all service providers, medical doctors, psychiatrist, and psychologist will be provided to the foster family. This same contact information will also be given to foster families who provide temporary respite services.
 - b. Crisis intervention is available 24-hours a day, seven days a week. A site-specific on-call number is given to the foster parent to call for needed assistance and/or additional supportive services. The voice mail message in each Camelot office contains the on call number as part of the message in case foster parents or others do not have the emergency number immediately available.
 - c. The foster parents are provided with a Disaster/Emergency Communications Plan with a listing of individuals and phone numbers to contact. This information is provided in the Foster Parent Manual under Emergency Procedures, and includes the organizational chart chain of command, and grievance process. These plans have been updated in ~~2009~~ 2012 and include more detailed information and instructions to help foster parents during various types of emergency situations.
 - d. During the licensing process the foster families receives a list of names and phone numbers of agencies/organizations, which provide assistance to foster families. Foster parents are provided a

list of the other Camelot foster parents licensed in their service area that have agreed to the release of their names and phone numbers.

- 4) *The right to receive timely financial reimbursement commensurate with the care and needs of the child as specified in the service plan.*

Camelot foster parent s receive regular monthly board and respite payments on the 13th **and 28th** of the month. In the event that the dates fall on a ~~Saturday~~ **weekend or holiday payment is made on previous Friday.** ~~When the date falls on Sunday or on a Holiday, payment is made on Monday or the next business day.~~ Foster parents receive payment directly to their home address or may elect direct deposit. The amount of the reimbursement is based upon the level of care of the child as determined by IDCFS. **Any problems or delays in the foster parents receiving their payments timely will be immediately addressed by the Regional Director upon notification of a problem.**

For all other expenses, (such as mileage, property damage repairs, reimbursement for supervising sibling visitations, or extraordinary items the child required, etc) the foster parent submits a completed expense report to the Regional director and once approved, reimbursement follows within 15 to 30 days. On a case-by-case basis, some payments on behalf of the child may be paid directly to the vendor by Camelot rather than having the foster parent be reimbursed. If there are any questions regarding payment amounts, the foster parents may contact the respective Regional Director who will promptly attend to and resolve the problem. **Additional training will be provided to direct service staff regarding financial reimbursement in order to more thoroughly and consistently enhance the foster parents' understanding.**

Foster parents **receive** one day of respite per month per child starting on the date of placement. Respite days operate on a rolling calendar which means foster parents do not accumulate more than 12 days and would not be at zero days unless all days available in their respite bank were used. Clinical respite is provided to the foster parents as indicated. Additional respite can be requested and approved at any time when the foster parent and treatment team determine it may be in the best interest of either the foster parent or the child or both. Foster parents are not penalized "accrued" respite days for these situations. Foster parents are encouraged to use their respite days. Consideration continues to be given towards developing additional respite utilization strategies such as more frequent and incremental respite hours to better support foster parents, **such as providing daytime or afterschool respite. Whenever possible, foster parents are encouraged to directly transport the youth to the respite provider in order to ensure communication among both foster parents regarding the needs of the child.** This remains a very salient issue due to the potential service and possibly financial implications, it continues to be an issue therefore **Camelot will continue to solicit input from** ~~look to the regional Foster Parent Advisory Boards to explore and make further recommendations to the state administration~~ **leadership** team.

- 5) *The right to be provided a clear, written understanding of a placement agency's plan concerning the placement of a child in the foster parent's home. Inherent in this right is the foster parent's responsibility to support activities that will promote the child's right to relationships with his or her own family and cultural heritage.*

All policies of the Camelot Therapeutic Foster Home Program are reviewed with the foster parents during the pre-service training period in order to provide a clear understanding of Camelot's program, practices, and mission in working with children.

A comprehensive mental health assessment is completed within 30 days of admission of the child or adolescent into Camelot and a strength-based individualized treatment plan is developed within 60 days of admission. Preliminary needs are identified and services provided immediately upon the child entering the foster family's home. In addition, the case manager provides information on family and cultural heritage, parent and sibling visitation, the permanency outcome goals of the child, treatment services, specialized services necessary for the child to achieve permanency and treatment goals, discharge planning, and educational services. A copy of treatment plan and the initial/current service plan is provided to the foster parent. Foster parents are typically not involved in the development of initial plans because of their lack of prior involvement, however counselors and case managers seek and incorporate input from foster parents for revision and development of subsequent treatment and service plans and to assure appropriate modifications to visitation, treatment, and service plans are made when needed.

Inclusion of foster parents is critical in determining how health, safety, well-being, and permanency will be met in addition to supporting the child's biological family ties. Foster parents receive a copy of the Treatment Plan, Service Plan, Visitation Plan and other relevant documents to facilitate and encourage their involvement and awareness of the services provided to the child in their care. These documents are reviewed with the foster parents by the assigned case manager. Copies of the visitation plan and service plan are provided to the foster parent. Foster parents are encouraged to provide feedback to the counselor and/or case manager following sibling and parent visits to assist staff in working with children toward successful reintegration.

Treatment and service plans are reviewed each time the Agency staff serving the child is in the home and formally, every quarter for treatment plans and every six months for service plans. This is typically done during the Child and Family Team meeting. Service plans additionally are reviewed by DCFS Administrative Case Review. Foster parents are included in Child and Family Team Meetings in order to obtain input regarding child's progress on goal achievement and in developing new goals. Discharge planning is adjusted based on the outcomes of treatment goals and is part of the treatment planning process.

Foster parents are provided written notice within 30 days of any planned court hearing, permanency hearing, Administrative Case Review (ACR), treatment plan review or other formal review in order to participate in person or provide input by other means. Notification is provided by Juvenile Court, DCFS, or Camelot Staff. Notification is provided as quickly as possible when unplanned meetings occur. Treatment and case management staff also reminds foster parents of upcoming meetings when they are in the foster home. Foster parents are strongly encouraged to attend all meetings relevant to the care of the child and successful achievement of treatment, service, and permanency goals. Foster parents are also encouraged to participate in any meeting by telephone.

Foster parents receive specialized training in the area of Cultural Sensitivity to prepare them for promoting their foster child's relationships with family members and to enhance their child's identity within their own culture.

Parent-child and/or sibling visitation plans are required unless otherwise prohibited by court order. Visitation plans are shared with foster parents whose input is sought to facilitate visits, assist in transportation and/or supervision, minimize disruption in the foster home, and provide valuable feedback to treatment and case management staff. Foster parents are able to witness immediate positive and negative results of visiting and other communication between children and parents and with siblings, and provide positive role-modeling/mentoring to child and biological family. Their feedback is important to structuring service delivery.

