

EXHIBIT A

**COUNTY OF LOS ANGELES
DEPARTMENT OF CHILDREN AND FAMILY SERVICES
AND PROBATION DEPARTMENT**

**INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY
(ISFC FFA) FOR CHILDREN WITH SERIOUS EMOTIONAL AND
BEHAVIORAL NEEDS**

STATEMENT OF WORK

JANUARY 2019

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STATEMENT OF WORKTABLE OF CONTENTS**

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PART A: DEFINITIONS

Definitions - The following words in this SOW shall have the meaning given below, unless otherwise apparent from the context in which they are used.

Child and Family Team (CFT) – A group of individuals child/youth/non-minor dependent (NMD) and family and all of the ancillary individuals who are working with them to address the child/youth/NMD's needs and strengths, focuses on issues such as successful treatment of the child/youth/ NMD's mental health needs and achieving goals in other child-serving systems in which the child or child/youth/NMD is involved. The Child and Family team shares a vision with the family and is working to advance that vision, while a CFT is how the members communicate. No single individual, agency, or service provider works independently. Working as part of a team positively impacts decision-making.

Disenrollment – means when a child/youth/NMD leaves the program without meeting treatment goals and/or was moved to a higher level of care. Examples include: Foster Parent (FP) asked child/youth/NMD to leave, child/youth/NMD moved due to investigation of FP, child/youth/NMD moved due to sexual or other dangerous behavior in the home, Agency decided to move the child/youth/NMD out of the home, child/youth/NMD needed a more appropriate treatment, hospitalization, AWOL, ESC/TSC, STRTP/GH, child/youth/NMD requested to be moved or disenrolled. This can also be when a child/youth/NMD is moved out of the home which is outside of the ISFC agency's control. Examples include: court ordered (HOP, reside with sibling, etc.), adoption.

Domains – means the areas of safety, family, legal, emotional/behavioral, school/educational, money matters, housing/living environment, social relationships, fun/recreational, health/medical, work/vocational and cultural/spiritual.

Evidenced Based Practice and Evidence-Based Practices (EBPs) – means practices and interventions that have a combination of the three factors: best empirical research, best clinical experience and consistency with family/client values.

Graduated – means when the child/youth/NMD has met Mental Health treatment goals and placed in lower level of care. This could also include when a child/youth/NMD moves to Wraparound or IFCCS.

Health Insurance Portability and Accountability Act (HIPAA) –set of rules to be followed by doctors, hospitals, and other health care providers. HIPPA helps ensure that all medical records, medical billing and patient accounts meet certain consistent standards with regard to documentation, handling and privacy.

ISFC FFA Social Worker- Is the case social worker who works for the FFA to provide oversight and link the family to needed services. Also they Interview the child/youth/NMD regarding quality of life issues and follow the County requirements. They document in accordance with contract guidelines. The FFA social worker makes at minimum of one time weekly face to face contact with the child/youth/NMD with at least **two of those contacts per month in the home of the Resource FFamily home.**

In Home Support Counselor (IHSC) – means FFA staff who provides support services and IHBS services to the child/youth/NMD and approved Resource family home and bill Medi-Cal for these services.

Informal/Natural Supports – means family’s network of interpersonal and community relationships. They are active unpaid team members/participants who will be available to the family during and after the close of services.

Integrated Core Practice Model (ICPM) – means a set of practices and principles for child/youth/NMD served by both the child welfare and mental health system. The framework for ICPM is a shared set of practice principles to be used when providing services to the member of the Katie A. Class including members of the Katie A. subclass. The values and principles are summarized in the **Treatment Foster Care Program Manual**.

Intensive Services Foster Care Program Manager – Is the DCFS designated staff who oversees program operations to ensure they meet County’s expectations; and effectively communicates with the County ISFC program administrative team to ensure FFA’s compliance with the contracts and title 22 regulations

Interagency Placement Committee (IPC) means a group led by the Department of Mental Health (DMH) who in conjunction with representatives from the Departments of Children and Family Services and Probation Department pursuant to WIC Sections 4096(c) and 11462.01(d)-(h) creates a committee that determines placement of child/youth/NMD when considering STRTP or ISFC placement. Membership includes the county placement agency (DCFS and/or Probation) and a licensed mental health professional from the county Department of Mental Health.

Licensed Clinical Supervisor-is a licensed clinical social worker who supports and guides treatment team to reflect on and integrate clinical aspects of the case and provide weekly supervision (individual and group) for any treatment team members that bill Medi-cal.

Medical Necessity – A set of criteria that includes three essential components that are required for a service to qualify for reimbursement: 1) an outpatient “included” diagnosis from the most current ICD code set, 2) an impairment as a result of the included diagnosis, and 3) an intervention that includes each of the following: a. the focus of the proposed intervention is to address the condition in 2 above, b. the expectation that the proposed intervention will significantly diminish the impairment **or** prevent significant deterioration in an important area of life functioning **or** allow the child to progress developmentally as individually appropriate, and c. the condition would not be responsive to physical health care based treatment.

Specialty Mental Health Services (SMHS) is a program that is “carved-out” of the broader California Medi-Cal program administered by the Department of Health Care Services (DHCS) and operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act. As the single state Medicaid agency, DHCS is responsible for administering the Medi-Cal SMHS Waiver Program which provides SMHS to Medi-Cal beneficiaries through County Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries in their counties that meet medical necessity criteria, consistent with the beneficiaries’ mental health treatment needs and goals. The Los Angeles County Department of Mental Health (LACDMH) acts as the Local Mental Health Plan (LMHP), the entity which enters into an agreement (under the State Contract) with the State DHCS to arrange for and/or provide specialty mental health services within the County.

Trauma Responsive Care – is an approach that consists of the identification of a child/youth/NMD’s trauma-related needs and the development of an appropriately responsive individualized treatment plan

as well as the provision of guidance for the parents and resource family in providing for the child/youth/NMD's underlying needs.

Therapeutic Foster Care Services (TFCS)- services that the state refers to as TFC or Treatment Family Care. This refers to the Rehab intervention services provided by the Resource Parent as defined by the Medi-Cal Manual for ICC IHBS and TFC.

PART B: INTRODUCTION

1.0 Intensive Services Foster Care (ISFC) Program Principles

- 1.1. ISFC shall be provided by a Foster Family Agency (FFA) contracted by Los Angeles County and responsible for (1) the recruitment, certification, training of, and support to, ISFC resource families in compliance with the state Resource Family Approval (RFA) process and (2) the provision of the core services to children, child/youth/NMD, or non-minor dependents (NMD) supervised by the Department of Children and Family Services (DCFS) or the Probation Department and under the care of the FFA as outlined in Welfare and Institutions Code (WIC) 11463(b).
- 1.2. Intensive Services Foster Care (ISFC) is the highest level of care in California provided by approved FFAs for the delivery of intensive therapeutic services to children who have been determined by the LA County Interagency Placement Committee (IPC) to meet the criteria for medical necessity for Specialty Mental Health Services (SMHS) and to be in need of supervision and care services greater than traditional of foster care.
- 1.3. In Los Angeles County, FFAs providing ISFC services for children meeting medical necessity for intensive mental health services shall have a contract with Los Angeles County DMH.
- 1.4. FFAs with an approved Program Statement for ISFC and with a Medi-Cal Certification and contract with County DMH Mental Health Plan for the delivery of SMHS shall provide Intensive Case Coordination (ICC), Intensive Home Based Services (IHBS). FFAs may also provide Therapeutic Family Care Services (TFCS). All services to be as described in the current Medi-Cal Manual for ICC, IHBS, and TFC.
- 1.5. Los Angeles County ISFC programs shall provide specially selected and trained FFA ISFC staff and ISFC RFA resource parents as outlined in WIC Section 18358 and Sections 1830.205 or 1830.210 of Title 9 of the California Code of Regulations.
- 1.6. The State and County laws, regulations and codes that apply to the delivery of ISFC programs are found in the sources listed herein:
 - (a) California Manual of Policies and Procedures, Title 22, including:
 - Division 6, Chapter 1. (*General Licensing Requirements*), Chapter 4, (*Small Family Homes*), and Chapter 8.8 (*Foster Family Agencies*) for the Foster Home requirements;
 - Division 6, Chapter 9.5, Subchapter 1, (*Foster Family Homes*) for Non-Minor Dependents;
 - Current State FFA Interim Licensing Standards for Continuum of Care Reform (CCR) Articles 9 and RFA Subchapter 1)
 - (b) WIC Section 18358 on Intensive Services Foster Care (ISFC) and all other WIC Sections relevant to the provision of ISFC.

