

**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 SPECIAL HEALTH CARE NEEDS**

**STATEMENT OF WORK**

*January 2019*

EXHIBIT A

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TABLE OF CONTENTS

	<b>PAGE</b>
<b>PART A</b>	
<b>DEFINITIONS</b>	<b>3</b>
<b>PART B</b>	
<b>INTRODUCTION</b>	<b>5</b>
1.0	5
ISFC PROGRAM PRINCIPLES	
2.0	6
DCFS/PROBATION ISFC PROGRAM GOALS	
3.0	6
PROGRAM PRACTICE EXPECTATIONS	
4.0	8
PROGRAM STATEMENT	
5.0	8
SERVICE DELIVERY SITES	
6.0	9
INFORMATION TECHNOLOGY	
<b>PART C</b>	
<b>PROJECT FOUNDATION AND SCOPE OF WORK</b>	
1.0	9
TARGET POPULATION	
2.0	10
REQUIRED SERVICES	
3.0	16
ISFC RATES AND SERVICE LEVELS	
4.0	17
STAFF QUALIFICATIONS AND REQUIREMENTS	
5.0	20
ISFC RESOURCE PARENT QUALIFICATIONS & REQUIREMENTS	
6.0	22
MONITORING REQUIREMENTS	
<b>PART D</b>	
<b>SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS</b>	
1.0	23
INTAKE	
2.0	26
SAFETY RESPONSE, PLANNING, AND NOTIFICATION	
3.0	28
SERVICE DELIVERY	
4.0	29
DISCHARGE PLANNING	
5.0	30
MANDATORY REPORTS	
6.0	32
TRAINING	

## **PART A: DEFINITIONS**

### **1.0 Definition**

1.1 The following words in this Statement of Work (SOW) shall have the meaning given below, unless otherwise apparent from the context in which they are used.

**Child and Family Team (CFT)**- means child/youth and family and all of the ancillary individuals who are working with them to address the child/youth's needs and strengths, focuses on issues such as successful treatment of the child/youth's mental health needs and achieving goals in other child-serving systems in which the child or youth is involved. The CFT 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 youth leaves the program without meeting treatment goals and/or is moved to a higher level of care. Examples include: Foster Parent (FP) asked youth to leave; child moved due to investigation of FP; child moved due to sexual or other dangerous behavior in the home; agency decided to move the youth out of the home; youth needed more appropriate treatment, hospitalization, Absence Without Official Leave (AWOL), Emergency Shelter Care/Transitional Shelter Care (ESC/TSC), and Short-Term Residential Therapeutic Program/Group Home (STRTP/GH); youth requested to be moved or disenrolled. This can also be when a youth is moved out of the home which is outside of the Intensive Services Foster Care (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.

**Evidence 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 youth who has met mental health treatment goals and is placed in a lower level of care. This could also include a youth moving to Wraparound (WRAP) or (IFCCS).

**Individualized Health Care Plan (IHCP)**– means IHCP or Discharge Plan created by a team of people for a child and, if necessary, in-home health support services. The IHCP may include the identification of any funded medical services available for a child at home, including, but not limited to, assistance from registered nurses,

licensed vocational nurses, public health nurses, physical therapists, and respite care workers.

**ISFC Foster Family Agency (FFA) Social Worker** – means an FFA Social Worker who makes a minimum of one time weekly, face to face, contact with a youth, with at least two of those contacts in the certified family home; interviews the youth regarding quality of life issues in compliance with the County of Los Angeles (County) requirements; and documents those interviews in accordance with contract guidelines.

**Informal/Natural Supports** - means family's network of interpersonal and community relationships. It includes active unpaid team members/participants who will be available to the family during and after the close of services.

**Intensive Services Foster Care Program Manager** – means 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.

**FFA Registered Nurse** – means FFA Registered Nurse who supervises and monitors a child's ongoing health care in a certified home. The Registered Nurse is responsible for assessing each child's designated special health care needs and makes contact and home visits as often as needed, depending on the needs of the individual child and the IHCP.

**FFA Nursing Staff** –means other agency's nursing staff who is assigned to provide supervision for a child's ongoing health care and who is directly supervised by the agency's Registered Nurse.

**Shared Core Practice Model (SCPM)**- means a set of practices and principles for children/youth served by both the child welfare and mental health system. The framework for SCPM 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 Manual.

**Child with Special Health Care Needs-** means a child who has a condition that can rapidly deteriorate resulting in permanent injury or death or who has a medical condition that requires specialized in-home health care.

**Trauma Responsive Care** - consists of the identification of a child/youth/Non-Minor Dependents (NMD) 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 families in providing for the child/youth/NMD's underlying needs.

## **PART B: INTRODUCTION**

### **1.0 Intensive Services Foster Care (ISFC) Program Principles**

- 1.1. ISFC services shall be provided by an FFA, contracted by the County for: (1) recruitment, certification, training, and support to ISFC resource families in compliance with the state Resource Family Approval (RFA) process, and (2) provision of the core services to children, youth, or NMD supervised by the Department of Children and Family Services (DCFS) and/or the Probation Department (Probation) and under the care of the FFA as outlined in Welfare and Institutions Code (WIC) 11463(b).
- 1.2. ISFC services is the highest level of care in California, provided by approved FFAs for the delivery of services to children with special health care needs and in need of supervision and care services greater than less intensive levels of foster care.
- 1.3. The County ISFC programs shall provide and trained specially selected 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.
- 1.4. 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 NMD;
    - WIC Sections 17710, 17730-17739
    - Current State FFA Interim Licensing Standards for Continuum of Care Reform (CCR) Articles 9 and RFA Subchapter 1
  - (d) WIC Section 18358 on ISFC and all other WIC Sections relevant to the provision of ISFC.

- (e) The statutes referenced in this Exhibit A, SOW from the California Education Code (EDC), California Health and Safety Code (HSC), California Vehicle Code (VEH), and California WIC are available at <http://leginfo.legislature.ca.gov/faces/codes.xhtml> .
- (f) The California Code of Regulations for Title 22 (Social Services) referenced in this Exhibit A, SOW are available <https://govt.westlaw.com/calregs/Index?transitionType=Default&contextData=%28sc.Default%29> .

1.5. The CONTRACTOR shall develop internal operational procedures that demonstrate how its Quality Control Plan (QCP) will ensure monitoring 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 SOW;
- (d) The Los Angeles County Foster Family Agency Master Contract.