- 6) *The right to be provided a fair, timely and impartial investigation of complaints concerning the foster parent's licensure, to be provided the opportunity to have a person of the foster parent's choosing present during the investigation, and to be provided due process during the investigation; and the right to be provided the opportunity to request and receive mediation or an administrative review of decisions that affect licensing parameters, or both mediation and an administrative review; and the right to have decisions concerning a licensing corrective action specifically explained and tied to the licensing standards violated.*

All caregivers' foster parents attend Camelot pre-service training during which they are provided training in and Camelot policy documents related to investigation of alleged licensing violations copies of Training in Department Rule 402 (Licensing Standards for Foster Family Homes) and Department Rule 383 (Licensing Enforcement). Additional documents include Camelot Policy "Licensing and Monitoring of Foster parents", "Grievance Policy" and "Foster Parent Rights". Information regarding the Grievance Procedure for Foster parents is reviewed annually during the review of the Foster Parent Law Implementation Plan. Foster parents are provided a copy of the Agency's Grievance Procedure annually when the revised Implementation Plan is distributed. Foster parents are also provided a copy of the Foster Parent Law (Public Act 89.19) and a copy of the foster parent law is distributed to foster parents. The law is reviewed annually in conjunction with the Foster Parent Implementation Plan.

All foster parents are informed of the appeals process during the pre-screening process and they are given the name of a contact person and phone numbers for the following to assist in any investigations; Darcy Bielema (630) 548-0248, Attorney at Law, who specializes in intervening for foster parents, Foster Allegation Support Team Program, American Foster Care Resources, Inc. (540) 775-7410; Illinois Foster & Adoptive Parent Association, Gladys Boyd , president@ilfapa.org or at 708-748-8670; and the Illinois Department of Children and Family Services Advocacy Office (217) 524-2029 or (800) 232-3798 or at the DCFS website at www.state.il.us/dcf/foster/index.shtml.

The foster parent is provided due process (within the specified times) at the time of an investigation including the right to have an attorney, or any other person of their choosing, present to advocate for them. Foster parents are informed of this right at the time of licensure and during training sessions over the course of the year that addresses investigation of alleged licensing complaints. Foster parents are also informed that they have the right to have a person of their own choosing present during an investigation. Foster parents are given information that includes the investigative timeframes as well as the procedures and steps they may go through to appeal negative results and/or corrective action plans. A copy of Department Rule 383, Licensing Enforcement is provided to all foster parents. Camelot is in compliance with all Department Standards and Regulations. Camelot provides brochures

and applications to all foster parents for membership in the Illinois Foster Parent Association and its Prepaid Legal Plan to address their concerns about potential liability issues.

The Camelot Family Developmental Specialists are responsible for working with the foster parents in helping them to understand their rights during a licensing investigation. Camelot is not always the investigating entity. When licensing investigations occur, Camelot staff will assist the foster parent wherever possible to understand the process. Foster parents can also contact the Regional Director of their assigned office to discuss any questions or concerns they may have as it relates to the investigation. The Family Development Specialists are also responsible for conducting any required licensing investigations following other investigations by either the department or other enforcement authorities. The foster parents are sent a notification letter informing them of the outcome of the investigation. All corrective licensing plans are developed and the CFS 597 is completed with input from the foster parent involved. All foster parents are notified through an announced visit to their home within two working days of the agency receiving a complaint.

Every effort is made to ensure that all foster parents are informed in a timely manner of all decisions regarding the placement, or continuing placement, of a child in their home or any other decision on the part of either Camelot or the Department which impacts upon their ability to foster or their license as a foster parent. When decisions are delayed for any reason, Camelot staff will communicate the nature of the delay and when necessary, advocate for a more timely resolution.

Camelot Care Centers has specific and detailed information **posted** on its website at www.camelotcarecenters.com regarding Camelot Care Center Programs, additional community supports and resources, Employment Opportunities, and links to the following documents: the Foster Parent Law Implementation Plan, **Foster Parent Manual**, **Foster Parent Resource Book**, links to informational and training resources for Foster parents, internal agency and external DCFS grievance and appeal procedures and access information, **Notice of Privacy Practices**, forms that Foster parents use on a frequent basis and other information determined as relevant by the foster parents and staff participating in the development of the regional pages.

- 7) *The right at any time during which a child is placed with the foster parent, to receive additional necessary information that is relevant to the care of the child.*

Prior to the pre-placement visit, the Clinical or Case Management Staff reviews with the foster parent the Behavior Disclosure/Identification Form pertaining to the child being considered for placement. The document identifies all known current and historical behavioral issues and provides an opportunity for the Foster Parent to review relevant documents in the child's file and discuss any issues of concern. **The Behavior Disclosure/Identification form has been modified to incorporate crisis planning and response directly to the youth's identified triggers. In addition we developed a medication delivery form in 2012 that requires the medication needs of the youth are verified and explained to the new or respite caregiver.** The Foster Parent(s) signs the document as an acknowledgement **(See Attachment)**. This is necessary to provide a cohesive, consistent multidisciplinary team approach to the child's treatment plan. This form will be updated and changed upon any discovery of new information or additional case history.

Foster parents are provided additional and necessary information regarding each child during contact with case managers and in home counselors, Child and Family Team Meetings, and during consultation with the Clinical Director. Every effort is made to share any new or important information with the foster parent as soon as possible when clinically appropriate to do so, which may also include scheduling an appointment to review the child's file along with Camelot staff.