- (c) United States District Court, Central District of California, Case No. CV-02-05662 AHM (ShX), KATIE A. et. al. vs. LOS ANGELES COUNTY, Section XII, paragraphs 85, 87, and 90 for the description of and the order that the COUNTY develop no fewer than 300 “Therapeutic Foster Care” (TFC) slots.
- (d) CONTRACTOR’S Department of Mental Health (DMH) Contract
- (e) The statutes referenced in this Exhibit A, Statement of Work (SOW) from the California Education Code (EDC), California Health and Safety Code (HSC), California Vehicle Code (VEH), and California Welfare and Institutions Code (WIC) are available at <http://leginfo.legislature.ca.gov/faces/codes.xhtml>
- (f) The California Code of Regulations for Title 9 (DMH) and Title 22 (Social Services) referenced in this Exhibit A, SOW are available <https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=%28sc.Default%29>
- (g) The Pathways to Mental Health Services Core Practice Model Guide and the Medi-Cal Manual for ICC IHBS and TFC is available at: <http://www.dhcs.ca.gov>

1.7. The CONTRACTOR shall develop internal operational procedures that demonstrate how its Quality Control Plan (QCP) will ensure monitor for compliance with all aspects of the following:

- (a) All applicable federal, State, municipal, COUNTY, and local laws, regulations and policies;
- (b) State Community Care Licensing Division and County approved Program Statement;
- (c) This Statement of Work;
- (d) The Los Angeles County Foster Family Agency Master Contract.

2.0 DCFS/PROBATION INTENSIVE SERVICES FOSTER CARE (ISFC) PROGRAM GOALS

- 2.1. ISFC CONTRACTORS shall provide for the care and supervision of DCFS and Probation foster child/youth/NMD. ISFC CONTRACTORS shall concurrently coordinate intensive mental health interventions, in compliance with their DMH Contract, in a home-based setting using highly qualified and trained professional teams that includes specially trained resource families.
- 2.2. ISFC programs shall provide for care and supervision and intensive mental health services that are time-limited, individualized services for each ISFC child/youth/NMD with the goal of improving the social and emotional functioning, decreasing aggressive and defiant behaviors, and promoting placement stability at lower levels of care, thereby reducing time lines to permanency for those child/youth/NMD eligible for the program.
- 2.3. DCFS and Probation in partnership with DMH are committed to the development and implementation of 300 ISFC slots (beds) for children under its jurisdiction. An ISFC

CONTRACTOR is expected to participate in reaching this goal through **continuous dedicated efforts of recruitment.**

- 2.4. ISFC CONTRACTORS shall provide ongoing recruitment and maintain a minimum of 2 ISFC resource family homes with a goal to reach 8-16 ISFC resource family homes.

3.0 PROGRAM PRACTICE EXPECTATIONS

- 3.1. In line with State mandates, ISFC has incorporated in this SOW the principles of the Integrated Core Practice Model (ICPM) in order to engender a shared set of values necessary in the provision of a family-centered service delivery system to the child/youth/NMD receiving ISFC services. It is the expectation of DCFS Children's Social Worker/Probation Placement Officer that the CONTRACTOR will integrate to every extent possible the principles and elements of the ICPM.
- 3.2. A cornerstone of the Integrated Core Practice Model (ICPM) is the convening and participation in Child and Family Teams (CFTs) for each child receiving ISFC services.
 - 3.2.1. CONTRACTOR'S ISFC staff shall participate in, or convene as necessary, a CFT to plan for any eligible child into its ISFC program. The CFT should take place prior to placement into the ISFC program or no later than 7 days after intake and then at least once a month thereafter or more frequently if needed to meet the needs of the child/youth/NMD and their families.
 - 3.2.2. ISFC CONTRACTOR staff shall participate in or convene a CFT to plan for any transition of a child/youth/NMD prior to discharge or no later than 14 days post discharge.
- 3.3. CONTRACTOR shall provide Evidence-Based Practices as well as Trauma-Informed Care in an effort to increase achievement of its stated County goals and reduce recidivism for child/youth/NMD in care. To be fully successful such practices and care must also be delivered in a culturally-responsive manner.
 - 3.3.1. CONTRACTOR shall provide Trauma Informed Care which consists of the identification of a child/youth/NMD's trauma-related needs and the development of an appropriately responsive individualized treatment plan as well as the provision of guidance for the parents and resource family in providing for the child's underlying needs.
- 3.4. CONTRACTOR shall commit to the development and maintenance of the programs that demonstrate solid training and awareness of the principles of cultural relevance and competency and population diversity in all policies, practices, and personnel.
- 3.5. CONTRACTOR shall develop and implement a specific resource parent support plan that includes respite care, or substitute caregiver, system for ISFC resource parents that organizes and delivers regular and continuous opportunities for self-care and personal breaks throughout the time they are caring for ISFC child/youth/NMDs in their home.
 - 3.5.1. CONTRACTOR shall provide respite for up to 2 weeks per year for each ISFC designated home.

- 3.5.2. CONTRACTOR shall designate an ISFC home as inactive if a home is unable or unwilling to have ISFC child/youth/NMDs in the home for 30 or more consecutive days. The ISFC home may become activated upon the date they accept ISFC child/youth/NMDs into their home, providing all required trainings and requirements are current.
- 3.6. CONTRACTOR's ISFC team, the mental health clinicians, supervisors/managers, and resource parents shall develop a shared plan that clearly outlines roles, responsibility, training, support, and leadership needed to provide an integrated program for each child/youth/NMDs under their care, with a particular focus on how underlying needs and mental health goals will drive the provision of services. This can be demonstrated through consistent completion of the Needs and Service Plan (NSP) and Client Treatment Plan (CTP)
- 3.6.1. CONTRACTOR shall not assign multiple roles, for the same child/youth/NMDs, to the ISFC team, or to any ISFC social worker or mental health staff without the written approval of the COUNTY ISFC managers. Each child shall have a team that includes a separate person for each role of the team. Team members may not have two team roles with the same child/youth/NMD.
- 3.6.2. CONTRACTOR shall assign an ISFC team to each child/youth/NMD including the following members: ITFC Program Manager, Licensed Clinical Supervisor, FFA Social Worker, In Home Support Counselor, Foster Parent, and Therapist.
- 3.6.3. CONTRACTOR shall assign one In Home Support Counselor (IHSC), one FFA Social Worker and one Therapist to each ISFC child/youth/NMDs. The ratio for the FFA Social Worker and the Therapist is 1 of each full time staff to every 8 child/youth/NMDs across programs. The ratio for the IHSC is 1 IHSC to 12 children/youth/NMD. The ratio should not exceed this amount at any one time period. **WIC 18358.30 (b)(1)**
- 3.6.4. CONTRACTOR shall ensure that the ISFC Social Worker and Mental Health staff working with an ISFC child/youth/NMDs operate as a team and meet on a regular basis, no less than once a week, to plan for the ISFC child/youth/NMDs under their care as well as the development of a communication system that can include, but is not limited to contacts via electronic mail, phone texts, telephone calls, or ad hoc meetings. DMH requires all contacts be in compliance with the DMH contract.
- 3.6.5. CONTRACTOR shall have a designated ISFC staff member for the purposes of recruitment and training.
- 3.6.6. CONTRACTOR shall provide a specific and measurable recruitment plan of action to meet allocation. The plan of action will include monthly documented updates provided to the COUNTY program managers.