## **2.0 DCFS/PROBATION ISFC PROGRAM GOALS**

- 2.1. ISFC CONTRACTORS shall provide for care and supervision of DCFS and Probation youth. ISFC CONTRACTORS shall coordinate services for a child with special health care needs, in accordance with the child's individualized health care plan, using highly qualified and trained professional teams that include specially trained resource families.
- 2.2. DCFS and Probation 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 in the recruitment.
- 2.3. 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 mandate, ISFC has incorporated in this SOW the principles of the shared Core Practice Model (CPM) in order to engender a shared set of values necessary in the provision of a family-centered service delivery system to the children receiving ISFC services. It is the expectation of DCFS and Probation that the CONTRACTOR will integrate the principles and elements of the shared CPM to every extent possible..
- 3.2. A cornerstone of the CPM is the convening and participation in 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 formal intake into the ISFC program or no later than 14 days after intake and then at least once a month thereafter or more frequently if needed to meet the needs of the child and their families.
  - 3.2.2. ISFC CONTRACTOR staff shall likewise, participate in, or convene, a CFT to plan for any transition of a child prior to discharge or no later than 14 days post discharge.
- 3.3. CONTRACTOR shall commit to the development and maintenance of the programs that demonstrate solid training and awareness of the principles of cultural relevance and population diversity in all policies, practices, and personnel.
- 3.4. 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 children in their home.
  - 3.4.1. CONTRACTOR shall provide respite for up to 2 weeks per year for each ISFC designated home.
  - 3.4.2. CONTRACTOR shall designate an ISFC home as inactive if a home is unable or unwilling to have an ISFC child in the home for 30 or more consecutive days. The ISFC home may become activated upon the date they accept an ISFC youth into their home, providing all required trainings and requirements are current.
- 3.5. CONTRACTOR's ISFC team, supervisors/managers, and resource parents shall develop a shared plan that clearly outlines roles, responsibilities, training, support, and leadership needed to provide an integrated program for each child under their care, with a particular focus on how underlying

needs will drive the provision of services. This can be demonstrated through consistent completion of the Needs and Service Plan (NSP).

- 3.5.1. CONTRACTOR shall not assign multiple roles, for the same child, to the team or to any ISFC social worker without a written approval of the County ISFC managers.
- 3.5.2. CONTRACTOR shall assign an ISFC team to each youth including the following members: FFA Program Manager, Licensed Clinical Supervisor, FFA Social Worker, Registered Nurse and other nursing staff, and Resource Parent.
- 3.5.3. CONTRACTOR shall assign a Registered Nurse to oversee each child in the program with special health care needs. The Registered Nurse will be responsible for assessing each child's designated special health care needs and make contact and home visits as often as needed, depending on the needs of the individual child and the IHCP.
- 3.5.4. CONTRACTOR shall have a designated ISFC staff member for the purposes of recruitment and training.
- 3.5.5. 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 the 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 A-2, in the ISFC FFA Contract and in compliance with the process should there be changes in address.

5.2.CONTRACTOR shall not place children at Resource Homes associated with a service delivery site not approved on Exhibit A-2

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 Contracts.

## **6.0 INFORMATION TECHNOLOGY**

6.1.CONTRACTOR shall comply with the information technology requirements as specified in the ISFC Contract.

## **PART C: SCOPE OF WORK**

### **1.0 TARGET POPULATION**

#### **1.1.TARGET DEMOGRAPHICS**

1.1.1. The primary target demographics for ISFC program are children ages 0 – 21 years old with special health care needs who are not able to remain in their home or placed in a lower level of care.

1.1.2. A child with special health care needs means a child, or a person who is 21 years of age or younger who has a condition that can rapidly deteriorate resulting in permanent injury or death, or who has a medical condition that requires specialized in-home health care. The program will serve the following age sub-groups of children with special health care needs (ages 0 through 17) and NMD (18-21 years old):

- Infant (0 – 2 years old),
- Child/Youth (3-12 years),
- Teens (13-17 years),
- Teen parents and their infant (Whole Foster Family Homes [a bed and a crib per room]),
- Sibling Groups (Where one or more of the siblings have a medical condition),

- Extended Foster Care NMD 18 -21 years old.

## **1.2. ISFC ELIGIBILITY CRITERIA**

- 1.2.1. For out-of-home care, the identification of ISFC, as an appropriate placement for the child, shall be in accordance with his or her CFT and the levels of care process designed by the State and County.
- 1.2.2. Potential ISFC children shall be referred through DCFS Medical Case Management Services (MCMS) Intake or Probation Medical Placement Coordinator in order to determine if they meet definition of special health care needs and are appropriate for the ISFC program.
  - 1.2.2.1. ISFC Eligibility and admission for children with special health care needs will differ from those with serious emotional and behavioral needs. For this population, an Interagency Placement Committee screening meeting will not be held.
- 1.2.3. ISFC children shall have a medical condition(s) that meet the definition of special health care needs as set forth in WIC 17710.
- 1.2.4. No more than two children with special health care needs shall be placed in an ISFC family home with exceptions only as described in WIC 18358 and/or WIC 17732 or other statutes describing the provision of ISFC services and upon approval of the DCFS ISFC Program Manager.
- 1.2.5. ISFC children shall meet the following criteria:
  - (a) Are full-scope Medi-Cal (Title XIX) eligible;
  - (b) Have an open probation/child welfare services case.

## **2.0 REQUIRED SERVICES**

### **2.1. FFA Master Contract Requirements**

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

### **2.2. Core Services for ISFC CONTRACTORS**

As outlined in the FFA Master 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 Provide a child with a Resource Parent who is trained to meet the child's specific medical needs. ISFC CONTRACTOR shall ensure that the Resource Parent has received all needed training and is providing appropriate specialized in-home health care. ISFC CONTRACTOR shall ensure that there is someone present at all times who is medically trained to care for the child unless the County and the CONTRACTOR's Registered Nurse have mutually agreed that this is not required.
- 2.2.2 Provide ongoing monitoring and support to ensure a child medical and developmental needs are met included, but not limited to:
  - Initial (HUB) appointment, if applicable;
  - If a child requires medical appointments with specialist, all specialty medical appointments should be made and kept in a timely manner;
  - Any developmental assessment and/or services to be provided by Regional Center;
  - Any other items identified by the IHCP.
- 2.2.3 Ensure a child has appropriate medication and equipment in working order at all times and the home environment is appropriate for the child's specific medical needs. Children or youth shall not be placed in a home environment that is contrary to their medical condition, such as a child with chronic asthma placed in a home with several pets.
- 2.2.4 ISFC CONTRACTOR should ensure child's medical needs are not interfering with their education. If there is a concern, there should be a plan to request a modification from the school (such as a 504 plan, IEP, etc).

### 2.3 Transition Services

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

- 2.3.1 A primary support service is the participation and, when needed, the initiation of a CFT meeting.
- 2.3.2 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 not limited to, medical and educational records in the continuing of the continuum of care. The appropriate sharing of mental health records is of particular importance for children entering or leaving an ISFC program.