- 8) *The right to be given information concerning a child from the Department, as required under Section 5(u) of the Children and Family Services Act, and from a child welfare agency, as required under Section 7.4 (c-5) of the Child Care Act of 1969. [20 ILCS 520/1-15]*

At the time the caseworker places a child with a foster parent or prospective adoptive parent, or prior to placement of the child, whenever possible, the worker shall provide available information necessary for the proper care of the child in writing to the foster parent or prospective adoptive parent:

- a. The information given to the ~~caretaker~~ caregiver should include:
 - 1) The medical history of the child including known medical problems or communicable diseases, information concerning the immunization status of the child, and insurance and medical card information, and any current medication the child is taking
 - 2) The educational history of the child, including any special educational needs and details of the child's individualized educational plan (IEP), Individual Family Service Plans (IFSP) when the child is receiving special education services or 504 Educational Special Needs Plan, if applicable;
 - 3) A copy of the child's portion of the client service plan including any visitation arrangements and all amendments or revisions; case history of the child, including how the child came into care; the child's legal status; the permanency goal for the child; a history of the child's previous placements; and reasons for placement changes, excluding information that identifies or reveals the location of any previous foster or relative home caregiver.
 - 4) Other relevant background information of the child, including any prior criminal history; information about any behavior problems including fire setting, perpetration of sexual abuse, destructive behavior and substance abuse habits; and likes and dislikes, etc.
- b. In the case of an emergency placement, when all of the above referenced information may not be available, the worker shall provide known information verbally as it becomes available and subsequently provide this information in writing.
- c. In advance of placement, the caseworker may provide the foster parent or adoptive parent with a written summary of the information listed in above.
- d. Within 10 working days after the placement, the worker shall obtain from the prospective adoptive parent, foster parent or other caregiver signed verification of receipt of the information described above and forward a copy of the information to the child's guardian ad litem.
- e. Supervisory review and approval is required prior to providing any information to the foster parents or prospective adoptive parents.

Clinical and case management staff has contact with foster parents on a regular basis ranging from weekly to monthly. Documentation of those contacts and the content of the contacts are reviewed by the Clinical and Case Management Supervisors during weekly individual staff supervision. Supervisors are responsible for assuring appropriate services and information is provided for clients and caretakers **caregivers.**

Annual training is made available in the confidentiality of all information related to foster children. Upon admission of the child to the Therapeutic Foster Home Program, any information relative to past and present schools, doctors and placements are obtained. This assists the foster parent in registering the child for school, and in obtaining necessary medical care and current clinical information. Additional training specific to the needs of the child is made available to the foster parent prior to and/or in conjunction with placement. One specific training area has to do with placement of children with sexual behavior problems. Camelot works with the facility referring the child to provide appropriate training to foster parents to help make transition to foster care a successful one.

Case management staff receives training annually, and refreshers through supervision, regarding the information about children to be disclosed to foster parents to enable the foster parents to provide adequate and appropriate services for children in their care. Staff is trained on all new policies and procedures during monthly training or supervision sessions. The training on the requirements of DCFS policy Guide 2007.14 and compliance with this policy will be documented in supervisory sessions. Any lack of compliance with policy will be handled per agency disciplinary policy. The issue of receiving adequate information is part of the annual foster parent satisfaction survey.

- 9) *The right to be notified of scheduled meetings and staffings concerning the foster child in order to actively participate in the care planning and decision making process regarding the child; including an individual service planning meeting, administrative case reviews, interdisciplinary staffings, and individual educational planning meetings; the right to be informed of decisions made by the courts or the child welfare agency concerning the child, the right to provide input concerning the plan of services for the child and have that input given full consideration in the same manner as information presented by any other professional on the team, and the right to communicate with other professionals who work with the foster child within the context of the team, including therapists, physicians, and teachers.*

As part of the multidisciplinary team, the Case Manager notifies foster parents both verbally and in writing of all ACR dates, court proceedings, psychiatric evaluations and individual educational planning staffings for the children, as well as inform families of appointments and cancellations. Foster parents are also given the opportunity to call in to participate in office-based treatment plan reviews when they are unable to attend in person to offer observations and input relative to the child's behavior and treatment or service needs. Foster parents are provided a variety of opportunities and methods to voice their concerns regarding the care of the child as evidenced by their interaction with the In-Home Counselors, Therapists and Medical Experts. Camelot had participated in a study with Vanderbilt University to solicit feedback from foster parents, staff and children immediately following therapeutic contacts to determine the effectiveness of the therapist's interventions from the various perspectives and to assure foster parent input related to the treatment services and other needs is obtained. The feedback document is hand written by each of the participants, sealed for confidentiality and then data entered in a computer generated feedback and training module for the therapist. The purpose of the study was to determine the impact of the therapeutic relationship between therapist, foster parent, and

child on the overall improvement in the child's functioning. The data provided insight into enhancing relationships with foster parents, **which continues to be utilized by providing** ~~Although this effort has been discontinued,~~ staff training on family engagement is being implemented as well as enhanced Quality Assurance efforts to track appointment cancellations, **appointment frequency, direct service productivity,** and service utilization, ~~such as~~ **particularly** family therapy as well as other family-focused interventions.

Case Managers notify foster parents in writing, and verbally during home visits, of the outcomes of any court, permanency, case review (ACR), treatment plan or other meetings the foster parent is unable to attend. Case Managers and In-Home Counselors document the input of foster parents during home visits or other contacts. This input is utilized when preparing reports for the court, permanency hearings, treatment and service plan reviews, case reviews (ACR's), and child and family team meetings.

- 10) *The right to be given, in a timely and consistent manner any information a caseworker has regarding the child and child's family which is pertinent to the care and needs of the child and to the making of a permanency plan for the child. When a positive relationship exists between the foster parent and the child's family, the child's family may consent to disclosure of additional information.*

When a child is being matched with a foster family, all pertinent referral information on the child is shared with the potential foster family in addition to any information regarding the child in placement that is relevant to the needs of that child. Prior to the pre-placement visit, the Clinical Director, Counselor, or Regional Director reviews with the Foster Parent the Behavior Disclosure/Identification Form pertaining to the child being considered for placement. The document identifies all known current and historical behavioral issues and provides an opportunity for the foster parent to review relevant documents in the child's file and discuss any issues of concern. The foster parent(s) signs the document as an acknowledgement. In addition, Camelot staff will provide the DCFS form, CFS 680, Child Information, to all foster parents at the time of placement. A copy of this form will also be in the child's respite file. Any additional information received or updates will be provided to the foster parent on an ongoing basis by Camelot Staff.

Treatment interventions are identified to address behaviors that impact upon developing a trust-affection relationship, communication skills, self-actualization and interpersonal skills. As a result, these positive healthy relationships being developed, a child may self-disclose information about his/her family. When the child's family consents to disclosure of additional information to the foster family, such information will be shared.

Specific information concerning such issues as behavior, health, education, permanency or any known health factors are shared with the foster parents to assist in meeting the needs of that child.

- 11) *The right to be given written notice of (i) any change in a child's case plan, (ii) plans to terminate the placement of a child with the foster parent, and (iii) the reasons for the change or termination of placement. The notice shall be waived only in cases of a court order when the child is determined to be at imminent risk of harm*

Any change in the child's case plan is communicated in writing to the foster parents (as early as possible, but no later than 72 hours after the occurrence and in person at the next scheduled contact, to provide the child and foster family transition time. The foster parent is provided both verbal and written confirmation of any proposed changes in the case plan. Foster families are involved in the permanency planning of the foster child in their home and, in the case of adoption as a permanency goal, are given first consideration in the adoption.

