



NORTHERN CALIFORNIA  
FAMILY CENTER

# **Family Resource Orientation Training**

"To the world you may be one person, but to one person you may be the world"

Author Unknown



# TODAY'S ORIENTATION

- Introductions
- Who is NCFC?
- NCFC Staff
- Who Are Foster Children?
- Definition of a Family Resource Home
- Responsibility of CCL
- Who Are All These People?
- Role of the Family Resource Parent
- Role of the Social Worker
- Watch “Voices” Video & Discussion
- Family Resource Reimbursement
- Steps to Family Resource Certification
- Family Resource Fair
- I’m Certified! Now What? (Which program?)
- Quiz
- Forms & Handouts (Rights & FFH Responsibilities)



# INTRODUCTIONS

- Presenter Introduction
  - Name
  - Role at NCFC
  - What brought you to this job
- Ice Breaker
  - State your name & an adjective to describe you that starts with the 1<sup>st</sup> letter of your name (ex: **V**ivacious **V**eronica)
  - What city you live in
  - Why you want to be a foster parent



# WHO IS NCFC?

- The Northern California Family Center is a non-profit counseling center that has served the mental health needs of Contra Costa and surrounding counties since 1978
- Our staff consists of dedicated professionals who provide experienced clinical care and assessment for a wide range of personal and family problems
- We serve children and adolescents, individual, parents, couples and families.
- NCFC provides intensive clinical counseling, shelter, and referral services for runaway, homeless, neglected and abused youth
- NCFC offers **3 programs**: Counseling Program, Crisis/Runaway Program, and Long Term Foster Care Program
- NCFC has been a part of the National Safe Place Program since 1999

<http://www.ncfc.us>



# **COUNSELING PROGRAM**

- Provides outpatient counseling services
- NCFC uses psychotherapeutic interventions designed to meet identified mental health needs of the individual
- Recognizes the individual's socio-cultural values, goals, lifestyles and the complex interactions within the family
- Fees are based on sliding scale



# **LONG TERM FOSTER CARE**

- Homes are certified family resource homes that provide long term care for children 2 days to 21 years of age.
- Homes provide a family setting for children who are referred by the Department of Social Services.
- Ongoing wellness care provided; youth are required to see a Medical and Dental care provider within 30 days of placement.
- Length of stay unknown, court review determines length of placement. Youth may have a reunification plan, known as “FR” plan

# **CRISIS/RUNAWAY PROGRAM**

- Crisis Homes are licensed family resource homes that provide temporary, emergency shelter for youth between the ages of 9-17 years
- Short term; 1-5 days- “Cooling Off Period”
- Crisis Homes shelter runaways and at-risk Youth
- Parents/Guardians still have custody of youth
- Voluntary Program
- Emergency medical care only



# SAFE PLACE PROGRAM

- The Safe Place Program is a national program, began in 1983.
- In 1999, NCFC began the Safe Place Program in Contra Costa County in order to increase access to shelter services for youth.
- Safe Place is a distinct community outreach project that relies upon community agencies including the YMCA, The Contra Costa Fire District, and the County Connection bus line.
- Safe Place increases a youth's access to help.
- Any child can walk into a Safe Place location and request assistance throughout the county.
- <http://nationalsafeplace.org/what-is-safe-place/>







# NCFC STAFF

- **Tom** Fulton, MA - Executive Director
- **Glenn** Thomas, LCSW - Programs Director
- **Assumpta** Kamanzi, MSW - Foster Program Manager / Social Worker / Counselor
- **Jazmin** Caliman, MSW - Runaway Program Manager / Recruiter / Social Worker
- **Phoebe** Watts, MSW - Social Worker / Counselor
- **Brenda** Beale, MSW - Social Worker / Counselor
- **Dan** Pioletti, MSW - Social Worker / Counselor
- **Ashley** Jones, Payroll / Intake / Administrator
- **Betzy** Lesser, Payroll / Intake / Administrator
- **Jenny** Hernandez, BS, RN - Administrator
- **Student Workers** – Jairo, Kevin, Martin, Jazmyne, Andrea, Ayden, Judith, Amy, & Juan
- **Transportation** - Jaime, Rex, James, Mariana