- 2.3.3 To the extent possible, a child 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.
- 2.3.4 Transition services can also include family finding efforts as well as temporary care to stabilize, support, and maintain the placement such as respite care.
- 2.3.5 ISFC professionals, specifically the medical staff, shall in collaboration with the CFT and a child's medical team, ensure child's medical needs will continue to be met at the next place of residence. This includes providing detailed documentation on current providers, upcoming medical appointments and collaborating with the team to ensure a new caregiver receives proper medical training.

## 2.4 Supportive Services

Supportive services are to be provided in an array of domains. In addition, applicable services and supports associated with each life domain, 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; and health and developmental. The basic expectations for these services are outlined in the State core services standards for FFAs

- 2.4.1 Special attention shall be given to the ISFC child who needs additional, more intensive, or more frequent services and assistance in these areas given the higher needs associated with the ISFC population.
  - 2.4.1.1 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 a child, and document specifically how the ISFC child welfare and/or clinical staff will provide the intensive support services in line with the child's underlying needs.
  - 2.4.1.2 The support services can be provided directly by the ISFC CONTRACTOR or by relevant and appropriately trained community agencies or programs.

#### 2.4.2 Transition to Adulthood Services:

ISFC CONTRACTORS shall provide relevant services, as one of the required FFA core services, to any ISFC Transition Age Youth (TAY) or non-minor dependent receiving ISFC services. Those services include, but are not limited to:

- 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;
- Development and maintenance of lifelong biological or nonrelated family relationships as well as healthy intimate relationships and practices that express the youth's sexual orientation and/or gender identity;
- Educational preparation and support for vocational colleges and/or public/private universities;
- Employment preparation and support in the development of the professional skills needed in the identification and navigation of the job market;
- Information on housing assistance and options;
- Linkages to Regional Center and California Children Services (CCS) when appropriate;
- Any other service or program to allow the ISFC youth to transition into adulthood.

#### 2.4.3 Permanency Support Services:

ISFC is intended to be time-limited and is to be supportive of family reunification and permanency for all children. ISFC placements for Children with Special Health Care Needs should aim to stabilize the child's health with any needed supervision or medical intervention in order to increase chances of successful reunification or permanency through adoption or legal guardianship.

- 2.4.3.1 ISFC CONTRACTOR, in consultation with MCMS Intake and/or Probation Medical Placement Coordinator, shall re-evaluate the child at least every six months or anytime there is a significant change in the child's medical condition, to determine if he or she still meets the criteria for an ISFC rate level for Children with Special Health Care Needs. If the child no longer meets criteria, then the ISFC CONTRACTOR, in consultation with the CFT, shall create a plan to transition to a lower level of care when appropriate. The plan can allow the child to remain in the ISFC home, but not at the ISFC rate level and service level.

- 2.4.3.2 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 and who may provide a permanent home.
  - 2.4.3.3 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's transition to a permanent home and/or to life-long relationships.
  - 2.4.3.4 CONTRACTOR shall in consultation with the CFT establish a transition plan for any ISFC child that no longer meets criteria for "Special Health Care Needs" and the ISFC Program, to step down to a lower and less restrictive level of care. If the plan is to have the child remain in the same resource home and not transitioned to another home, then the CONTRACTOR shall notify the DCFS 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.
- 2.5 CONTRACTOR shall comply with the following requirements in addition to the core services above:
- 2.5.1 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;
  - 2.5.2 Ensure a 24-hour, seven (7) day per week qualified on-call ISFC Social Worker or Administrator is available to respond to emergency situations and to oversee the in-person/face to face response to ensure the safety and appropriate services, including medical coverage, are being provided to the child and to the ISFC resource parent;
  - 2.5.3 Ensure a 24-hour, seven (7) day per week on call Registered Nurse (RN) is available to respond (telephonically or in-person) to emergency situations and to oversee and assist with any medical emergencies to ensure the safety of the child.

- 2.5.4 CONTRACTOR shall provide for the ISFC specific selection, training and support of ISFC FFA Social Worker Case Manager and Nursing staff.
  - 2.5.4.1 Caseloads of the CONTRACTOR'S Social Work Case Managers shall comply with the ISFC requirements found in WIC 18358 or other regulations related to the provision on ISFC.
  - 2.5.4.2 The workload of the RN supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week. [WIC 17731 (C)(9)]
- 2.5.5 Develop a recordkeeping that clearly documents the placed child's date of intake into ISFC, the delivery of all services and supports to the child, date of resource parents' ISFC certification, date of resource parent's child-specific medical training, 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.
- 2.5.6 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.
- 2.5.7 Collaborate with the County ISFC Program Manager, in the matching process prior to the suitable placement of eligible ISFC children into the ISFC homes.
  - 2.5.7.1 Placement of no more than (2) children with Special Health Care Needs in an ISFC resource home shall be in compliant with exceptions described in WIC 18358 and/or WIC 17732 or other statutes describing the provision of ISFC services and approval of the DCFS ISFC Program Manager.
- 2.5.8 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 and the appropriate ISFC Level of Care Rate that ensures continuity and

stability of placement; and is consistent with the child's medical treatment plan and goals and includes a plan for planned and crisis respite care.

2.5.9 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 DCFS ISFC Program Managers 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 CONTRACTOR protocol for keeping children safe including but not limited to, responding to medical emergencies as well as a protocol to follow up on any such emergencies by developing a set of interventions to reduce or eliminate future episodes;
- (d) Collaboration with the Children Social Worker/Probation Placement Officer on the organization and coordination of Child and Family Team 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 children that meet the eligibility requirements. The expectation is for ISFC to allow for children with Special Health Care Needs to reunite with their families, achieve self-sufficiency, find a permanent option, or return to lower levels of foster care.

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. The rate is specifically for the care and supervision of the child 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 no



- 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 provide:

- 3.3.1 CONTRACTOR shall perform activities necessary for the administration of the program including recruitment, training, ~~certification~~ approving, and monitoring of the ISFC resource parents. The CONTRACTOR shall collaborate with monthly Roundtable meetings organized by DCFS ISFC Program Manager as well as periodic workgroups or events designed to assist the CONTRACTOR in program implementation as well as resource parent recruitment, training and certification.
- 3.3.2 CONTRACTOR shall provide social work case management services in compliance with the State ISFC statutes in WIC.
- 3.3.3 CONTRACTOR shall ensure that each placed ISFC child will, in consultation with the CFT, and the County ISFC Program Administrators or designee be assessed upon intake and at six (6) month intervals to determine which level of care above best meets their needs.
- 3.3.4 CONTRACTOR must document the hours the Registered Nurse or nursing staff spends providing services to a placed ISFC child.
- 3.3.5 CONTRACTOR shall pay no less than two thousand three hundred and twenty-one dollars (\$2321) or amount stipulated by the Welfare and Institution Code per child 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.
- 3.3.6 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.