The Camelot policy and the individual independent contract on each child placed in a foster parent's home specifies that a 14 day written notice, with reference to Emergency Review, will be provided when a placement is being terminated. In any situation resulting in the issuance of a 14-day notice, the notice will be in writing and copies of Department Rule 337, Service Appeal Process, and Camelot Grievance Policy will be provided. In the event that a child is considered to be at imminent risk, the child will be removed immediately and the "notice of decision" issued.

An Internal/Clinical Service Review may be convened following a number of events that might compromise the stability of a child's placement. These may include Unusual Incident Report trends, unsuccessful service termination, a step-up to a more intensive placement level, foster parent 14-day notices, more than two lateral placement changes or any other concerns identified by the child, foster family or the treatment team. The treatment team can convene this review and request the presence of the Camelot State Executive Director as well as other appropriate staff, as needed. The purpose of this review is to understand the dynamics for the child as well as the foster parent that may have contributed to the disruption and which, if better understood, anticipated and planned for, could prevent future disruptions. Review outcomes should in most instances include recommendations for improvement where indicated. Cases are also reviewed by DCFS after the second **multiple** placement moves, or as requested by the agency **or by a foster parent** in a CAYIT (Child and Youth Investment Team) CIPP (Clinical Intervention for Placement Preservation) to determine if there are any needs or clinical areas of concern that affect placement and to make a decision what placement is in the child's best interest. This meeting includes case workers, supervisors, clinical staff, foster parents, biological family, and any other involved parties. ~~A CAYIT CIPP~~ CIPP can take the place of an internal clinical review when appropriate. This information has also been incorporated into Camelot Performance and Quality Improvement process in which trends are analyzed and service improvements can be identified and implemented. **Regional foster parent advisory boards are working closely with local Camelot leadership to identify strategies to improve placement stability and reduce the number of disruptions, which is an agency-wide strategic goal.**

- 12) *The right to be notified in a timely and complete manner of all court hearings, including notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing. This includes the court docket number of the case and the right to intervene in court proceedings or to seek mandamus under the Juvenile Court Act of 1987.*

Upon receipt of any court date notifications, the Case Management Supervisor ensures the case manager has forwarded a copy of the notification to the foster parent of the designated child. A copy of the notification is also given to the In-Home Counselor working with the foster child. The notification is then filed in the child's chart for future reference. The notification itself provides the date, time, and name of judge, location and the court docket number of the case. The Case Manager has the primary responsibility of informing the foster family and is responsible for communicating such notifications to

the Case Management Supervisor during weekly supervision. The Case Management Supervisor is responsible for maintaining a tracking document of all court dates for staff supervised and for assuring timely notifications of court hearings to foster parents are made. Notifications to foster parents have been incorporated into the quality improvement process to reinforce the importance of notifications and to support accountability. Staff accountability is also part of the annual evaluation section related to "Program and Service Responsibility".

- 13) *The right to be considered as a placement option when a foster child who was formerly placed with the foster parent is to be re-entered into foster care, if that placement is consistent with the best interest of the child and other children in the foster parent's home.*

When a child re-enters foster care through Camelot Care Centers, a check of the Camelot's data-base **management software** system and/or other data sources, is made to identify previous placement foster family. An assessment of availability and/or suitability of return to that placement is made by contacting the foster parents, if still licensed and within capacity restrictions, and documented in the minutes of the Admission Committee.

A comprehensive assessment of the child's current behavioral and emotional functioning is completed. An assessment of the previous foster family situation, number of children in the home, the needs of the children currently in placement, and ability to meet the child's needs are evaluated before placement would be determined.

- 14) *The right to have timely access to the child placement agency's existing appeals process and the right to be free from acts of harassment and retaliation by any other party when exercising the right of the appeal.*

Camelot's Therapeutic Foster Home Program has a Quality Assurance Policy wherein foster parent s are trained and encouraged to identify issues that impact quality of care. This training occurs during the pre-service period and is reinforced during the monthly training and support meetings. The Regional Director reviews the identified issues to determine appropriateness of action. The Illinois State Director reviews all identified issues monthly. This information is included within the Foster Parent Manual that is distributed and reviewed during training, as well as during the pre-service licensing process for all new applicants.

Camelot has implemented a Grievance Policy for foster parents. All foster parents are provided a copy of the policy and the grievance form, as well as information regarding filing of appeals. All Camelot Foster parents are also given information of how to contact the State **Executive** Director should local response be inadequate. Camelot foster parents are encouraged to contact the Regional Director of their local office as early as a concern emerges and then the State Executive Director if needed.

Camelot staff complete regular training on harassment and ethical conduct upon initial hire and annually thereafter.

Foster parents are also given information about accessing the DCFS appeals system as part of initial training and during on-going training when the topic of appeals is addressed.

Camelot Care Centers has developed a new website, that provides information regarding Camelot Care Center Programs, Employment Opportunities, and links to the following documents: the Foster Parent Law Implementation Plan, links to informational and training resources for Foster parents, internal agency and external DCFS grievance and appeal procedures and access information, forms that Foster parents use on a frequent basis and other information determined as relevant by the foster parents and staff participating in the development of the regional pages.

Any grievances of a serious nature, which have not been addressed by the above means, can be submitted in writing to:

Camelot Care Centers, Inc.
333 W. Pierce Rd. Suite 175
Itasca, IL 60143

Attn: Jason Keeler (LCSW) State Executive Director or by email at jkeeler@camelotcare.com

AND

Providence Service Corporation
64 E. Broadway
Tucson, AZ 85701

Attn: Craig Norris Chief Executive Officer, Providence Social Services Division
(520) 747-6600

In addition Camelot Care Centers provides a complaint Hotline for all clients, foster parents and employees. The number is 800-648-7140.

- 15) *The right to be informed of the Foster Parent Hotline established under Section 35.6 of the Children and Family Services Act and all of the rights accorded to foster parents concerning reports of misconduct by Department employees; service providers, or contracts, confidential handling of these reports, and investigation by the Inspector General appointed under Section 35.5 of the Children and Family Services Act.*

All Camelot Therapeutic Foster Home Parents receive information about the Foster Parent Hotline through five sources:

- a) PRIDE training by the State of Illinois
- b) Pre-service Training by Camelot Care Centers, Inc.
- c) Child Identification Information
- d) Brochures supplied by the Department and distributed to each foster parent by Camelot
- e) Foster Parent Law Implementation Plan

All foster parents are provided a list of the following resources for assistance with any foster parent issues. The following information will also be made available on the Camelot Website, Foster Parent page(s).