4.0 PROGRAM STATEMENT

- 4.1. CONTRACTOR'S Program Statement shall be approved by Community Care Licensing Division (CCLD) and the County prior to commencing the implementation of the Contract.
- 4.2. CONTRACTOR shall update the Program Statement whenever there are any changes in operation and services, including ISFC manual, State and Federal laws and County policy.

4.3. CONTRACTOR'S Program Statement Amendments shall be approved by the CCLD and the County prior to commencing the implementation of any changes in operation and services.

4.4. COUNTY reserves the right to request changes to the Program Statement based on the needs of DCFS and Probation.

5.0 SERVICE DELIVERY SITES

5.1. CONTRACTOR'S services shall be delivered through the locations specified on the service delivery site(s), *Exhibit AA*, in the ISFC FFA Contract and in compliance with the process should there be changes in address.

5.2. CONTRACTOR shall not place children/youth/NMDs at Resource Homes associated with a service delivery site not approved on *Exhibit AA*

5.2.1. Failure on the part of the CONTRACTOR to comply with the provisions of this Section may result in all appropriate action set forth in the ISFC and FFA Master Contracts.

6.0 INFORMATION TECHNOLOGY

CONTRACTOR shall comply with the information technology requirements as specified in the FFA Master Contract.

PART C: SCOPE OF WORK

1.0 TARGET POPULATION

1.1. TARGET DEMOGRAPHICS

The primary target demographics for ISFC program are children/youth/NMDs ages 6 - 21 years old with serious emotional and behavioral challenges that are in need of a temporary family setting as an alternative to congregate care in a Short-term Residential Therapeutic Program (STRTP)/Group Home or are in the process of stepping down from an STRTP/Group Home and requires more intensive services to stabilize in a community setting.

1.2. ISFC ELIGIBILITY CRITERIA

1.2.1. For Out-of-Home care, the identification of ISFC as an appropriate service for the child shall be in accordance with his or her Child and Family Team and the Levels of Care process designed by the state and County.

1.2.2. Potential ISFC children/youth/NMDs shall be referred to and approved by the LA County Inter-agency Placement Committee (IPC) lead by DMH and comprised of representatives from DCFS and/or Probation per WIC Section 11462.01(d) in order to determine if they meet the definition of medical necessity for Specialty Mental Health Services (SMHS). Such a determination may need to be established through a mental health assessment by a mental health professional in line with County protocol and policy.

- 1.2.3. ISFC children shall meet the definition of a seriously emotional disturbed child and/or have a history of severe behavioral problems, as evidence by a history that may include (1) verbal or physical aggression, (2) inappropriate sexual behavior, (3) attempts at self-harm, (4) attempts to harm others, (5) defiant and oppositional behavior or (6) other severe behavior.
- 1.2.4. No more than one emotionally disturbed child or child who has a serious behavioral problems shall be placed in an approved ISFC family home unless the participating Foster Family Agency provides the placing or participating county welfare department with a written assessment of the risk and compatibility of placing together two children who are emotionally disturbed or have a serious behavioral problem. More than two children who are emotionally disturbed or have serious behavioral problems who are siblings may be placed together in the same approved family home if the placement is approved by the County Interagency Placement Committee or the county placing agency of the participating county. However, there shall be no more than a total of five children living in an approved family home with two adults, and there shall be no more than a total of three children living in an approved family home with one adult, except in cases where children living in the home other than those placed pursuant to this chapter are 15 years of age or older. WIC 18358.15(b).
- 1.2.5. ISFC children/youth/NMDs shall meet the following criteria:
- (a) Are full-scope Medi-Cal (Title XIX) eligible;
 - (b) Have an open Probation and/ or DCFS services case;
 - (c) Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) and,
 - (d) In addition they are:
 - Currently in or being considered for Wraparound, Full Service Partnership (FSP) Intensive Field Capable Clinical Services (IFCCS), ISFC, specialized care rate due to behavioral health needs or other intensive Medi-Cal services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention; or
 - Currently in or being considered for an STRTP/group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or
 - Have experienced three or more placement disruptions within 24 months due to behavioral health needs.

2.0 REQUIRED SERVICES

2.1. ISFC FFA Master Contract Requirements

ISFC CONTRACTORS shall comply with all Safety, Permanency, and Well-Being/Self-Sufficiency requirements set forth in the Master FFA SOW in addition to the ISFC specific requirements listed in this ISFC SOW.

2.2. Core Services for ISFC CONTRACTORS

As outlined in the Master FFA Statement of Work, there are six core services that must be provided by an FFA. Included below are the expected services for the ISFC FFA programs in Los Angeles County

2.2.1 Specialty Mental Health Services (SMHS):

At the ISFC level of care in Los Angeles County, CONTRACTOR shall have a contract with the LA County DMH under the local Mental Health Plan (MHP) and comply with all of the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Medi-Cal SMHS service eligibility, delivery, and expectations outlined in that DMH contract.

2.2.1.1 Additional services outside the required core SMHS, may or may not be delivered by the ISFC FFA, but may be necessary in the course of treatment of the child.

2.2.1.2 ISFC CONTRACTORS may elect to provide SMHS Therapeutic Family Care Services (TFCS) as prescribed by State Department of Health Care services (DHCS) wherein certain eligible ISFC resource parents provide in-home mental health services in conjunction with the treatment plan and under the clinical supervision of an ISFC FFA Licensed Clinical Supervisor. See All County Information Notice (ACIN)1-52-16E and the most current edition of the state Pathways to Mental Health Medi-Cal Manual for ICC, IHBS and TFC.

2.2.2 Transition Services:

As in the Master FFA Statement of Work and state regulations, the ISFC provider must provide support services for the child/youth/NMD entering or leaving the ISFC program and/or home.

2.2.2.1 A primary support service is the initiation and participation of a CFT meeting

2.2.2.2 Such services must include the legally compliant sharing of relevant information between the transferring ISFC agency and the new agency. The information shall include, but is not limited to, medical and educational records in the continuum of care. The appropriate sharing of mental health records is of particular importance for children/youth/NMD entering or leaving an ISFC program.

2.2.2.3 To the extent possible, the child/youth/NMD should participate in the transition planning process in order to ease the transition, including pre-placement visits when appropriate depending upon the ability of the child.

- 2.2.2.4 Transition services must include family finding efforts that begin at the initial CFT, as well as temporary care to stabilize, support and maintain the placement, such as respite care.
- 2.2.2.5 The ISFC treatment team shall in collaboration with the CFT, and any other mental health team, determine the frequency and extent of temporary, transitional mental health after care services that may be needed to assist the child/youth/NMDs into the next place of residence.

2.2.3 Supportive Services:

Supportive services are to be provided in an array of domains. In addition, applicable services and supports associated with each life domain, which may include, but are not limited to safety, emotional and psychological well-being, behavioral, family and living situation, social and recreations, cultural and spiritual, educational and vocational, health and developmental shall also be provided. The basic expectations for these services are outlined in the state core services standards for FFAs

- 2.2.3.1 Special attention shall be given to the ISFC child/youth/NMD that needs additional, more intensive, or more frequent services and assistance in these areas given the higher needs associated with the ISFC population.
- 2.2.3.2 ISFC CONTRACTOR shall conduct as part of the initial Needs and Services Plan (NSP) and subsequent Quarterly Reports, a review of all domains relevant to the child/youth/NMDs and document specifically how the ISFC Social Worker and/or clinical staff will provide the intensive support services in line with the child/youth/NMD's underlying needs.
- 2.2.3.3 The support services can be provided directly by the ISFC CONTRACTOR or by relevant and appropriately trained community agencies or programs.

2.2.4 Transition to Adulthood Services:

ISFC CONTRACTORS shall provide relevant services, as one of the required FFA core services, to any ISFC transition age child/youth/NMD receiving ISFC services. Those services shall include but not limited to:

- (1) Training in the interactive life skills including participation in Transitional Independent Living Plans and other programs provided by programs outside of or within the ISFC FFA
- (2) Development and maintenance of lifelong biological or nonrelated family relationships as well as healthy intimate relationships and practices that express the child/youth/NMD's sexual orientation and/or gender identity
- (3) Educational preparation and support for vocational colleges and/or public/private universities
- (4) Employment preparation and support in the development of the professional skills needed in the identification and navigation of the job market
- (5) Information on housing assistance and options

- (6) Any other service or program to allow the ISFC child/youth/NMD to transition into successful self-sufficiency and adulthood.