#### **4.0 STAFF QUALIFICATIONS AND REQUIREMENTS**

- 4.1 CONTRACTOR shall provide the following staff: (1) a Social Worker Case Manager, (2) Registered Nurse (3) Additional Nursing staff as needed, (4) Mental Health Clinicians, (5) ISFC Resource Parents, (6) other support staff as needed, and (7) relevant supervisors and administrators.

4.2 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 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 allowed by State regulation in conjunction with County approval shall submit a request for such approval to the DCFS ISFC Program Manager before allowing the staff in question to begin delivering the service.

4.3 For any ISFC Staff that provide services to the youth and family, the CONTRACTOR shall ensure services are clearly recorded in the appropriate child welfare records of the child to indicate the time and duration of delivery of each type of service and that a summary of these services be included.

4.4 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 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 youth in residential and/or foster care. They should demonstrate their ability to engage with families; proficiency in teaching and public speaking; and ability to collaborate with members of a team.

4.5 Nursing Staff Qualifications and Services:

4.5.1 CONTRACTOR is required to have a Registered Nurse employed by or on contract with the foster family agency to supervise and monitor the child. The workload of the RN supervising or monitoring a child's ongoing health care in a certified home shall be based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional. In no case shall the health care professional's regular workload based on the cumulative total hours specified in the individualized health care plans for children assigned to the health care professional be more than 40 hours per week. [WIC 17731 (C)(9)]

4.5.2 CONTRACTOR's Registered Nurse shall be licensed and in good standing with the BRN Board of the State of California and have at least two years experience as a pediatric or neo-natal intensive care nurse.

4.5.3 Any additional nursing staff hired, e.g. Licensed Practical Nurse, or Licensed Vocational Nurse, shall be directly supervised by the Registered Nurse.

4.5.4 Additional personnel records for foster family agencies placing children with special health care needs: Any foster family agency placing a child with special health care needs shall maintain the following personnel records for the registered nurse(s) as required by Section 88065.1:

(1) A copy of a valid license authorizing him/her to practice as a Registered Nurse in California;

(2) A current list of children with special health care needs assigned to the Registered Nurse as part of his/her regular caseload. For each child, the list shall provide:

- The child's name and address;
- The number of supervisory hours required in the child's individualized health care plan.

#### 4.3.5 Required Visits by Registered Nurse

4.3.5.1 CONTRACTOR's Registered Nurse will be responsible for assessing each child's designated Special Health Care Needs upon, or prior, to placement. After placement, the agency nurse will make contact and home visits as often as needed, depending on the needs of the Individual Child and the Individualized Health Care Plan.

#### 4.6 Social Work Staff Qualifications and Services

4.6.1 CONTRACTOR'S Social Workers shall have a Master's degree consistent with Health and Safety Code section 1506(e) and at least one year of experience working with medically fragile children.

#### 4.6.2 Required Visits by Social Work Staff

4.6.2.1 CONTRACTOR'S social worker staff shall make weekly face to face contacts with the placed child. Two contacts per month must be in the home.

4.6.2.2 CONTRACTOR'S social worker staff shall document medical and developmental appointments. Social Workers will update the agency nurse regarding any concerns of the children with medical needs assigned to their caseload.

#### 4.7 Other Specialized Staff and Administrators:

- 4.7.1 CONTRACTOR may utilize specialized staff or administrators to perform functions related to the ISFC program but that are not on-going members of the ISFC team, such as, for recruitment, orientation and training of ISFC resource parents, or educational liaisons among other activities that reflect more generalized FFA duties. This 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 children 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~~ Approving 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 resource parents that assist in the provision services to the ISFC child 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 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 ISFC resource parents to serve the Special Health Care Needs population, shall ensure that these resource parents meet all eligibility requirements and receive the specialized pre-service, supplemental and specialized training.

5.2.2.2 CONTRACTOR shall ensure that during the ~~certification~~ approving and ~~recertification~~ reapproving 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~~ approving and ~~recertification~~ reapproving 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 children 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 DCFS 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 children.

5.2.4 CONTRACTOR shall notify the DCFS 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.

### 5.3 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.

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 DCFS 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 Medically Fragile Pre-Service Certification

5.4.1 CONTRACTOR shall provide a minimum of 16 hours of initial training on Special Health Care needs topics such as: 1) Pediatric Medical Conditions, 2) Preventative care, 3) Medical Devices, 4) Policies and Procedures related to the medically fragile child, 5) Professional Documentation, 6) Universal Precautions and Infectious Control, 7) Community Resources.

5.4.2 The Resource parent may also opt to attend the 16 Hour F-Rate Pre-Service Class through The Community College Foundation.

5.4.3 All Resource parents must be certified in CPR/First Aid.

#### 5.5 Child-Specific Training

5.5.1 Upon placement of a child with Special Health Care Needs, the Resource parent shall be trained on the child's specific medical needs as indicated by the Individualized Health Care Plan Team.

5.5.2 The CONTRACTOR shall provide additional focused training for the child-specific diagnosis, which shall be performed by CONTRACTOR'S Registered Nurse.

#### 5.6 Medically Fragile Continuing Education

5.6.1 Resource parents are required to complete 12 hours annually of applicable continuing education or medical training in addition to their obligatory Resource Family training hours. CONTRACTOR shall provide an additional 12 hours of in-service training annually on applicable topics for the medically fragile population.

#### 5.7 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.

## **6.0 MONITORING REQUIREMENTS**

6.1 CONTRACTOR shall monitor all ISFC Resource Parents to ensure: (1) the well-being of children with Special Health Care Needs 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 children with medical needs (4) participation in the development and implementation of individual case and treatment plans for the children 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 and laws.

### **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 DCFS 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 decertified ISFC homes, (c) homes transitioning to or from ISFC Respite Only homes, (d) homes transitioning on or off a voluntary or involuntary suspension of ISFC services whether initiated by the resource parent, FFA and/or DCFS Out-of-Home Care Management Division or Contracts Administration and Probation Placement Permanency & Quality Assurance, and (e) any other status change that affects the ISFC Resource parent's ability to have an ISFC child under their care.

6.2.2 CONTRACTOR shall ensure that any pending premature termination of an ISFC child's placement in an ISFC Resource Home be reported to the DCFS 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 in residence.