- a) Jason Keeler (630) 773-1985
State Executive Director
jkeeler@camelotcare.com
- b) Chuck Boien (630) 773-1985
Vice President, Midwest Region, The Providence Service Corporation
cboien@provcorp.com
cboien@camelotcare.com
- c) Office of Inspector General (800)722-9124
- d) American Foster Care Resources, Inc. (540) 775-7410
- e) Advocacy Office for Children and Families (217) 524-2029 (800) 232-3798
- f) **Foster Parent Hotline (800) 624-KIDS (800) 624-5437**
- g) **Gladys Boyd, Pres, IFPA (708) 748-8670**
president@sbcglobal.net
- h) Camelot Foster Parent Grievance Policy
- i) Child Abuse/Neglect Hotline (800) 25ABUSE (252-2873)

FOSTER PARENT RESPONSIBILITIES

- 1) *The responsibility to openly communicate and share information about the child with other members of the child welfare team.*

Communication between the therapist, case manager, foster parent and other members of the treatment team is strongly encouraged as is participation of all members in the treatment team meetings. **This is especially critical when children are being prescribed psychotropic medication. The information and insight that the foster parent is best able to provide, makes their attendance at and communication with prescribing psychiatrists vitally important.** This philosophy has been more thoroughly incorporated into Camelot's ~~recently revised~~ New Employee Training and Orientation Process and is continually reinforced during treatment team meetings, staff meetings, individual supervision and policy procedure ~~language~~ reviews. Camelot concluded its study with Vanderbilt University which solicited feedback from Foster parents, staff and children immediately following therapeutic contacts to determine the effectiveness of the therapist's interventions from the various perspectives and to assure Foster Parent input related to the treatment services and other needs is obtained. The feedback generated supported the positive impact of the therapeutic relationship between therapist, foster parent, and child on the overall improvement in the child's functioning. The data provided insight into enhancing relationships with foster parents. Camelot staff will continue to explore further utilization of **trainings and this tools both locally as well through the national resources of its parent company, Providence Service Corporation** ~~in 2013 and work at~~ **to further promote and enhance increasing the collaborative partnership between the counselors and case managers Camelot staff, families and foster parents.**

The foster parent also meets with the In-Home Counselor to review goals, current behavior and emotional problems, and focus of treatment for the foster child during the counselor's weekly in-home contact and to actively participate in family counseling services when such services are recommended.

The foster family meets with the Case Manager one to-three times per month, depending on level of care, to focus on service needs, visitation, education, health, safety and well being of the child in care. Due to the complexity and extensiveness of needs of many of the children Camelot often serves, other providers and specialized services must be additionally utilized. Therefore, medication logs and expenditure sheets must be submitted monthly to the assigned case manager. Delays in submitting these vital reports may result in delay of payment to the Foster Parent. Foster parents are also encouraged to contact the local office anytime to provide or receive additional information relevant to the ongoing care of the child in their home.

Quality assurance initiatives have developed additional tools to monitor these to ensure these service activities are occurring and have incorporated into the Camelot Statewide Performance and Quality Improvement process. The State-wide Leadership team reviews these trends on a quarterly basis to identify and overcome barriers. Supervisors then review this information with staff during team meeting and supervision.

Camelot enters into a contract with foster parents for each child placed in the home. The contract specifies the expectations of the relationship between Camelot and the foster parents. Foster parents have a responsibility to communicate all information relative to the care of children in that home.

All foster parents receive copies of the Foster Parent Law and the Camelot implementation plan during pre-service training and each time the plan is revised. ~~It is will also be~~ **posted and fully accessible on Camelot's website at www.camelotcarecenters.com** . A review of the Foster Parent Law Implementation Plan is conducted annually during September and October prior to the plan's submission. Regional Foster Parent Advisory Committees will also review specific areas of the Implementation Plan throughout the year to **recommend** changes in service delivery or specifics of the Plan. The Camelot Foster Parent Law Liaison also reviews the plan prior to submittal.

- 2) *The responsibility to respect the confidentiality of information concerning foster children and their families and act appropriately within applicable confidentiality laws and regulations.*

Foster parents are provided confidentiality training (General Rule 110/3 of Illinois Mental Health and Developmental Disabilities Confidentiality Act) as part of their pre-service training and again on a yearly basis during monthly training. Copies of the Confidentiality Act and the Camelot Confidentiality Policy and Social Networking Policy are provided to foster parents at initial and annual training. Foster parents review and sign a "Foster Parent Clinical Non-Disclosure Agreement" which acknowledges their awareness of confidentiality concerns and their agreement not to disclose information. A copy is placed in their personal copy of the Camelot Foster Parent Manual. Camelot and Foster parents also enter into a formal contract, signed by both parties, which also emphasizes confidentiality. All foster parents have also been informed of the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

Foster parents agree to abide by the Camelot policy which states: "The Foster parents certify that they will keep all information concerning any child/family in the strictest confidence, to be used only by Camelot professionals and themselves in service to the child".

3) *The responsibility to advocate for children in the foster parent's care.*

Camelot foster parents act as advocates on behalf of the foster children in their care. This includes accessing education, medical and dental care, and psychiatric services and through interactions with the Camelot staff. While foster parents are **primarily** responsible for providing transportation, Camelot Case Managers or Case Aides are available to *assist* foster parents in transporting youth to medical, dental, and psychiatric appointments. As a condition of license renewal, all foster parents are required to complete Educational Advocacy training. New Foster parents are encouraged to participate in the six-hour annual training on Educational Advocacy to keep them abreast of any changes to "child rights" policy and procedure as soon as possible following initial licensure, and are required to be completed within the first year.

Camelot provides legal training on testifying in court and working with the legal system in the best interest of the child. The foster parents are informed of the appeals process, regarding the rights of foster children, during the pre-service training and during continuing education. Foster parents are encouraged to contact Camelot Administration with any questions or to obtain help.

Camelot provides service appeal brochures to foster families and will assist in arranging for or directly provide training in service appeals.