2.2.5 Permanency Support Services:

ISFC is intended to be a time-limited intensive support to child/youth/NMDs that requires such intervention and supervision in order to stabilize their behavioral and mental health and, thereby, increasing chances of successful reunification or achieving other means of permanency.

- 2.2.5.1 CONTRACTOR shall re-evaluate, the child/youth/NMDs at least every 90 days and as needed, to determine if he or she still meets medical necessity criteria for intensive mental health services, and create a plan to transition to a lower level of care when appropriate. The re-evaluation process should come from the CFT process. The plan can allow child/youth/NMDs to remain in the ISFC home, but not at the ISFC rate level and service level.
- 2.2.5.2 CONTRACTOR shall provide ongoing assistance and support services to identify and maintain relationships with parents, siblings, extended family members, tribes or others who are important to the child/youth/NMDs and who may provide a permanent home.
- 2.2.5.3 CONTRACTOR shall provide assistance and support including, but not limited to, family finding and engagement as well as the provision of such mental health services as family or conjoint therapy and psycho-education that will facilitate the child/youth/NMDs transition to a permanent home and/or to life-long relationships.
- 2.2.5.4 CONTRACTOR shall via the CFT process, establish a transition plan for any ISFC child/youth/NMD that has stabilized and is determined by a mental health assessment to no longer meet the eligibility standards for ISFC to step down to a lower and less restrictive level of care. If the plan is to have the child/youth/NMDs remain in the same resource home and not transition to another home, then the CONTRACTOR shall notify the ISFC Program Manager or designee and the Children Social Worker/Probation Placement Officer in order to have the rate reduced commensurate with the new less restrictive level of care.

2.3. CONTRACTOR shall comply with the following requirements in addition to the core services above:

- 2.3.1 Adopt and promote a trauma informed culture and understanding so that all members of the ISFC team, including ISFC resource parents, support counselors, therapists, social workers, and permanency partners, shall be trained in the theory, language, and practice of trauma informed care, supervision, and treatment.
- 2.3.2 Ensure a 24-hour, seven (7) day per week qualified on-call ISFC Social Worker or Administrator is available to respond to emergency and crisis situations and to oversee the in-person/face to face response to ensure safety and appropriate services, including

mental health coverage, are being provided to the child/youth/NMD and to the ISFC resource parent.

2.3.3 CONTRACTOR shall provide for the ISFC specific selection, training and support of ISFC FFA Social Worker Case Manager and In-Home Support Counselors (IHSC).

2.3.3.1 Caseloads of the CONTRACTOR'S Social Worker Case Managers shall not exceed the ISFC requirements found in WIC 18358 or other regulations related to the provision on ISFC.

2.3.3.2 The CONTRACOTOR shall assign an In-Home Support Counselor (IHSC) to each resource home, as outlined in WIC 18358 or other regulations related to the provision on ISFC.

2.3.4 CONTRACTOR shall develop a recordkeeping that clearly documents the placed child/youth/NMD date of intake into ISFC, the delivery of all services and supports to the child.

2.3.5 CONTRACTOR shall maintain record keeping of the date of resource parents' ISFC certification, dates and topics of all ISFC resource parent training, dates and topics of all ISFC staff training, and all of the requirements set down by CCLD and the County FFA and ISFC contracts.

2.3.6 CONTRACTOR shall conduct initial and continued evaluation and assessment of the ISFC resource parents and homes whenever there is a change in household membership, location, service delivery, health or other circumstance that could potentially affect stability of the placement, the safety, and/or the quality of the ISFC services for the placed child/youth/NMD.

2.3.7 CONTRACTOR shall collaborate with the County ISFC Program Manager and when appropriate, with the IPC in the matching process prior to the suitable placement of eligible ISFC child/youth/NMDs into the ISFC homes.

2.3.7.1 Only (1) ISFC child/youth/NMD shall be placed in an ISFC resource home with exceptions only as described in WIC 18358 or other statutes describing the provision of ISFC services and upon approval of the County ISFC Program Manager or designee and IPC.

2.3.8 CONTRACTOR shall develop and update the initial NSP and Quarterly Reports in consultation with the CFT to address the unique needs and strengths of each child and describe the specific underlying needs of the child/youth/NMD and the appropriate ISFC Level of Care Rate that ensures continuity and stability of placement, consistent with child/youth/NMDs mental health treatment plan and goals and includes a plan for planned and crisis respite care.

2.3.9 CONTRACTOR shall establish and maintain written policies and protocols on the areas listed below that can be made available to the Children Social Worker/Probation Placement Officer and ISFC Program Managers and DMH ISFC Program Administrators upon request:

- (a) CONTRACTOR'S approach to the recruitment, selection, orientation, and training of ISFC resource parents and to the extent possible, outreach to potential ISFC resource parents that have a background in special education, psychological counseling, nursing, or child development.
- (b) An ISFC resource parent support plan that sets out a strategy for regular individual and group support activities, training expectations, and provision for specific self-care and respite options, with the latter in compliance with both state and County respite guidelines
- (c) Specific protocol for keeping child/youth/NMD safe including but not limited to, responding to self-harming and suicide attempts, runaways, sexual acting out, violent or assaultive behavior, or other high risk behaviors, as well as a protocol to follow up on any such safety risks by developing a set of interventions to reduce or eliminate future episodes, including a plan for 24-hour, seven (7) day per week in-person/face to face response by ISFC staff to the home or other locations when needed.
- (d) Collaborate with the Children Social Worker/Probation Placement Officer on the organization and coordination of Child and Family Team (CFT) meetings in the development of all service and treatment plans.

3.0 ISFC RATES AND LEVELS OF SERVICE

ISFC services are tailored specifically to meet the needs of child/youth/NMDs that meet the eligibility requirements. ISFC is a time-limited mechanism for mental health and behavioral intervention to stabilize the child/youth/NMD to: reunify with their families, other permanent option, or to lower levels of foster care, or achieve self-sufficiency.

3.1 The monthly rate for ISFC services is set by CDSS Foster Care Rates Bureau (FCRB). The ISFC rates are based on the level of care provided to the ISFC eligible child/youth/NMD. The rate is specifically for the care and supervision of the child/youth/NMDs and not for mental health or behavioral services. The monthly rate is subject to change through future legislative modifications.

3.2 ISFC receives the highest rate level for foster care. The FCRB monthly rate is broken down in to the following components in WIC 18358 or other current state rate notices:

- Stipend for the ISFC resource parent \$2321
- ISFC Administration portion \$3482
- Social Services and Support \$ 200
- Total: \$6003

3.3 For this monthly rate, the CONTRACTOR shall:

3.3.1 CONTRACTOR shall designate a qualified staff as Program Manager for the ISFC services.

- 3.3.2 CONTRACTOR shall perform activities necessary for the administration of the program including recruitment, training, approving, and monitoring of the ISFC resource parents.
 - 3.3.3 The CONTRACTOR Program Manager shall attend and participate in the Roundtable meetings organized by County Program Managers as well as periodic workgroups or events designed to assist the CONTRACTOR in program implementation as well as resource parent recruitment, training and certification.
 - 3.3.4 CONTRACTOR shall provide social work case management services in compliance with the state ISFC statutes in WIC.
 - 3.3.5 CONTRACTOR shall ensure that each placed ISFC child/youth/NMD will, in consultation with the CFT, the IPC when appropriate, and County ISFC Program Administrators or designee, provide ongoing assessments at least initially at intake and every three months thereafter, to determine which level of care best meets their needs.
 - 3.3.6 CONTRACTOR must document the hours the IHSC spends with each placed ISFC child/youth/NMDs, as well as document the other support services that fall under the definition of "in lieu of" services as outlined in WIC 18358 or other relevant statutes for ISFC.
 - 3.3.7 The CONTRACTOR shall pay no less than two thousand two hundred and twenty one dollars (\$2321) or amount stipulated by the Welfare and Institution Code per child/youth/NMDs per month to the ISFC resource parent. This amount is subject to change in response to legislative updates and/or modifications related to increases in the California Necessities Index.
- 3.4 CONTRACTOR will ensure that all documentation and case notes supporting the monthly reimbursements for care and supervision are updated no less than 30 days from service provision. All documentation supporting other funding sources such as Medi-Cal reimbursement for mental health services as stipulated in the State Pathways to Mental Health, ICC, IHBS, TFC Manual are filed separately and updated timely in compliance with the CONTRACTOR'S DMH contract and Medi-Cal Standards.