## **PART D SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS**

### **1.0 INTAKE**

#### **1.1 Matching of Eligible ISFC Children 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, his or her family, educational needs, medical and developmental 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 youth on the waitlist are given priority. CONTRACTOR shall give priority to the youth on the waitlist for any open ISFC available resource family.
- 1.1.3 CONTRACTORS shall collaborate with the D ISFC Administrators prior to intake in a pre-placement matching consultation in order to review ISFC children 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's 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. If the child is hospitalized, the ISFC staff and Resource Family may and should attend the Discharge Planning meeting if the hospital plans to hold such meeting.
- 1.1.5 CONTRACTOR'S Registered Nurse shall assess (1) the Resource Family's ability to meet the child's Special Health Care Needs based upon their experience and training; and (2) ensure the child can continue receiving medical services from the same providers for the continuity of care. If not possible, the RN should assess whether or not the medical services can be transferred to different providers while still meeting all of the child's medical needs.



1.1.6 CONTRACTOR'S social work staff and or nursing staff shall assess the home environment to ensure it can accommodate the child's Special Health Care needs. Areas in the home used by the child shall be large enough to accommodate any medical equipment needed by the child therein. This includes:

- (1) Bedrooms occupied by the children with Special Health Care Needs shall be large enough to allow the storage of each child's personal items and any required medical equipment or assistive devices, including wheelchairs, adjacent to the child's bed;
- (2) Bedroom shall be large enough to permit unobstructed bedside administration of medical procedures and medications;
- (3) Bedroom used by a child with Special Health Care Needs shall not be shared with another minor if the child's need for medical services or the child's medical condition would be incompatible with the use and enjoyment of the bedroom by each minor;
- (4) When required by the child's medical team, the Resource parent or other adult caring for the child, shall sleep in a bedroom adjacent or close proximity to the child's room.

1.1.7 If at any point prior to CFT placement, the ~~County Worker~~ Children Social Worker/Probation Placement Officer or the DCFS ISFC Program Manager can demonstrate that the child's needs may not adequately be met in the proposed ISFC resource home based on existing documentation, the CONTRACTOR shall be notified immediately that they cannot place the child with that ISFC Resource parent.

1.1.8 CONTRACTORS shall notify the DCFS 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 DCFS 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 Two Children in an ISFC Resource Home:

1.2.1 CONTRACTOR shall comply with the State regulations on the number of children allowed in an ISFC Resource Home as outlined in WIC 18358 and WIC 17732 which limits the number of children in an ISFC home to no more than two children with Special Health Care Needs.

1.2.2 More than two children who have Special Health Care Needs and who are siblings may be placed together in the same ISFC Resource Home in consultation with the CFT and with the approval of the County ISFC Program Administrators.

1.2.3 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 that raises concerns about their care and supervision. The CONTRACTOR shall retain the reassessments, document any problems, and record how the problem was solved.

### 1.3 Resource Families with Day Care or other Facility License

1.3.1 CONTRACTOR shall not place or permit the continued placement of children with Special Health Care Needs in an ISFC home in which the Resource Family holds any day care or health care facility license on the same premise as the ISFC Family Home.

1.3.2 If the CONTRACTOR plans to place a child with Special Health Care Needs in an ISFC home whose Resource Family holds a license as specified in Section 88030.2(a), the CONTRACTOR shall verify that the Resource parent has surrendered the license to the licensing agency prior to placing the child [Title 22, Chapter 8.8, Section 880302.(A)(1)]

### 1.4 Denial of Placement of Children Who Do Not Meet the License or Program Statement Criteria:

1.4.1 CONTRACTOR is responsible for denying placement of children, 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 the CONTRACTOR determines that an eligible ISFC child does not meet these criteria, the CONTRACTOR shall immediately notify the Children Social Worker/Probation Placement Officer and the DCFS ISFC Program Manager and submit a written statement within three business days to the DCFS ISFC Program Manager.

## **2.0 SAFETY RESPONSE, PLANNING AND NOTIFICATIONS**

2.1 CONTRACTOR will ensure that the ISFC social work case manager, nursing staff, or other relevant administrator or staff, notify the DCFS ISFC Program Manager, or designees, via email within 1 business day for all incidents that indicate a sign of threat or continued risk to the physical, health, or mental health status of the ISFC child including all such incidents that require a Serious Incident Report (SIR) on the I-Track System.

2.2 In the event of an emergency, CONTRACTOR may move the placed child to another ISFC Resource Home or ISFC Respite Home within their agency without prior authorization from the ~~County Worker~~ 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 or others in the Resource Home.

2.3 In the event of an emergency replacement, CONTRACTOR shall make every effort to keep the child in the same school.

2.4 CONTRACTOR shall notify the placed child's Children Social Worker/Probation Placement Officer, the Children Social Worker/Probation Placement Officer's Supervisor, the Children Social Worker/Probation Placement Officer Supervisor's Administrator and the DCFS 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 is moved

2.5 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 Social Worker/Probation Placement Officer's Supervisor, the Children Social Worker/Probation Placement Officer Supervisor's Administrator and the DCFS ISFC Program Manager or designee by the end of the next business day.

2.6 CONTRACTOR shall discuss the situation that led to the emergency replacement with the Children Social Worker/Probation Placement Officer, the Children Social Worker/Probation Placement Officer's Supervisor and DCFS ISFC Program Manager Representative and document the conversation and decision in the respective case. Further, a CFT will also be held as soon as possible after the incident to provide or update a safety plan.

## 2.7 Child Hospitalized

2.7.1 CONTRACTOR shall comply with the following:

- Notify the DCFS 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 that is hospitalized.

- Continue to provide the services to the extent possible to the placed child during the hospitalization.
- Ensure the ISFC Resource parent or the FFA's ISFC staff visit the child 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, the CONTRACTOR shall collaborate with the Children Social Worker/Probation Placement Officer and the DCFS ISFC Program Manager to close the placement and re-open it when the child returns.
- CONTRACTOR shall allow a child 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 the child's return to the home.
- Exceptions to the above re-admission rules are allowed only when:
  - The CFT, including the child's Children Social Worker/Probation Placement Officer, decides not to return the child to the ISFC Resource Home;
  - The CONTRACTOR and the Children Social Worker/Probation Placement Officer mutually agree that the child's re-admission jeopardizes the immediate health and safety of the child or others in the home;
  - The child's medical condition becomes more medically complex in such that the Resource parent can no longer properly care for the child's Special Health Care Needs;
  - In both cases, CONTRACTOR shall immediately notify the DCFS 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 as outlined above in the CDSS FFA Licensing Standards in addition to County ISFC services.

- 3.1 CONTRACTOR shall ensure that all members of the ISFC team (social work case managers, nursing staff, mental health clinicians and other relevant professionals when appropriate) meet regularly, face-to-face, at a minimum of once a week to review, track and adapt as necessary the plans for the ISFC child.
- 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 in order to obtain information on the strengths and needs of the child to assist the ISFC team in evaluating the plan for the child. Moreover, such partners and informal supports should be invited to participate in CFT meetings when appropriate.
- 3.4 CONTRACTOR shall ensure that the ISFC documents appropriate respite strategies for each ISFC youth 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 NSP or in the child's case file. The respite plan shall also be reviewed by the child, ISFC team, and CFT on a regular basis and documented in the child's case file or Quarterly Report. The respite plan shall be in compliance with the State and County respite guidelines.