The Camelot Case Manager provides written notification to foster parents of court hearings, case reviews, placement review team meetings, case conferences and all other meetings pertaining to the delivery of services to the child. Foster parents are encouraged to attend these meetings to offer input regarding child's needs and other issues pertaining to the child's health, safety and well-being. Camelot staff can provide transportation assistance to facilitate foster parent attendance at any of the above mentioned activities.

4) *The responsibility to treat children in the foster parent's care and the children's families with dignity, respect and consideration.*

Foster parents have the responsibility to treat foster children and their biological families with dignity and respect and consideration. The foster parent receives a copy of and agrees to follow all guidelines of Camelot Care Centers Child Rights Policy. This policy, which is read and signed by the child and guardian, guarantees a child's rights to receive appropriate and humane services within the least restrictive setting. Foster parents and youth served receive copies of the Child's Rights document. The document is also posted in each Camelot facility and is available in English and Spanish.

Foster parent s receive specific training focused on working with children with specialized needs and meeting those needs with dignity, respect, and consideration. Training is also provided on how to work with biological families where reunification is the goal.

Camelot Case Managers are the primary service link for foster parents and for the children in their care. Case Managers are responsible for monitoring appropriateness of services and environment for children in foster care including, but not limited to, treatment with dignity, respect, and consideration and documenting the monitoring efforts in the child's case record. Camelot therapists are present in the foster parent home on a weekly basis and Case Managers are in the home one to three times per

month, depending on level of care, and also have additional contact with the child as needed. These contacts are viewed as opportunities to improve relationships across all lines and to also provide an opportunity for observation of parent-child interactions. Therapists and Case Managers are expected to provide feedback and suggestions for enhancing the relationship between foster parent and child wherever appropriate.

- 5) *The responsibility to recognize the foster parent's own individual and familial strengths and limitations when deciding whether to accept a child into care; and the responsibility to recognize the foster parent's own support needs and utilize appropriate supports in providing care for foster children.*

As part of the parent skills training offered during the pre-service, parents are assessed on their strengths and the availability of existing family resources. The foster parents have a responsibility to use these resources in an effort to support the children in their care. Camelot provides any additional training and/or resources for the foster parents to address limitations identified through the strengths assessment in pre-service and on-going training and provide necessary supports to maintain placements while foster parents receive additional training. Camelot **will continue** to further explore the utilization of the **build upon its experience with the** CFS/ (Contextualized Feedback System) ~~which is an enhanced version of the CFIT program, when it was being piloted~~ which **solicited** feedback from Foster parents, staff and children immediately following therapeutic contacts to determine the effectiveness of the therapist's interventions from the various perspectives and to assure Foster Parent input related to the treatment services and other needs is obtained. ~~The feedback document is hand written by each of the participants, sealed for confidentiality and then data entered in a computer generated feedback and training module for the therapist.~~ The purpose of the feedback is to determine the impact of the therapeutic relationship between therapist, foster parent, and child on the overall improvement in the child's functioning. The data ~~are also expected to~~ **provides** insight into enhancing relationships with foster parents, **which continue to be utilized and expanded upon.**

Camelot foster parents are encouraged to seek appropriate supports and are linked with other licensed foster parents in the Camelot Therapeutic Foster Home Program, as well as local community, county, and state organizations.

Foster parents have requested, a list of foster parents within regional locations, including phone numbers, be made available to use each other for support and assistance when needed. Foster parents have been given contact information for other foster parents regionally and request that this continues.

The Camelot Admissions Committee, located at each of the 5 service locations, considers strengths, limitations, and additional training needs of the foster parent when making placement recommendations.

- 6) *The responsibility to be aware of the benefits of relying on and affiliating with other foster parents and foster parent associations in improving the quality of care and service to children and families.*

Regional Directors have ~~been~~ developed local advisory **committees comprised of** foster parents and **community stakeholders (where possible)** to address local issues and participate in the anticipated establishment of a State-wide Foster Parent Advisory Board. In 2009 a Camelot Foster Parent began

servicing an initial two-year term on the Statewide Foster Care Advisory Council, to which he has been re-appointed. Other efforts to elicit participation have ~~begun to be~~ been more successful. Regional Directors assure that all foster parents are aware of the opportunity to join State and National Foster Parent organizations and may cover the costs to send a select number of foster parents to the annual Foster Family-Based Treatment Association (FFTA) meeting to facilitate on-going training and provide the opportunity to network with other foster parents throughout the country. ~~There will be continued efforts in 2013 for~~ Each Camelot regional office **will continue to** support the development, ~~and implementation~~ **and maintenance** of a local foster parent advisory ~~committees~~ to provide continual input and feedback to the **local and** state administrative leadership.

- 7) *The responsibility to assess the foster parent's on-going individual training needs and take action to meet those needs.*

All foster parent s receive specialized training to address emotional and behavioral concerns consisting on three levels:

- a. Orientation: The goal of the orientation level training is to provide an overview of the philosophy, policies and procedures of the Therapeutic Foster Home Program, as well as an introduction to the therapeutic approach utilized by all Camelot programs.
- b. Parent Skills Training: The goal of the parent skills training is to provide practical information on specific treatment interventions, practice and explore effective and appropriate parenting skills, and to understand child development.
- c. Continuing Education: The goal of continuing education is to provide foster parents with the opportunity to receive information on topics that are of immediate concerns or interest in the care of the children. These topics can include, but are not limited to: AIDS and HIV awareness, substance abuse indicators and interventions, holiday programming, hospitalization/incarceration of a foster child, stress management and cultural sensitivity.

Foster parent s complete evaluation forms after each training session and identify training needs. This feedback helps guide the selection of training topics to be recommended. The licensing representatives work closely with the families to identify any additional training resources that are not captured in the above mentioned three tiered training format and either provide additional training directly or refer the foster parent to other training opportunities to address identified needs. Specialized Foster parents are required to obtain **16** hours of training annually, *with 8 hours or 50% of the annual training requirement must be through a Camelot- provided training.* Following re-construction, the Camelot Website will also include links for Foster parents to obtain additional information, skills and resources as well as allow Foster parents to make recommendations to local management regarding worthwhile training opportunities.

- 8) *The responsibility to develop and assist in implementing strategies to prevent placement disruptions, recognizing the traumatic impact of placement disruptions of a foster child and all members of the foster family; and the responsibility to provide emotional support for the foster children and members of the foster family if preventative strategies fail and placement disruptions occur.*

Camelot foster parents are advised from the beginning of recruitment of the intensive level of behavioral and emotional needs of the children with Camelot. Because of these heightened

supervision and behavior modification skills required of foster parents, it is the responsibility of the foster parent to enlist all the necessary support possible, including Camelot's 24-hour on-call service, to offset a possible placement disruption.