4.0 STAFF QUALIFICATIONS AND REQUIREMENTS

- 4.1 The CONTRACTOR shall provide the following staff: (1) a Social Worker (2) an In-Home Support Counselor (IHSC), (3) on-call 24/7 qualified staff for in-person/ face to face crisis intervention, (4) Mental Health Clinicians, (5) ISFC Resource Parents, (6) other support staff as needed, and (7) relevant supervisors and administrators.
- 4.2 The CONTRACTOR shall ensure its ISFC staff meets the State's ISFC qualifications, training, and duty requirements as outlined in WIC 18358 or other statutes relevant to ISFC as well as County FFA Master Contract requirements where they are more restrictive than those of the State ISFC regulations.
 - 4.2.1 For any waivers or exceptions to these requirements that are allowed by state regulation, CONTRACTOR shall submit a request for such approval to the County ISFC Program Manager before allowing the staff in question to begin delivering the service.

- 4.3 For any ISFC staff that provide mental health services billable to Medi-Cal, CONTRACTOR shall ensure services are clearly recorded in the appropriate mental health records of the child/youth/NMD to indicate the time and duration of delivery of each type of service per County DMH standards and ensure a summary of these services within Health Insurance Portability and Accountability Act (HIPAA) requirements are also recorded in the social worker records for the child/youth/NMD.
- 4.4 For any ISFC Social Worker and IHSC that provide services to the child/youth/NMDs and family, CONTRACTOR shall ensure services are clearly recorded in the appropriate case file of the child/youth/NMDs to indicate the time and duration of delivery of each type of service and that a summary of these services included.
- 4.5 CONTRACTOR shall ensure they have a dedicated Recruiter/Trainer for ISFC. The Recruiter/Trainer focuses on the recruitment of ISFC Foster Parents and oversees the development of the TFC foster parent training and pre-service training. The Recruiter/Trainer should have an educational background in a relevant field (e.g., social work, psychology, child development) and experience in working with child/youth/NMDs in residential and/or foster care. The Recruiter/Trainer should demonstrate ability to engage with families; proficiency in teaching and public speaking; and ability to collaborate with members of a team.
- 4.6 Mental Health Staff Qualifications and Services:

CONTRACTOR shall provide intensive mental health services to ISFC child/youth/NMD under care and supervision that comply with the CONTRACTOR'S DMH Contract, the State Pathways to Mental Health Medi-Cal Manual for ICC, IHBS and TFC, and professional standards of practice as directed by County DMH.

4.7 Other Specialized Staff and Administrators:

- 4.7.1 CONTRACTOR may utilize specialized staff or administrators who are not on-going members of the ISFC team to perform functions related to the ISFC program such as: recruitment, orientation and training of ISFC resource parents, or educational liaisons among other activities that reflect more generalized FFA duties. This functions would exclude direct service team members.
- 4.7.2 CONTRACTOR shall ensure that (a) each specialized staff or administrator has the education, training and experience to provide the specialized service to ISFC child/youth/NMDs or ISFC resource parents; and (b) each specialized staff or administrator is trained on the policies and principles of ISFC and how these policies and principles relate to the specialized function they perform.

5.0 ISFC RESOURCE PARENT QUALIFICATIONS AND REQUIREMENTS

5.1 Certification of ISFC resource parents:

- 5.1.1 All ISFC Resource Parents must first meet State RFA standards and requirements.

5.1.2 ISFC Resource Parents shall meet one or both of the two ISFC caregiver levels: (1) standard ISFC Resource Parents or (2) more highly trained and clinically supervised TFCS Resource Parents that assist in the provision of mental health services to the ISFC child/youth/NMDs in their home. CONTRACTOR is to recruit, train, and support both pools of caregivers with the intent to promote and sustain their role as the primary agent of change for the placed child/youth/NMDs in their ISFC home.

5.2 ISFC Resource Parent Qualifications

5.2.1 CONTRACTOR shall ensure that the ISFC Resource Parent meets the State RFA requirements.

5.2.2 CONTRACTOR shall ensure that the ISFC Resource Parent receives the specialized pre-service, supplemental and specialized ISFC training as outlined in WIC 18358 or other current State standards and regulations for ISFC.

5.2.2.1 CONTRACTORS electing to develop a pool of TFCS resource parents shall ensure these resource parents meet all eligibility requirements and receive the specialized pre-service, supplemental and specialized TFCS training as outlined in the All County Information Notice I-52-16E or subsequent revisions of this notice or others for TFCS.

5.2.2.2 CONTRACTOR shall ensure that during the certification and recertification process, a thorough assessment will be made regarding the history of, attitude towards, and temperament of the prospective ISFC resource parent (including other adults living in the home or substitute care givers) regarding the use of discipline. The date of the assessment and any relevant comments or concerns shall be retained in the ISFC resource parent's file in the FFA records.

5.2.2.3 CONTRACTOR shall ensure that during the certification and recertification process the prospective or current ISFC resource parent's trauma history and his or her subsequent understanding of how it may have affected his or her own life or their ability to work with ISFC child/youth/NMDs is clearly assessed with the date of the assessment and any relevant comments or concerns shall be retained in the ISFC resource parent's file in the FFA records.

5.2.3 Based on the information provided by the CONTRACTOR ISFC Program Manager or designee the CONTRACTOR shall make a determination on the suitability of the prospective and current ISFC resource parent's ability to provide care and supervision for ISFC child/youth/NMDs.

5.2.4 CONTRACTOR shall notify the County ISFC Program Manager or designee of CCLD exemptions granted for the prospective ISFC resource parent and any other adults living in or regularly visiting the home prior to certifying any resource parent.

5.2.5 CONTRACTOR shall monitor the documentation of all ISFC resource parents to ensure that it clearly delineates the non-Medi-Cal care and supervision activities from the Medi-Cal mental health activities.

5.3 Training Requirements:

CONTRACTOR shall provide a process to train and document the training of all prospective or current ISFC resource parents, including respite resource parents. CONTRACTOR shall ensure that the training schedule and hours comply with current State and County requirements for ISFC pre-service and continuing service hours and topics, and the State required training hours and topics for the TFCS resource parent when appropriate.

5.3.1 Training Hours: The State required pre-service and subsequent year training hours and topics as outlined in WIC 18358 or other requirements relevant to ISFC shall be delivered and documented by the CONTRACTOR.

5.3.2 For prospective ISFC resource parents that have already been approved by the CONTRACTOR using PRIDE (Parent Resource for Information Development and Education), PS MAPP (Permanency and Safety, Model Approach to Partnerships in Parenting) or the equivalent within the last three years may count up to 25 hours of that training towards the initial 40 pre-service ISFC training hours with the approval of the County ISFC Program Manager. Ten (10) of the remaining 40 hours must include sections from the *People Place's Parenting Skills Training Curriculum* or other county approved training that cover trauma underlying difficult behaviors.

5.4 ISFC Resource Parent Support:

CONTRACTOR shall design, implement and document a support process of each ISFC resource parent including respite caregivers and/or temporary substitute caregivers as appropriate and in compliance with State and County respite guidelines. Support activities shall include: (1) monthly resource parent support meetings; (2) respite care plan; (3) resource parent warm line; (4) self-care training and activities; (5) communication system (e.g., face-to-face, telephonic, electronic) for the ISFC FFA staff to collect feedback at least three to five times a week.