# WHO ARE FOSTER CHILDREN?

- Children that have experienced neglect
- All ages (0-22 years)
- Varying Ethnic backgrounds
- Many have been abused to varying degrees
  - Emotionally
  - Physically
  - Medically
  - Sexually
- Often foster youth have experienced some or repeated trauma and it may have caused internalized rx: emotional numbing, avoidance of stimuli, flashbacks, nightmares, somatic complaints, academic decline, depression, isolation/withdrawal, guilt or externalized rx: interpersonal conflicts, aggressive response, school refusals, substance abuse, antisocial bx
- FPs need to learn & understand how trauma impacts youth and remember to also focus on strengths to support youth (highly recommended FPs take trainings on trauma)



## **WHAT IS A FAMILY RESOURCE HOME?**

A home where 24-hour care and supervision are provided in a family setting in the caregiver's family residence for not more than six foster children, exclusive of members of the caregiver's family.



# COMMUNITY CARE LICENSING

- CCL - Regulatory Agency
- CA requires that a family resource home be licensed if the home provides 24 hour care/supervision of a child that is not related
- Mission of CCL is to *Protect the Health and Safety of Foster Children*
- Accomplished through the development and enforcement of regulations

## Three Distinct Functions

- Prevention
- Compliance
- Enforcement



# **CCL INSPECTION CHECKLIST**

## *GENERAL REQUIREMENTS*

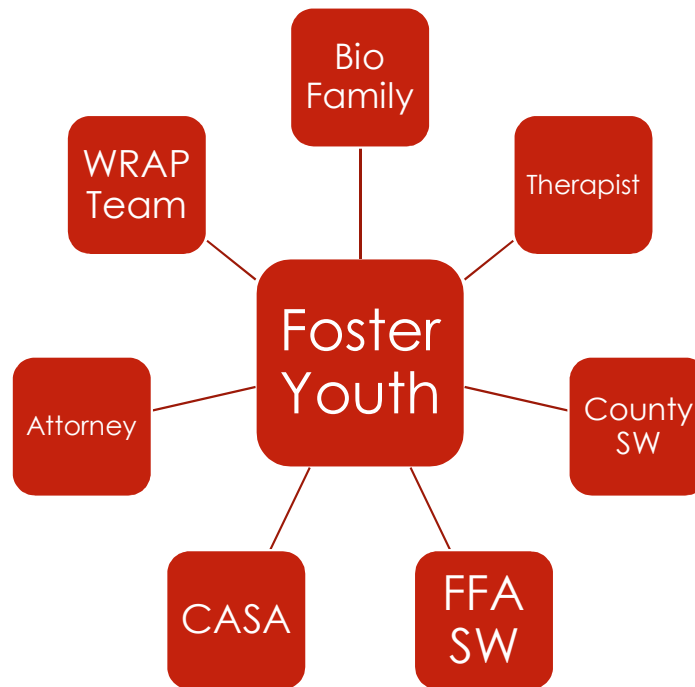
- All adults (18 years and up) living in FFH **MUST** have a Criminal Record Clearance
- No more than two infants (aged 0-23 months) including the caregivers may reside in the home
- Telephone service (may be home or cell phone) must be working at all times
- Children's records must be maintained and kept confidentially
- FRH must have first aid supplies and current CPR/First Aid training
- Unusual Incidents must be reported

### **Corporal Punishment IS PROHIBITED**

(spanking, hitting, pinching, hair pulling, etc)

- Family Resource Parents are **MANDATED Child Abuse Reporters**

# MORE THAN THE CHILD



# WHO ARE ALL THESE PEOPLE

- **Child**
  - foster youth who was removed due to abuse or neglect
- **Biological Family**
  - may have visits and/or phone calls with mom, dad, siblings, grandma, grandpa, aunt, uncle, cousins, etc.
  - some phone calls may be supervised by you
- **County SW**
  - Responsible to report to the court system
  - Monitors both the biological parent and foster youth for dependency court hearings
  - Communicates with NCFC SW and foster parent to ensure foster youth's needs are being met
- **FFA SW**
  - NCFC SW who is there to support the foster youth and foster parent
  - Visits the foster family home **weekly**
  - Point of contact for foster parent
- **CCL Analyst**
  - May investigate incident reports or allegations
  - May do an unannounced visit to the foster home
- **Therapist/Medical Staff**
  - Child must be seen by a doctor & dentist within 30 days of placement
  - Psychiatrist and Doctors may prescribe medication which the foster parent must monitor
  - Therapist meet with foster youth at their office, in the community, or at the foster parent's home
  - Usually therapist meets with the foster youth once per week for individual or family therapy
- **Attorney**
  - Every foster youth has an attorney
  - Attorney or a representative may come to visit the foster youth in the foster home
- **WRAP Staff**
  - Wrap around support team could include clinicians, TBS workers, youth advocates, etc.
- **CASA Worker**
  - Court Appointed Special Advocate
  - They complete a extensive training process and make a long term commitment to support the foster youth