#### **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 children. The goal of this subsection is to maximize communication in the transition plan of placed children. All reasonable efforts shall be made to stabilize a child's placement and, when appropriate, to consult with the DCFS ISFC Program Manager whether additional services may prevent an unnecessary replacement of a child from the ISFC resource home.

- 4.1 The CONTRACTOR shall notify the Children Social Worker/Probation Placement Officer and the DCFS ISFC Program Manager or designee via electronic mail as soon as the CONTRACTOR becomes aware of issues that may lead to replacement.
- 4.2 CONTRACTOR shall convene or participate in a case conference or CFT meeting to determine whether the child's placement may be stabilized

and/or additional services may be provided without removing the child from the ISFC Resource Home, including in-home crisis stabilization services.

4.3 When all the alternatives have been exhausted, the CONTRACTOR will provide Notice of Intent to Discharge to the Children Social Worker/Probation Placement Officer and the DCFS 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 or others.

4.4 Prior to discharging a placed ISFC child:

- CONTRACTOR shall notify the intent to discharge via electronic mail to the Children Social Worker/Probation Placement Officer, Children Social Worker/Probation Placement Officer's Supervisor, and Children Social Worker/Probation Placement Officer Supervisor's Administrator as well as the DCFS ISFC Program Manager or designee.
- The CONTRACTOR shall also make direct contact with Children Social Worker/Probation Placement Officer and the DCFS 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 from one home to another, the CONTRACTOR shall escalate the request to the attention of Children Social Worker's Assistant Regional Administrator, Regional Administrator/Probation Placement Officer' Director and to the DCFS ISFC Program Manager and the COUNTY Program Administrator.

4.5 CONTRACTOR shall ensure and monitor for compliance that all placed children are provided with an appropriate duffle bag and/or suitcase for their belongings (including any needed medication and or medical equipment) prior to discharge, and transport their belongings in a manner that facilitates dignity and respect.

## **5.0 MANDATORY REPORTS**

ISFC children shall receive timely individualized and comprehensive NSP/Quarterly Reports as outlined in the FFA Master SOW. The ISFC child's NSP and Quarterly Reports shall include:

### **5.1 ISFC NSP/Quarterly Report**

- 5.1.1 The CFT suggestions, medical team suggestions and recommendations and relevant aspects of the child's treatment plan shall be incorporated into the development of the NSPs.
- 5.1.2 The CONTRACTOR'S social worker case manager and nursing staff 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.
- 5.1.3 The CONTRACTOR shall ensure that the NSP clearly documents that the child 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 required FFA SOW requirements the following:
- (1) The placed child's/youth's and NMD's 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) Status and progress of the child's medical needs and treatment plan
  - (7) Discharge transition planning;
  - (8) The recommendation regarding the feasibility of the placed child's/youth's and NMD's return to their home, placement in a lower level of care in the community, to a higher level of care in an STRTP/group home, or move to independent living; and
  - (9) 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 children's medical and child welfare files be 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 the DCFS ISFC Program Manager. Census data could include but not be limited to information about the youth and ISFC homes (1) demographics, birth date, gender, and ethnicity; (2) referring County department; (3) enrollment and disenrollment dates; (4) reason for disenrollment and (5) outcome measures for child safety, permanence, and well-being/self-sufficiency. The frequency of these reports could include weekly, monthly, quarterly and annual updates.

5.3.2 The CONTRACTOR shall prepare and submit a monthly report to the COUNTY's Program Manager due on the 5th of each month. This report shall include overall statistics of the ISFC FFA's program including: (1) foster parents approved since the last report [names, addresses, and phone numbers]; (2) foster parents disapproved since the last report [names, addresses, phone numbers, and the reasons for decertification]; and (3) children placed in each Resource Family Home using Exhibit A-6.

5.3.3 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.

**The CONTRACTOR will incorporate and use the data specification and reporting templates provided by the County prior to each reporting period.**



## 6.0 TRAINING

In addition to State and County mandated training outlined in the FFA Master SOW and Contract, the 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 children 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-informed 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 other 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 ensure and monitor 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 in this SOW.

6.1.6 CONTRACTOR shall ensure that the State required pre-service and in-service training hours for 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 each ISFC Resource parent receive at least 16 hours of initial training on Special Health Care Needs topics including, but not limited to:

- Pediatric Medical Conditions

- Preventative Care
- Medical Devices
- Policies and Procedures related to the medically fragile child
- Professional Documentation
- Universal Precautions and Infectious Control
- Community Resources
- Working with children/youth and NMDs with Development Disabilities

6.1.8 CONTRACTOR shall ensure that each ISFC resource parent receives an additional (12) hours of in-service training annually on applicable topics for the medically fragile population.

6.1.9 CONTRACTOR shall ensure that ISFC Resource Parents have been trained on the child's specific medical needs and that additional training is arranged any time the child's condition changes.

FOSTER FAMILY AGENCY REFERENCE LINKS	
SOW SECTION	REFERENCE LINKS
2.2 (a)	Title 22, Division 6, Chapter 1, Sections 80000-80095 [except as otherwise noted in Section 88030(f)] ( <i>General Licensing Requirements</i> ): <a href="http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential">http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential</a>
2.2 (a)	Division 6, Chapter 4, Sections 83000 through 83088 ( <i>Small Family Homes</i> ): <a href="http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential">http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential</a>
2.2 (b)	Title 22, Division 6, Chapter 8.8, Sections 88000 through 88087 ( <i>Foster Family Agencies</i> ): <a href="http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential">http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential</a>
2.2 (c)	Title 22, Division 6, Chapter 8.8, Sections 88200 through 88587.1 ( <i>Foster Family Agencies Interim Licensing Standards</i> ): <a href="http://www.cdss.ca.gov/Portals/9/VERSION_2.1_FFA_ILS_6.12.17_FINAL.pdf?ver=2017-06-12-202554-807">http://www.cdss.ca.gov/Portals/9/VERSION_2.1_FFA_ILS_6.12.17_FINAL.pdf?ver=2017-06-12-202554-807</a>
2.2 (d)	Title 22, Division 2, Subchapters 1-9, Sections 35000-35409 ( <i>Adoptions Manual</i> ) for Foster-Adopt FFA requirements: <a href="http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Adoptions-Regulations">http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Adoptions-Regulations</a>
2.3	California Education Code (EDC), California Health and Safety Code (HSC), California Vehicle Code (VEH), Penal Code (PEN) and California Welfare and Institutions Code (WIC), are all available at: <a href="http://leginfo.legislature.ca.gov/faces/codes.xhtml">http://leginfo.legislature.ca.gov/faces/codes.xhtml</a> .
3.1 & 10.0	Child abuse and neglect in out-of-home care are definition in Penal Code Section 11165.5: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&amp;sectionNum=11165.5">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&amp;sectionNum=11165.5</a>
5.1	Welfare and Institutions Code (WIC) 17710 (a): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=17710.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=17710.&amp;lawCode=WIC</a>
6.0	Pathways to Mental Health Service Core Practice Model Guide: <a href="http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf">http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf</a>
6.0	Los Angeles County Core Practice Model (CPM): <a href="http://www.gettothecore.org">www.gettothecore.org</a> .