6 MONITORING REQUIREMENTS:

6.1 CONTRACTOR shall monitor all ISFC resource parents to ensure: (1) the well-being of emotionally disturbed child/youth/NMD under their care; (2) participation in initial and ongoing in-service training; (3) demonstration of an understanding of and ability to meet the needs of emotionally disturbed child/youth/NMDs; (4) participation in the development and implementation of individual case and treatment plans for the child/youth/NMDs in the ISFC team and as appropriate, the CFT meetings; (5) the timely and thorough attention and follow up for all medical and dental needs; (6) timely reports of all serious incidents, including any use of physical contact to discipline or manage per State regulations, laws, and County policy.

6.2 Required Notifications on Changes in ISFC Foster Homes

6.2.1 CONTRACTOR shall ensure that all changes in an ISFC resource parent status be reported within three (3) business days of learning of the change to the County ISFC Program Manager or designee via email. The report is to include the name, address, telephone contact of the resource parent and a specific description of the reason for the change in status: (a) newly approved ISFC homes, (b) newly disapproved ISFC homes, (c) homes transitioning to or from ISFC Respite Only homes, (d) homes that have moved

to inactive status resulting from no ISFC child/youth/NMD in the home for 30 or more days (e) homes transitioning on or off a voluntary or involuntary suspension of ISFC services whether initiated by the resource parent, FFA, DCFS Out-of-Home Care Management Division (OHCMD) or Contracts Administration Division (CAD) and/or Probation Placement Permanency & Quality Assurance (PPQA), and (e) any other status change that affects the ISFC resource parents ability to have an ISFC child/youth/NMDs under their care.

6.2.2 CONTRACTOR shall ensure that any pending premature termination of an ISFC child/youth/NMDs placement in an ISFC Resource Home be reported to County ISFC Program Manager via email within twenty-four (24) hours, or by the end of the next business day. In this subsection, “pending premature termination” is defined as one of the following circumstances that may not require the filing of an SIR: discussion with ISFC resource parent of a notice to terminate services, sudden changes in the ISFC Resource Home household due to illness, job loss, addition or loss of a significant household member, urgent family matters, or any other significant life event experienced by members of the household that may affect the ISFC services and placement to the ISFC child/youth/NMDs in residence.

PART D SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS

1.0 Intake:

CONTRACTOR shall ensure that every child/youth/NMD placed into an ISFC program has been screened by the County Interagency Placement Committee (IPC) as eligible for ISFC services via the County Program Manager or designee.

1.1 Matching of Eligible ISFC child/youth/NMD with ISFC Resource Parents:

1.1.1 CONTRACTOR shall ensure that the FFA ISFC staff contact and collaborate with the Children Social Worker/Probation Placement Officer and the County Program Administrators to collect relevant information about the child/youth/NMDs, his or her family, educational needs, mental health needs, court orders, case plan, visitation and availability and to determine the suitability of the potential match and placement.

1.1.2 CONTRACTOR shall ensure that the FFA ISFC intake staff contact and collaborate with the County Program Administrators to ensure child/youth/NMD on the eligibility list are given priority. CONTRACTOR shall give priority to those on the waitlist for any open ISFC available resource family appropriate to the population served in that home.

1.1.3 CONTRACTORS shall collaborate with the COUNTY ISFC Administrators prior to intake in a pre-placement matching consultation in order to review ISFC child/youth/NMDs in need of ISFC services to identify ISFC resource parents who can provide appropriate care and supervision to the specific child under review.

1.1.4 Prior to placement, CONTRACTOR’S ISFC staff in collaboration with the child/youth/NMDs Children Social Worker/Probation Placement Officer may arrange for pre-placement visits if it is determined that such visits would not cause the potentially matched child undue emotional distress related to current or past experiences.

- 1.1.5 If at any point prior to the placement CFT, the Children Social Worker/Probation Placement Officer or the IPC can demonstrate that the child/youth/NMD needs may not adequately be met in the proposed ISFC resource home based on existing documentation, CONTRACTOR shall be notified immediately that they cannot place the child/youth/NMDs with that ISFC resource parent.
 - 1.1.6 CONTRACTORS shall notify County ISFC Program Manager or designee at least two working days prior to the matched placement, by electronic mail, the name and address of the ISFC resource parent and the placement date so that the County ISFC Program Manager or designee can provide the placing Children Social Worker/Probation Placement Officer an official letter stating that the ISFC placement has been approved so that the appropriate placement papers can be generated and the ISFC rate can be uploaded into the payment system.
- 1.2 Assessment Prior to the Placement of More Than One child/youth/NMD in a ISFC Resource Home:
- 1.2.1 CONTRACTOR shall comply with the State regulations on the number of child/youth/NMDs allowed in an ISFC Resource Home as outlined in WIC 18358 or other relevant statutes for ISFC capacity which limits the number of ISFC child/youth/NMDs in the ISFC home to no more than one emotionally disturbed child/youth/NMDs or one with a serious behavioral problem shall be placed in an ISFC Resource Home.
 - 1.2.2 CONTRACTOR shall obtain approval from the COUNTY IPC or from the DCFS ISFC Program Manager, if delegated to do so by the IPC, prior to the placement of more than one child/youth/NMDs in an ISFC Resource Home by submitting a written assessment of the risks and compatibility of placing child/youth/NMDs together who are emotionally disturbed or who have serious behavioral problems.
 - 1.2.3 On a rare occasion, more than two children/youth/NMDs who are emotionally disturbed or who have serious behavioral problems and who are siblings may be placed together in the same ISFC Resource Home in consultation with the CFT and with approval of the COUNTY IPC and DCFS ISFC Program Manager, if delegated to do so by the IPC.
 - 1.2.4 CONTRACTOR shall reassess an ISFC Family Home whenever there is a major event in the family (e.g., death, divorce, marriage, birth of another child, serious illness, loss of job, and so forth) or a Serious Incident Report with the ISFC child/youth/NMDs that raises concerns about their care and supervision. CONTRACTOR shall retain the reassessments, document any problems, and record how the problem was solved.
- 1.3 Denial of Placement of child/youth/NMDs Who Do Not Meet the License or Program Statement Criteria:
- 1.3.1 CONTRACTOR is responsible for denying placement of child/youth/NMDs, within the limitations of the information provided at the time of matching and placement, who do not meet the license or Program Statement criteria for the ISFC FFA. If CONTRACTOR determines that eligible ISFC child/youth/NMDs does not meet these criteria, CONTRACTOR shall immediately notify the Children Social Worker/Probation Placement Officer and the County ISFC Program Manager and submit a written statement within three business days to the County ISFC Program Manager.