# **ROLE OF FAMILY RESOURCE PARENT**

- Assistance in dressing, grooming, bathing and other personal hygiene.
- Assistance with taking medications.
- Central storing and/or distribution of medications.
- Arrangement of/assistance with medical & dental care, including transportation.
- Maintenance of house rules for the protection of children.
- Supervision of children's schedules & activities.
- Maintenance/supervision of children's cash resources or property.
- Monitoring food intake or special diets.
- Other services as specified on the placement agreement or by the social worker.





# ROLE OF THE SOCIAL WORKER

## County SW

- Place/monitor foster children
- Assigned to perform monthly foster home visits
- Foster Care Rates and Reimbursements are set by the state
- Monitor CCL compliance
- Reports directly to the court on the foster youth & biological parents

## FFA SW

- Monitor foster children
- Visits Family Resource Home at least two times per month, via **ZOOM**, telephone, face to face or more times if needed.
- Training of Foster Parents
- Monitor CCL compliance (monthly unannounced visit)
- Support with Recruitment/Retention of Foster Parents (Foster Parent Advocates)

# **FAMILY RESOURCE REIMBURSEMENT**

Family Resource Parents DO NOT GET PAID

Family Resource Parents **DO GET REIMBURSED**



## FAMILY RESOURCE REIMBURSEMENT

Reimbursement money is to be used for the child's needs: clothing, toys, educational supplies, personal hygiene and incidentals as needed.

\*Monthly Rates for  
Long Term Foster Care Program  
effective 07/01/20

|   | Basic Level    | LOC 2          | Runaway     |
|---|----------------|----------------|-------------|
| <b>NCFC Rate</b>                                | \$848          | \$964          |             |
| <b>Child Increment</b>                          | \$189          | \$189          |             |
| <b><u>TOTAL</u></b>                             | <b>\$1037</b>  | <b>\$1153</b>  | <b>\$40</b> |
| <b>Per Bed Night</b>                            | <b>\$34.09</b> | <b>\$37.91</b> | <b>\$40</b> |
| <b>Placement After 9:pm For the first night</b> |                |                | <b>\$50</b> |

# CRISIS/RUNAWAY CARE REIMBURSEMENT

- Family Resource Parents are reimbursed after the child leaves the home
- Invoice process
- Pays \$40.00/bed night
- \$50.00/bed night for the *first night* – if the family resource parent accepts the foster youth after 9:00pm

|                |                            |
|----------------|----------------------------|
| Foster Care    | FOSTER CHILD'S NAME: _____ |
| <b>Invoice</b> |                            |

|   |   |
|---|---|
| TO:<br>Northern California<br>Family Center<br>2244 Pacheco Blvd<br>Martinez, CA 94553<br>925-370-1990<br>Fax: 925-370-1993 | FROM: FOSTER FAMILY<br>NAME: _____<br>ADDRESS: _____<br>CITY, STATE, Zip: _____<br>TELEPHONE: _____ |
|---|---|

| DATE      | SERVICE DESCRIPTION | NIGHTLY RATE | AMOUNT DUE |
|-----------|---------------------|--------------|------------|
|           | Bed-night Placement | 40.00        |            |
|           | Bed-night Placement | 40.00        |            |
|           | Bed-night Placement | 40.00        |            |
|           | Bed-night Placement | 40.00        |            |
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|           | Bed-night Placement | 40.00        |            |
|           | Bed-night Placement | 40.00        |            |
|           | Bed-night Placement | 40.00        |            |
| TOTAL DUE |                     |              | \$         |

Please enter the date of each night on a separate line and total the amount due on the bottom right line. Please mail invoice to the NCFC address above for reimbursement. **Please use a separate invoice sheet for each foster child.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Foster Parent Signature: \_\_\_\_\_



# **STEPS TO FAMILY RESOURCE HOME CERTIFICATION**

1. Orientation & Application
2. Fingerprint Submission (Live Scan)
3. Complete Training (minimum of 12 hours)
4. Documentation/Application Packet
5. Interviews & Inspections
6. Certification



# **STEP 1: ORIENTATION & APPLICATION**

- Attend Family Resource Parent Orientation (You are here Now!)
  - Counts towards the minimum 12 hours of training needed
  - You will complete this step today!