To prevent placement disruptions Camelot designated on-call staff are available 24-hours a day. In home counselors provide individual interventions to the child, both at home and at school to stabilize placements. The frequency of contact relates to level of care and identified need. Frequency can be increased as it relates to the needs of the child or family. Camelot staff, licensed Clinical Director and the Regional Director is available by pager or cell phone 24-hours a day, seven days a week for crisis consultation/intervention. When necessary, Clinical Directors and Regional Directors may be accessed by foster parents via the designated on-call staff. The foster parent has the responsibility of sharing all information to these team members in order to prevent a disruption.

Foster parents receive training in strategies for stabilizing the placement including the use of Respite Care, 24-hour on-call staff availability, and on-going stabilization services.

If a child should require a short stabilization in a psychiatric hospital, after being assessed by the local SASS Program, the Case Manager, In-Home Counselor and Clinical/Regional Director works with the foster parents and their own children to understand the situation and the needs of the foster child and provide any supportive services to assist the foster family in managing the impact of the disruption on their own family and/or other foster children in the home. Camelot staff maintains contact, participate in hospital staffings and provide individual interventions as appropriate to the hospitalized foster child. In the event that placement stabilization efforts fail, the foster parent has a responsibility to share information with Camelot staff that may assist in the stabilization of the next foster home setting.

The Illinois State Executive Director is to be consulted by the local office's clinical staff regarding all premature discharges and foster placement disruptions. Requests for clinical staffings will be made via email and can be requested by direct service staff, supervisors, managers, or foster parents. The purpose of the review is to identify solutions to problems or concerns that could lead to disruption, to understand the dynamics for the child as well as the foster parent that may have contributed to the disruption and which, if better understood, anticipated and planned for, could prevent future disruptions, and thereby stabilize the placement. The review itself will include clinical, case management, and supervisory staff of the local office, the State Executive Director as convener, and the foster parent(s). The review will focus on actions that could be taken, or could have been taken, to better manage the environment and prevent child's disruption and/or foster parent burn-out. In cases where CAYIT's need to occur, the staffing would take the place of this review.

- 9) *The responsibility to know the impact foster parent parenting has on individuals and family relationships; and the responsibility to endeavor to minimize, as much as possible, any stress that results from foster parenting.*

Camelot provides specialized training on stress management to all foster parents. **Camelot staff will routinely assess how foster families are coping with any challenges and solicit** The immediate feedback data being obtained from Foster parents through the CFS (Contextualized Feedback System) ~~provided an~~ **opportunities** for foster parents to report stress-related issues and/or to identify the need for stress management assistance.

If the In-Home Counselor detects an increase in the level of stress of the foster parent, respite services **or other identified interventions** will be quickly implemented. This will provide both the child and the foster family the opportunity to relax, regroup and decrease the stress level within the home prior to a placement disruption occurring.

In addition to the planned respite opportunities for foster parents, unplanned respite can also be utilized when the stress level of the foster parent indicates a therapeutic need. Additional respite can be requested and approved at any time the foster parent and treatment team determine it may be in the best interest of either the foster parent or the child or both. Foster parents are not penalized "accrued" respite days for these situations. Foster parents can also initiate a "voluntary hold" on placements to allow an opportunity for a break between placements. The "voluntary hold" should be specified in writing and provided to the Family Development Specialist or Regional Director of the affiliated office. Foster parents may also request assistance in managing the stresses associated with fostering specialized needs children both during and after placements. Such assistance can be provided by Camelot staff or foster parents will be assisted in locating alternative counseling or other supports.

10) *The responsibility to know the rewards and benefits to children, parents, families, and society that come from foster parenting and to promote the foster parenting experience in a positive way.*

Camelot foster parents have participated in interviews with the media regarding the positive aspects of foster parents. This was done without violating the confidentiality of the foster home and the foster children. Camelot completes outcome studies on the success of the Therapeutic Foster Home Programs in providing permanency goals for therapeutic foster children. These studies are shared with Camelot foster parent s in three states: Florida, Tennessee and Illinois.

Foster parents are encouraged to join county, state and national foster care associations, which promote foster parenting in a positive manner. Camelot provides assistance in locating organizations and will pay for the cost of membership to the Illinois Foster Parent Association.

Foster parents have a responsibility to provide testimonies and success stories about their positive experiences as a foster parent. This may come in the form of a letter of accolades to other foster parents, verbal testaments at a foster parent meeting or through word of mouth at community and social gatherings. Research reveals Foster parents are the best recruiters of new foster parents. Camelot encourages recruitment by offering a substantial recruitment bonus for all foster families, new to foster care and licensed by Camelot.

Camelot also provides, where possible and subject to economic or regionally imposed limitations, annual foster parent appreciation dinners, annual foster parent picnic, and Christmas party for each of its office locations.

The Camelot Website ~~will provide~~ **provides** additional opportunities to promote activities and events both from within and outside of the Agency including individual foster parent recognition.

11) *The responsibility to know the roles, rights and responsibilities of foster parents, other professionals in the child welfare system, and the foster child's own family.*

Pre-service training for Camelot foster parents includes a discussion of the foster parent's roles, rights and responsibilities, as well as the roles, rights and responsibilities of the child's natural family, Camelot, and the State. Each participant receives copies of the Foster Parent Law and the Camelot Implementation Plan.

Camelot foster parents are provided training on the history and mission of Camelot as a child welfare agency and on the Department of Children and Family Services. Foster parents learn how their role interfaces with other roles and programs within the Illinois child welfare system. Camelot foster parents are provided an organizational chart specific to the staff structure of the office in which they are licensed as well as the State and Corporate structure of the Agency. All Foster parents receive contact information for the State Leadership and are encouraged to contact the State Executive Director for any needs or concerns they may have.

Monthly Foster Parent Training is provided which includes both foster parents and agency staff. Training topics vary based on continuing training requirements for licensure as well as new policies and procedures of both Camelot and the State. Foster parents are being asked to identify areas in which they feel comfortable to participate as co-trainers or lead trainers in monthly foster parent meetings.

Foster parents are also encouraged to participate in Child and Family Team Meetings which involve review of treatment services for children in their care and modification of treatment plans when indicated.