2.0 Safety Response, Planning, and Notifications

- 2.1 CONTRACTOR'S ISFC Social Worker and Clinical Staff and the ISFC resource parents shall be trained to implement safety and preventive measures to respond to any self-harming and/or other behaviors that pose risk to the child/youth/NMDs or others. If, after all relevant safety and preventive measures have been exhausted and the placed child/youth/NMDs needs an emergency psychiatric assessment for acute psychiatric hospitalization; or exhibit escalating behaviors indicating danger to self or others, CONTRACTOR shall contact the DMH 24/7 ACCESS/Psychiatric Mobile Response TEAM (PMRT) 1-800-854-7771 or 9-1-1 if the behaviors demonstrate immediate danger. Also they are to notify the Children Social Worker/Probation Placement Officer and County ISFC Program Manager.
- 2.2 CONTRACTOR will ensure that the ISFC Social Worker, IHSC, or other relevant administrator or staff, notify the County ISFC Program Manager, or designees, via email within 1 (one) business day for all incidents that indicate a sign of threat or continued risk to the physical or mental health status of the ISFC child/youth/NMDs including all such incidents that require a Serious Incident Report (SIR) on the i-Track System.
- 2.3 In the event of an emergency, CONTRACTOR may move the placed child/youth/NMD to another ISFC Resource Home or ISFC Respite Home within their agencies without prior authorization from the Children Social Worker/Probation Placement Officer. For the purposes of this paragraph, an emergency is defined as any situation that threatens the health and safety of the placed child/youth/NMDs or others in the Resource Home.
- 2.4 In the event of an emergency replacement, CONTRACTOR shall make every effort to keep the child/youth/NMDs in the same school.
- 2.5 CONTRACTOR shall notify the placed child's Children Social Worker/Probation Placement Officer, the Children's Social Worker/Probation Placement Officer's Supervisor, the Children's Social Worker/Probation Placement Officer's Supervisor's Administrator and County ISFC Program Manager or designee regarding the emergency replacement. Notification shall be made as soon as possible but no later than 24 hours after the placed child/youth/NMDs is moved.
- 2.6 After business hours emergency replacement, CONTRACTOR shall notify the Child Protection Hotline (800-540-4000) with a follow-up email to the Children Social Worker/Probation Placement Officer, the Children's Social Worker/Probation Placement Officer's Supervisor, the Children's Social Worker/Probation Placement Officer's Supervisor's Administrator and DCFS ISFC Program Manager or designee by the end of the next business day.
- 2.7 CONTRACTOR shall discuss the situation that led to the emergency replacement with the Children Social Worker/Probation Placement Officer or the Children's Social Worker/Probation Placement Officer's Supervisor and County Program Manager Representative and document the conversation and decision in the respective case. CFT will be held as soon as possible after the incident to provide or update a safety plan.
- 2.8 Child/youth/NMDs Referred to a Psychiatric Hospital

2.8.1 CONTRACTOR shall comply with the following:

- Notify the County ISFC Program Manager or designee and Children Social Worker/Probation Placement Officer as soon as possible, but not later than the next business day and complete an SIR.
- Participate in case conferences, hospital discharge conference and/or the CFT meetings for the placed child/youth/NMDs referred to a psychiatric hospital.
- Continue to provide the services to the extent possible to the placed child/youth/NMDs during the hospitalization.
- Ensure the ISFC resource parent or the FFA's ISFC staff visit the child/youth/NMDs during the hospitalization and/or maintain contact by telephone unless otherwise directed by the hospital medical staff.
- Keep the ISFC bed open for no more than 14 days; however, if the 14-day bed hold expires, CONTRACTOR shall collaborate with the Children Social Worker/Probation Placement Officer and County ISFC Program Manager to close the placement and re-open it when the child/youth/NMDs returns.
- Allow a child/youth/NMDs to return to the program following a hospitalization discharge up to 2 weeks from the hospital entry and initiate a CFT meeting within 24 hours of their return to the home.
- Exceptions to the above re-admission rules are allowed only when:
 - CFT , including the Children Social Worker/Probation Placement Officer, decides not to return the child/youth/NMDs to the ISFC Resource Home
 - CONTRACTOR and the Children Social Worker/Probation Placement Officer mutually agree that the re-admission jeopardizes the immediate health and safety of the child/youth/NMDs or others in the home
 - In both cases, CONTRACTOR shall immediately notify the County ISFC Program Manager or designee of the decision not to re-admit by telephone and follow up with an electronic mail message by the end of the next business day with a statement describing the reasons for not accepting the child back into the home.

3.0 Service Delivery

CONTRACTOR shall provide all Core Services outlined in the CDSS FFA Licensing Standards above in addition to County ISFC services.

- 3.1 CONTRACTOR shall ensure that all members of the ISFC team (social work case managers, in-home support counselors, mental health clinicians and other relevant

professionals when appropriate) meet regularly, on face-to-face at a minimum, once a week to review, track and adapt as necessary the plans for the ISFC child/youth/NMDs

- 3.2 CONTRACTOR shall have the ISFC resource parent participate in the ISFC team meetings whenever possible but no less than 1 time per month.
- 3.3 CONTRACTOR shall ensure that the ISFC team makes and documents attempts to engage relevant community or professional partners and informal supports for the ISFC child/youth/NMD to obtain information on the strengths and needs of the child/youth/ NMD to assist the ISFC team in evaluating the individualized plan. Moreover, such partners and informal supports should be invited to participate in CFT meetings when appropriate.
- 3.4 CONTRACTOR shall ensure that the ISFC team documents appropriate respite strategies for each ISFC child/youth/NMD and ISFC resource parent within the first 30 days of placement in preparation for the healthy and emotionally supportive respite or substitute caregiver option. The documentation shall be in the initial Needs and Services Plan or in the case file. The respite plan shall also be reviewed by the child/youth/NMDs, ISFC team, and CFT on a quarterly basis or more if needed and documented in the case file or Quarterly Report. The respite plan shall be in compliance with the State and County respite guidelines.

3.5 Mental Health Service Delivery

CONTRACTOR shall (a) develop a treatment plan for all ISFC child/youth/NMDs in the CFT and (b) ensure the necessary mental health/psychiatric services in the plan comply with the COUNTY DMH Contract and the State Pathways to Mental Health Medi-Cal Manual; and (c) document all relevant treatment services as required by County DMH and Medi-Cal guidelines and standards.

- 3.5.1 CONTRACTOR shall verify and document in the case file that the selected clinician or specialist, from outside of the agency, meets all professional standards (i.e., license, certification, training and experience) to provide the specialized service. CONTRACTOR will ensure the information is shared with the ISFC team working with the child/youth/NMDs and with the Children Social Worker/Probation Placement Officer.
- 3.5.2 CONTRACTOR shall ensure that the ISFC mental health practitioners agree to participate in the CFT meetings as appropriate for any ISFC child/youth/NMDs under their clinical care.
- 3.5.3 Administration of Prescription and Non-Prescription Medications:
 - 3.5.3.1 CONTRACTOR shall comply with the FFA Master Contract regarding the administration and management of prescribed and over-the-counter medications.
 - 3.5.3.2 CONTRACTOR shall comply with all state and County regulations in the approval, administration and management of all psychotropic medications prescribed to the ISFC child/youth/NMDs.

- 3.5.3.3 CONTRACTOR shall have a formal plan for emergency provision of psychiatric and medication evaluations by a Board Certified Child Psychiatrist, either on staff or subcontracted, or obtained through written agreement for fee-for-service and who is licensed and certified to treat child/youth/NMDs.
- 3.5.3.4 CONTRACTOR shall arrange a consultation and/or case review for those child/youth/NMDs that have been in ISFC foster care for over 12 consecutive months to determine the appropriate level of care and graduation plan.

4.0 Discharge Planning

CONTRACTOR shall agree that the primary goal of the ISFC Program is to seek and maintain stability in placement for ISFC child/youth/NMD so that they can successfully reach stabilization and no longer require intensive supervision or mental health interventions. The goal is to maximize communication in the transition plan of placed child/youth/NMD. All reasonable efforts shall be made to stabilize the placement and, when appropriate, to consult with the County ISFC Program Manager and DMH ISFC Program Administrators whether additional services may prevent an unnecessary replacement from the ISFC resource home.