# STEP 2: FINGERPRINT (LIVE SCAN)

- Live Scan process = Criminal Background Check
- Who?
- **All adults** 18 or older in the home must also complete the Live Scan process
- Respite workers (people who will be caring for the foster youth in your absence: i.e. relatives, babysitter etc.
- If you are a licensed Child Care provider, the staff that assist you in your childcare must complete Live Scan for NCFC
- Live Scan locations are included in your application packet. If you have questions please call the NCFC office (925) 370-1990

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

**REQUEST FOR LIVE SCAN SERVICE - COMMUNITY CARE LICENSING**  
Applicant Submission

|   |       |   |  |
|---|-------|---|--|
| 1. ORI: <b>A0448</b>  |       |   |  |
| 2. Working Title: (Check <input checked="" type="checkbox"/> one)   |       |   |  |
| <input type="checkbox"/> Adult Resident other than Client <input type="checkbox"/> Employee <input type="checkbox"/> License, Certification, Applicant <input type="checkbox"/> Volunteer |       |   |  |
| 3. Authorized Applicant Type - Enter from list on Page 2, "DOJ Abbreviated CCLD Facility Type."   |       |   |  |
| 4. Agency Address Set Contributing Agency:  |       |   |  |
| <b>CA Dept of Social Services</b>   |       | <b>03502</b>  |  |
| Agency authorized to receive criminal history information   |       | Mail Code (five-digit code assigned by DOJ)         |  |
| <b>PO BOX 944243</b>  |       | <b>Mail Station 9-15-62</b>                         |  |
| Street No. _____ Street or PO Box _____   |       | Contact Name (Mandatory for all school submissions) |  |
| <b>Sacramento, CA</b>   |       | <b>94244-2430</b>                                   |  |
| City _____ State _____ Zip Code _____   |       | Contact telephone No. _____                         |  |
| 5. Applicant Information:   |       |   |  |
| Name of Applicant: (Please print) _____   |       |   |  |
| LAST  | FIRST | MI  |  |
| AKA's: _____  |       |   |  |
| LAST  | FIRST | CDL No. _____                                       |  |
| DOB: _____ SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female Misc. No. _____ BIL - _____   |       |   |  |
| Misc. No. _____ AGENCY BILLING NUMBER (IF APPLICABLE)   |       |   |  |
| HT: _____ WT: _____ Misc. No. _____ ALIEN REGISTRATION, OUT OF STATE DRIVER'S LICENSE OR ID   |       |   |  |
| EYE Color: _____ HAIR Color: _____ Home Address: (All applicants must complete)   |       |   |  |
| POB: _____ STREET OR PO BOX _____   |       |   |  |
| SOC: _____ CITY, STATE AND ZIP CODE _____   |       |   |  |
| (See Privacy Statement on Page 4)   |       |   |  |
| 6. Facility Number: _____ Level of Service <input checked="" type="checkbox"/> DOJ <input checked="" type="checkbox"/> FBI  |       |   |  |
| If resubmission for fingerprint quality (select R2), list Original ATI No. _____  |       |   |  |
| 7. Employer: (Additional response for Department of Social Services, DMV/CHP Licensing, and Department of Corporations submissions only)  |       |   |  |
| Employer Name _____   |       |   |  |
| Street No. _____ Street or PO Box _____   |       | Mail Code (five digit code assigned by DOJ)         |  |
| City _____ State _____ Zip Code _____   |       | Agency Telephone No. (Optional)                     |  |
| 8. Live Scan Transaction Completed By: _____ Name of Operator _____ Date _____  |       |   |  |
| Transmitting Agency _____ LSID# _____   |       | ATI No. _____ Amount Collected/Billed _____         |  |

LIC 482 (01/11) PAGE 1 OF 4



## **STEP 3: COMPLETE TRAINING**

- 12 hours minimum
- Attend Family Resource Parent Orientation (You are here now & it counts!)
- Attend Advance I Training
- Attend Advance II Training
- Submit current certification card for First Aid/CPR (Infant & Child)
- Submit certification for Water Safety course (if applicable)