12) *The responsibility to know and, as necessary, fulfill the foster parent's responsibility to serve as a mandated reporter of a suspected child abuse or neglect under the Abused and Neglected Child Reporting Act; and the responsibility to know the child welfare agency's policy regarding allegations that foster parents have committed child abuse or neglect and applicable administrative rules and procedures governing investigations of those allegations.*

During pre-service training, foster parents receive education on their role as a mandated reporter of suspected child abuse or neglect under the Abused and Neglected Child Reporting Act. A copy of the mandated reporter agreement is reviewed and signed by each foster parent as acknowledgment of the Abused and Neglected Child Reporting Act. A copy of the agreement is given to the parent for their continued review and a copy remains in the foster family file.

Pre-service training also involves dealing with allegations of abuse and neglect against foster parents, the responsibility of the Agency and of the State to investigate such allegations, the rights of the foster parents during such investigations, and the rules and regulations governing such investigations.

Foster parents also receive training related to Children and Youth with Sexual Behavior Problems (CYSBP) during pre-service and ongoing throughout the year. Training focuses on the definition of CYSBP youth, how children and youth receive such a designation, safety plans, and reporting responsibilities.

- 13) *The responsibility to know and receive training regarding the purpose of administrative case reviews, client service plans and court processes, as well as any filing or time requirements associated with those proceedings; and the responsibility to actively participate in the foster parent's designated role in these proceedings.*

Camelot provides individualized training to foster parents regarding procedures for Administrative Case Reviews.

DCFS representatives will be invited to make presentations discussing the importance of ACR's client service plans. The Camelot policy on Court Appearances discusses the importance of the foster parent's attendance and participation. The foster parents have a responsibility to review this information periodically and seek clarity from the supervising agency whenever necessary.

- 14) *The responsibility to know the child welfare agency's appeal procedure for foster parents and the rights of foster parents under the procedure.*

Foster parents have the responsibility to understand and review the child welfare agency's appeal process as outlined by the Illinois Department of Children and Family Services.

Foster parents are provided copies of Department Rule 337, Service Appeal Process, and the Camelot Grievance Procedure at initial licensure. Foster parents also receive training regarding their rights under these procedures. Any grievances, appeals, etc. which have not been addressed by the above means, can be submitted in writing to:

Camelot Care Centers, Inc.
333 W. Pierce Rd, Suite 175
Itasca, IL 60143

Attn: Jason Keeler, LCSW Executive Director
Or by email to Jason Keeler at jkeeler@camelotcare.com

Information concerning utilization of and access to internal and external appeals systems ~~will be~~ **is** available on the Agency Website along with a link to the Foster Parent Law Implementation Plan outlining Foster parents Rights.

- 15) *The responsibility to know and understand the importance of maintaining accurate and relevant records regarding the child's history and progress; and the responsibility to be aware of and follow the procedures and regulations of the child welfare agency with which the foster parent is licensed or affiliated.*

The Camelot foster parents are provided with specific training on Foster Parent Documentation, including: conducting monthly fire drills, daily medication logs, disaster drills (every 6 months), Accident/Injury Report, Major Incident Reports, Medical Consultation Reports, Medication Logs, Quality Assurance Reports, Respite Request Forms, Mileage Reimbursement Records, Monthly Expenditure Sheets and Maintenance of Records. Foster parents receive a Training Manual during pre-service training that contains copies of the forms they are expected to complete along with the Camelot policy

pertaining to the documents. Training also discusses the importance of social history information pertaining to the child both before and during foster care placement and the role of the foster parents in adding to social history data. Foster parents also receive training in and a copy of Department Rule 402, Licensing Standards for Foster Family Homes, which further specifies documentation requirements.

The Camelot website ~~will~~ **includes** efforts to make forms available for Foster parents to print and includes links to applicable online DCFS Rules and Procedures and training opportunities.

Camelot foster parents are provided a respite folder, as required by the Department of Children and Family Services, on every foster child in their care. The information in this folder includes: immunization records, yearly physical, dental exam, hearing/vision exam, school information and service plan/visit plan. Family Developmental Specialists review this information during announced and unannounced monitoring visits and assist foster parents with collection and organization of relevant documents. As requested by Foster parents during the 2006 Implementation Plan review meetings, specific identifying information about children placed in their care (age, height, weight, color eyes, hair, etc) has been added to the placement folders for both primary and respite placement.

16) *The responsibility to share information, through the child welfare team, with the subsequent care giver (whether the child's parent or substitute care giver) regarding the child's adjustment in the foster parent's home.*

Camelot staff provides available written and verbal information to subsequent caregivers regarding the child adjustment to the home. This information includes social history of child, any psychological evaluations, mental health assessment, individualized treatment and service plans, current medical information, Reviews and Individualized Education Plan. Where appropriate, foster parents are encouraged to provide relevant information to subsequent caregivers in order to assist in the adaptation and transition for the child to his/her new home. When children are moved to new foster homes a pre-placement visit is required unless the placement change is due to an emergency situation. Prior to the pre-placement visit, the Case Manager reviews with the prospective Foster Parent the Behavior Disclosure/Identification Form pertaining to the child being considered for placement. The document identifies all known current and historical behavioral issues and provides an opportunity for the Foster Parent to review relevant documents in the child's file and discuss any issues of concern. The Foster Parent(s) signs the document as an acknowledgement.

Permanency planning for any child admitted to the Therapeutic Foster Home Program includes identification of a discharge resource. This includes the child's biological family, adoptive family, foster care family or independent living resource.

Foster parents also have the responsibility of developing and maintaining a life book for the foster children. Case Management staff and/or the Permanency Specialist assist foster parents in the creation and maintenance of the life book, which may include pictures, chronicles and/or major milestones in the life of a child. The life book is shared with each placement and is expected to continue at each placement.

- 17) *The responsibilities to provide care and services that are respectful of and responsive to the child's cultural needs and are supportive of the relationship between the child and his/her own family. Also, the responsibility to recognize the increased importance of maintaining the child's cultural identity when the race or culture of the foster family differs from that of the foster child and the responsibility to take action to address these issues.*

Camelot provides training regarding cultural sensitivity especially when the child's race or culture differs from that of the foster family. The Camelot staff provides additional support to the foster parent wherever possible and when indicated. Clinical intervention is scheduled anytime it is perceived that a foster parent does not understand the cultural differences in foster child/ren.

Camelot staff and foster parents receive training on the Inter-Ethnic Placement Act and understand the implications of the law. Camelot supports foster parents in delivering culturally sensitive services to children and families, including the foster family.

Camelot Care Centers' website will provide linkages to training opportunities and information relevant to cultural sensitivity.