- 4.1 CONTRACTOR shall notify the Children Social Worker/Probation Placement Officer and County ISFC Program Manager or designee, or ISFC DMH Administrator via electronic mail as soon as the CONTRACTOR becomes aware but not more than 3 business days of an issue that may lead to replacement.
- 4.2 CONTRACTOR shall convene or participate in a case conference or CFT meeting to determine whether the child/youth/NMD placement may be stabilized and/or additional services may be provided without removing them from the ISFC Resource Home, including in-home crisis stabilization services.
- 4.3 CONTRACTOR shall contact DMH ISFC Program Manager or designee to arrange a consultation after the case conference or CFT meeting to discuss the outcome and any updates to the treatment and/or crisis intervention plan.
- 4.4 CONTRACTOR shall document efforts to stabilize and maintain the child/youth/NMDs in placement, including existing and additional mental health services, daily resource parent support telephone check-ins and in-home crisis stabilization services, in advance of any anticipated replacement. CONTRACTOR shall ensure that the ISFC resource parent cannot refuse any mental health services determined necessary by the treatment team.
- 4.5 When all the alternatives have been exhausted, CONTRACTOR will provide Notice of Intent to Discharge to the Children Social Worker/Probation Placement Officer and County ISFC Program Manager no less than seven (7) days prior to the anticipated discharge date unless it is agreed upon at the case conference that less notice is necessary due to an immediate threat to the health and safety of the placed child/youth/NMDs or others.
- 4.6 Prior to discharging a placed ISFC Child/Youth/NMD:

- CONTRACTOR shall notify the intent to discharge via electronic mail to the Children Social Worker/Probation Placement Officer, Children Social Worker's/Probation Placement Officer's Supervisor, and the Children Social Worker/Probation Placement Officer Supervisor's Administrator, as well as the County ISFC Program Manager or designee.
- CONTRACTOR shall also make direct contact with Children Social Worker/Probation Placement Officer and County ISFC Program Manager or designee regarding the intent to discharge.
- If the assigned Children Social Worker/Probation Placement Officer is not responsive to requests to grant authorization or unreasonably delays authorization for the CONTRACTOR to move a placed child/youth/NMDs from one home to another, CONTRACTOR shall escalate the request to the attention of Children's Social Worker/Probation Placement Officer's Supervisors and to County ISFC Program Manager and the COUNTY ISFC Program Administrators.

4.7 CONTRACTOR shall monitor and ensure that ISFC mental health transitional and/or after care services are delivered to the ISFC child/youth/NMDs until a planned transition to other mental health services have begun. Arranging a consultation with DMH to identify alternative mental health services is encouraged whenever possible.

5.0 MANDATORY REPORTS

ISFC child/youth/NMD shall receive timely individualized and comprehensive Needs and Services Plans (NSP) and Quarterly Reports as outlined in the FFA Master SOW. The ISFC NSP and Quarterly Reports shall include:

5.1 ISFC Needs and Services Plan/Quarterly Report

- 5.1.1 CFT suggestions and mental health assessment recommendations and relevant aspects of the child/youth/NMD treatment plan shall be incorporated into the development of the NSPs.
- 5.1.2 CONTRACTOR'S ISFC Social Worker and IHSC shall develop comprehensive and individualized NSPs with specific and measureable goals, objectives and interventions in collaboration with CFT that reflect the intensive level of supervision and services for an ISFC child/youth/NMD.
- 5.1.3 CONTRACTOR shall ensure that the NSP clearly documents that the child/youth/NMDs is in an ISFC Program and which ISFC Rate/Service Level they will receive;
- 5.1.4 Any changes to the NSPs/Quarterly Reports shall include in addition to the require FFA SOW requirements the following:
 - (1) The placed child/youth/NMDs adjustment to placement and to ISFC team;
 - (2) The ISFC Rate/Service Level and need for continuing services at the current ISFC Rate/Services;

- (3) The need for (any) modification in level of services;
- (4) Respite plan and implementation strategies;
- (5) Status and progress in the ISFC clinical treatment plan and services;
- (6) Discharge transition planning;
- (7) Recommendation regarding the feasibility of the placed child/youth/NMDs return to their home, placement in a lower level of care in the community, to a higher level of care in a STRTP, or move to independent living;
- (8) Documentation of divergent opinions or concerns offered by the CFT.

5.2 Record Keeping/Confidentiality

- 5.2.1 CONTRACTOR shall comply with the record keeping and confidentiality requirements as specified in the FFA Master SOW and Contract
- 5.2.2 CONTRACTOR shall ensure that the ISFC child/youth/NMD mental health and social worker files are maintained separately in compliance with the Health Insurance Portability and Accountability Act (HIPAA) standards.

5.3 Data

- 5.3.1 CONTRACTOR shall provide weekly census data for each of the ISFC homes to ISFC Program Manager or designee. Census data could include but not limited to information about the child/youth/NMD and ISFC homes (1) demographics, birth date, gender, and ethnicity; (2) referring County department; (3) enrollment and disenrollment dates; (4) reason for disenrollment (5) outcome measures for safety, permanence, and well-being/self- sufficiency. The frequency of these reports could include weekly, monthly, quarterly and annual updates.
- 5.3.2 CONTRACTOR shall have and maintain the ability to collect, manage and submit data as directed by the COUNTY to demonstrate client outcomes, inclusive of guidelines set forth by the COUNTY and the State. Contractor shall work with the COUNTY to develop and implement client profiling and tracking systems which include client characteristics and demographics, collection and reporting of data on the outcomes and objectives, method of monitoring the quality of services provided by Contract including a qualitative review and survey instruments. Contractor shall perform data entry to support these activities.

CONTRACTOR will incorporate and use the data specification and reporting templates provided by the County as needed, prior to each County designated reporting period.

6.0 TRAINING

In addition to State and County mandated training outlined in the FFA Master SOW and Contract, CONTRACTOR shall have and update as necessary a comprehensive training plan for ISFC

team members, ISFC resource parents, and FFA staff and volunteers working with ISFC child/youth/NMD in compliance with State regulations and County guidelines.

6.1 Training Requirements for ISFC Team Members, ISFC resource parents, and FFA Staff And Volunteers

- 6.1.1 CONTRACTOR shall develop comprehensive trauma-responsive and culturally sensitive training plan for staff, volunteers and the ISFC resource parents and shall be made available upon request.
- 6.1.2 CONTRACTOR shall maintain the individual records of training completed by all ISFC team members including the ISFC resource parents and shall be made available upon request.
- 6.1.3 CONTRACTOR shall develop, maintain and make available upon request, a separate individualized recordkeeping system that specifically identifies the dates, hours, and topics for all IHSCs and ISFC resource parents pursuant to WIC 18358 or other regulations relevant to ISFC services training requirements and the topics listed.
- 6.1.4 CONTRACTOR shall monitor and ensure that each ISFC resource parent's cardiopulmonary resuscitation (CPR) and First Aid are current. The completion of CPR and First Aid shall be in addition to below required training hours for certification and recertification.
- 6.1.5 CONTRACTOR shall utilize the People Places Parent Training Curriculum or County approved curriculum training as the basis of the required ISFC forty (40) hour pre-service training hours as described in this SOW.
- 6.1.6 CONTRACTOR shall ensure that the state required pre-service and in-service training hours for ISFC IHSCs and ISFC resource parents shall include, but are not limited to, the following:
 - (a) Working with Abused and Neglected Children
 - (b) Behavioral de-escalation techniques
 - (c) Cardiopulmonary Resuscitation (CPR)
 - (d) First Aid
 - (e) State and COUNTY ISFC Policies and Procedures
 - (f) Underlying Principles of Therapeutic Foster Care and Service Delivery
 - (g) Development of NSPs and Treatment Plans
 - (h) Impact on Trauma on Child Development and Their Behavior
 - (i) Identifying and Working with the Underlying Needs of Children and their Families

- (j) Principles and Values of the Core Practice Model
- (k) The Organization and Protocol for Child and Family Teams
- (l) Understanding Attachment and Attachment Disruptions
- (m) Trauma-Responsive Parenting Techniques, in particular People Places *Parenting Skills Training* or other county approved Curriculum training.
- (n) Mandated Reporting of Child Abuse and Neglect in Foster Care
- (o) Title 22 Regulations, including Discharge, Children's Rights and the Prudent Parent Standards
- (p) Understanding and Administration of Psychotropic Medications
- (q) Cultural Competency and Diversity, including Sexual Orientation and Gender Identity
- (r) Coercive Power and Control: Violent Relationships and Bullying
- (s) Identification and Intervention in Substance Abuse
- (t) Identification and Prevention of Sexual Exploitation and Victim Services
- (u) Importance of Self-Care and Effects of Secondary Traumatization

6.1.7 CONTRACTOR shall ensure that all ISFC resource parents who will deliver the Specialty Mental Health Service TFCS under the CONTRACTOR'S clinical supervision have the state approved training hours and topics as found in All County Information Notice 1-52-16E or current standards.