## **STEP 4: DOCUMENTATION/APPLICATION PACKET**

- Submit all required forms
  - Physical (must be within last 12 months, LIC 503)
  - TB Test results/X-ray if skin test is positive (must be within last 12 months)
  - DMV Printout (NCFC can order if applicant completes the INF 70)
  - Copies of Identification Card and/or Driver's License
  - Copies of Lease/Rental Agreement or Property Deed (homeowners)
  - Renters or Homeowners Insurance Policy
  - Vaccination Records of Pets
  - Reference Letters (total of 2 references)
  - Budget Form (LIC 420)
  - Child Abuse Central Index (CACI) process (LIC 198A): child abuse record check
  - Family Resource Parent Questionnaire



## **STEP 5: INTERVIEWS & INSPECTIONS**

- Home Inspection (aka Facility Inspection)
  - Health & Safety inspection (checking home/facility per CCL regulations)
  - Fire Safety Check



## **STEP 6: CERTIFICATION**

- Final check/review of all foster care application/documentation
- Final determination by applicant & NCFC to certify applicant
- Family Resource Parent certification is issued
- Home file is issued



# **FAMILY RESOURCE PROCESS**

- An opportunity to **complete all of your training!!!**
  - Attend trainings (Orientation, Advance I, Advance II)
  - Complete Live Scan & TB test
  - Complete CPR & First Aid (if needed)



# I'M CERTIFIED, NOW WHAT?

- **The Phone Call**

- We (NCFC) will call with potential placements for you (foster care and/or crisis runaway)
- We provide as much information about the youth as possible
- You choose! (Yes or No)

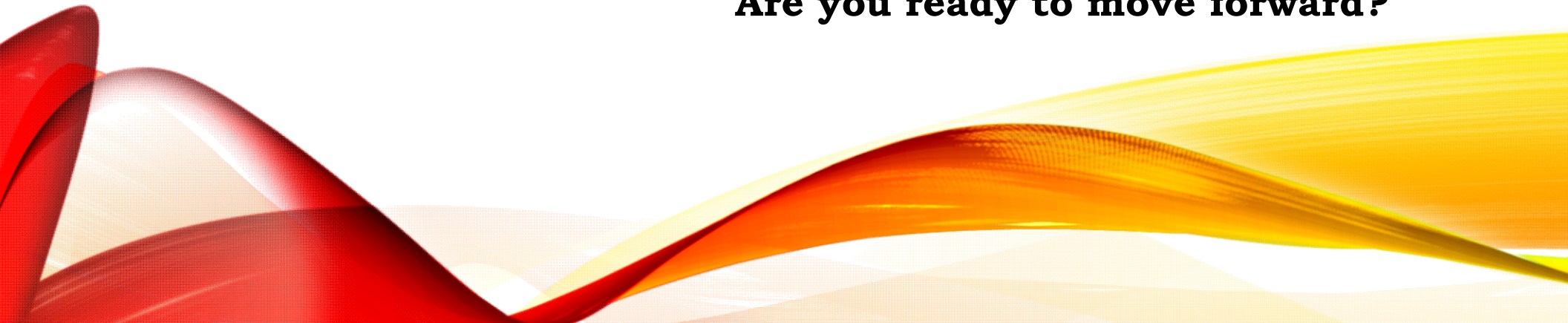
- **Recertification**

- **12 hours** of training every year on topics such as Child Development, Trauma and Its Impact on Children, Mental Health Issues (ADHD, Depression, Anxiety, etc...)
- Also required to periodically re-submit things which expire such as:
  - car insurance policy, driver's license, CPR & First Aid, certificate of approval, annual home inspection, foster parent agreement, crisis runaway agreement, live scan for any new adult 18 & over who moves in or is frequently caring for youth

# ***QUIZ TIME !!***

**What have you learned?**


**Are you ready to move forward?**





# FORMS AND HANDOUTS

- Please complete:
  - Family Resource Home Application Form
    - Children's Personal Rights
      - <http://www.dss.cahwnet.gov/Forms/English/LIC613B.PDF> (page 2 only)
      - <http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/rights-children-foster-care.pdf>
      - <http://www.fosteryouthhelp.ca.gov/rights2.html>
    - CCL FFH Regulations
      - <http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/ffhman1.pdf>
  - Out of State Disclosure & Criminal Record Statement Form
    - Please be very honest
    - Please sign on the front and back



Please know it is with great  
pleasure that  
we welcome you  
to be a family resource parent with our  
agency