7.4 & 8.3	Megan's Law Website at <a href="http://meganslaw.ca.gov">http://meganslaw.ca.gov</a>
8.1	Department of Justice Applicant Information and Certification Program: <a href="http://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/all-others.pdf">http://oag.ca.gov/sites/all/files/agweb/pdfs/fingerprints/forms/all-others.pdf</a>  Attorney General information for Applicant Agencies: <a href="http://oag.ca.gov/fingerprints/agencies">http://oag.ca.gov/fingerprints/agencies</a> .
8.2	Health and Safety Code (HSC) Sections 1522-1522.01: <a href="http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&amp;division=2.&amp;title=&amp;part=&amp;chapter=3.&amp;article=2">http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=HSC&amp;division=2.&amp;title=&amp;part=&amp;chapter=3.&amp;article=2</a>
8.2	Title 22, Division 6, Chapter 1, Section 80019 ( <i>Criminal Record Clearance</i> ): <a href="http://www.cdss.ca.gov/Portals/9/Regs/genman2.pdf?ver=2017-03-14-105242-523">http://www.cdss.ca.gov/Portals/9/Regs/genman2.pdf?ver=2017-03-14-105242-523</a>
8.4	Health and Safety Code Sections 1522.1 and 1522(b): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&amp;sectionNum=1522">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC&amp;sectionNum=1522</a>
10.0 & 10.3.1	Child Abuse and Neglect Reporting Act (CANRA) Mandated Reporter Definition in Penal Code Section (PEN) 11165.7: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&amp;sectionNum=11165.7">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&amp;sectionNum=11165.7</a>
10.3 & 10.3.2	Penal Code, Section 11166: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11166.&amp;lawCode=PEN">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11166.&amp;lawCode=PEN</a>
10.4	I-Track: <a href="https://itrack.dcfslacounty.gov">https://itrack.dcfslacounty.gov</a>
10.5.5	All County Information Notice (ACIN) I-13-17 "Promising Practices for Youth Who Are Missing or Run Away From Foster Care": <a href="http://www.cdss.ca.gov/Portals/9/ACIN/2017/I-13_17.pdf?ver=2017-05-01-151257-900">http://www.cdss.ca.gov/Portals/9/ACIN/2017/I-13_17.pdf?ver=2017-05-01-151257-900</a>
10.6	LIC 9185 (8/08) - Foster Family Agency Certified Home: <a href="http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9185.PDF">http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9185.PDF</a>
10.6	LIC 05A (7/17) - Resource Family Approval Certificate: <a href="http://www.cdss.ca.gov/Portals/9/FMUForms/L/LIC%2005A.pdf?ver=2017-08-02-081625-743">http://www.cdss.ca.gov/Portals/9/FMUForms/L/LIC%2005A.pdf?ver=2017-08-02-081625-743</a>
10.6	Foster Care Search System (FCSS): <a href="https://fcss.dcfslacounty.gov/Login.aspx">https://fcss.dcfslacounty.gov/Login.aspx</a>

**EXHIBIT A-1**

12.2	Program Statement Submission System (ePSSS): <a href="https://myapps.dcfslacounty.gov/epsss.html">https://myapps.dcfslacounty.gov/epsss.html</a>
14.0	Welfare and Institutions Code (WIC) 16501(a)(4) <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.&amp;lawCode=WIC</a>
14.1	County of Los Angeles Shared Core Practice Model (CPM): <a href="http://lakids.dcfslacounty.gov/dcfscpm/documents/Los%20Angeles%20County%20Shared%20Child%20Welfare-Mental%20Health%20Core%20Practice%20Model.pdf">http://lakids.dcfslacounty.gov/dcfscpm/documents/Los%20Angeles%20County%20Shared%20Child%20Welfare-Mental%20Health%20Core%20Practice%20Model.pdf</a>
14.1.2	LA County DCFS Policy on the Child and Family Team Process: <a href="http://policy.dcfslacounty.gov/Default.htm#Child_and_Family_Teams.htm?Highlight=chi">http://policy.dcfslacounty.gov/Default.htm#Child_and_Family_Teams.htm?Highlight=chi</a>
14.2	Welfare and Institutions Code (WIC) section 16501(a)(4): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16501.&amp;lawCode=WIC</a>
14.2	California Department of Social Services (CDSS), All County Letter (ACL) No. 16-84: <a href="http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-84.pdf">http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-84.pdf</a>
15.0	WIC 11463(b)(5), which can be found at: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11463.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=11463.&amp;lawCode=WIC</a>
15.0, 15.1.2, 15.3, 15.4, 15.5, 15.6	Foster Family Agencies Core Services Matrix: <a href="http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR/FFA_CoreServicesMatrix.pdf">http://www.cdss.ca.gov/cdssweb/entres/pdf/CCR/FFA_CoreServicesMatrix.pdf</a>
15.1	California Code of Regulations, Title 9, Division 1, Chapter 11, Subchapter 3, Article 2: <a href="https://govt.westlaw.com/calregs/Document/IF4D60C40DF4A11E4A54FF22613B56E19?originationContext=Search+Result&amp;listSource=Search&amp;viewType=FullText&amp;navigationPath=Search%2fv3%2fsearch%2fresults%2fnavigation%2fi0ad720f20000015e5a24479c2a655f05%3fstartIndex%3d1%26Nav%3dREGULATION_PUBLICVIEW%26contextData%3d(sc.Default)&amp;rank=1&amp;list=REGULATION_PUBLICVIEW&amp;transitionType=SearchItem&amp;contextData=(sc.Search)&amp;t_T2=1830.210+&amp;t_S1=CA+ADC+s">https://govt.westlaw.com/calregs/Document/IF4D60C40DF4A11E4A54FF22613B56E19?originationContext=Search+Result&amp;listSource=Search&amp;viewType=FullText&amp;navigationPath=Search%2fv3%2fsearch%2fresults%2fnavigation%2fi0ad720f20000015e5a24479c2a655f05%3fstartIndex%3d1%26Nav%3dREGULATION_PUBLICVIEW%26contextData%3d(sc.Default)&amp;rank=1&amp;list=REGULATION_PUBLICVIEW&amp;transitionType=SearchItem&amp;contextData=(sc.Search)&amp;t_T2=1830.210+&amp;t_S1=CA+ADC+s</a>
15.1.1.2 & 15.1.16	Psychotropic Medication Guidelines (JV-217-INFO): <a href="http://www.courts.ca.gov/formnumber.htm">http://www.courts.ca.gov/formnumber.htm</a>
15.1.1.3, 15.1.1.5	Psychotropic Medication: Authorization, Review, and Monitoring for DCFS Supervised Children DCFS Policy No. 0600-514.10:

and 15.1.16	<a href="http://policy.dcms.lacounty.gov/Default.htm#Psychotropic_Meds.htm?Highlight=psychotropic">http://policy.dcms.lacounty.gov/Default.htm#Psychotropic_Meds.htm?Highlight=psychotropic</a>
15.1.1.4	Foster Youth Rights: <a href="http://www.dss.cahwnet.gov/cdssweb/PG167.htm#P">http://www.dss.cahwnet.gov/cdssweb/PG167.htm#P</a>
15.1.1.4	Legal Rights of Teens in Out-of-Home Care: <a href="http://www.ylc.org/resource-bank/?folder_id=111&amp;root_folder_id=110">http://www.ylc.org/resource-bank/?folder_id=111&amp;root_folder_id=110</a>
15.3.1	Welfare and Institutions Code (WIC) Section 16501.1(d)(4), and (g)(8)(B): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&amp;sectionNum=16501.1">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&amp;sectionNum=16501.1</a>
15.3.1	Education Code (EDC) 48850(a) and (b): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48850.&amp;lawCode=EDC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48850.&amp;lawCode=EDC</a>
15.3.3	Education Code (EDC) 48853.5(f)(8)(B): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48853.5.&amp;lawCode=EDC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48853.5.&amp;lawCode=EDC</a>
15.3.6.2	Los Angeles County Office of Education (LACOE), Foster Youth Service Coordinating Program (FYSCP) Tutoring Program and other community-based tutoring resources: <a href="https://secure-web.cisco.com/10t5Lfw7XnEcXeRaQwg7I5NrkGzS4bBHONnOP7XXmCXopQTZhw7RniN6ffvD3zQY37K-864Vml8nVqtDjvIC_v2P_b6_wegV4HXnAANxWUoZvLNmrW8-m1dLH5qU8W7h4c8RRrj6pzPOF8-D-wT_Yrl8eqz692V8sW3XXTiLJda9z0fVRDaDsViD7SJVOZ5dfLF2L5lusAhSk6mnV6Nuz0xyxRkl7E75N14_1gpOhSr-T-36X_Ojf9_RGFCUv6cKAGnQnX1M_R5fs7JYywy3xpRsT8w98u1acrbSX-Jvf1J04m7tfsnJS03T7_v-bIV9Gk9beO8F0a55wjYprslLJc22ZjKeT0iBX-lkQJavVQ2UeiO0D_GstH678zTRQM4qNag_RSyjsQKh7d5_JMkx5A/https%3A%2F%2Fwww.lacoe.edu%2FStudentServices%2FHomelessFosterYouth%2FFosterYouth%2FTutoring.aspx">https://secure-web.cisco.com/10t5Lfw7XnEcXeRaQwg7I5NrkGzS4bBHONnOP7XXmCXopQTZhw7RniN6ffvD3zQY37K-864Vml8nVqtDjvIC_v2P_b6_wegV4HXnAANxWUoZvLNmrW8-m1dLH5qU8W7h4c8RRrj6pzPOF8-D-wT_Yrl8eqz692V8sW3XXTiLJda9z0fVRDaDsViD7SJVOZ5dfLF2L5lusAhSk6mnV6Nuz0xyxRkl7E75N14_1gpOhSr-T-36X_Ojf9_RGFCUv6cKAGnQnX1M_R5fs7JYywy3xpRsT8w98u1acrbSX-Jvf1J04m7tfsnJS03T7_v-bIV9Gk9beO8F0a55wjYprslLJc22ZjKeT0iBX-lkQJavVQ2UeiO0D_GstH678zTRQM4qNag_RSyjsQKh7d5_JMkx5A/https%3A%2F%2Fwww.lacoe.edu%2FStudentServices%2FHomelessFosterYouth%2FFosterYouth%2FTutoring.aspx</a>
15.3.9	Child Health Disability Prevention (CHDP) Program: <a href="http://www.lapublichealth.org/cms/CHDP.htm">http://www.lapublichealth.org/cms/CHDP.htm</a>
15.3.9.1	Medical/Dental Exams Periodicity Schedule for children, which can be found at: <a href="https://www.aap.org/en-us/Documents/periodicity_schedule.pdf">https://www.aap.org/en-us/Documents/periodicity_schedule.pdf</a>
15.3.9.2	Los Angeles County Department of Public Health: <a href="http://www.lapublichealth.org/cms/CHDP.htm">http://www.lapublichealth.org/cms/CHDP.htm</a>
15.3.11.3	Los Angeles County Department of Health Services contracted providers: <a href="http://dhs.lacounty.gov/wps/portal/dhs/locations/">http://dhs.lacounty.gov/wps/portal/dhs/locations/</a>

15.3.13	Welfare and Institutions Code (WIC) Section 16010: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&amp;lawCode=WIC</a>
15.3.14	Welfare and Institutions Code (WIC) Section 362.05: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=362.05.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=362.05.&amp;lawCode=WIC</a>
15.3.15.3	Centers for Disease Control, Division of Nutrition, Physical Activity, Obesity: <a href="https://www.cdc.gov/nccdphp/dnpao/">https://www.cdc.gov/nccdphp/dnpao/</a>
15.3.15.3	American Academy of Pediatrics: <a href="https://www.healthychildren.org/English/Pages/default.aspx">https://www.healthychildren.org/English/Pages/default.aspx</a>
15.5.1.3	Welfare and Institutions Code (WIC) Section 16001.9(a)(15), available at <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16001.9.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16001.9.&amp;lawCode=WIC</a>
15.6	Welfare and Institutions Code (WIC) 224.1: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=224.1.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=224.1.&amp;lawCode=WIC</a>
15.6	Welfare and Institutions Code (WIC) 361.7 <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=361.7.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=361.7.&amp;lawCode=WIC</a>
15.6	Federal Indian Child Welfare Act (25 U.S.C. Sec. 1901 et seq.): <a href="https://www.nicwa.org/wp-content/uploads/2016/11/Indian-Child-Welfare-Act-of-1978.pdf">https://www.nicwa.org/wp-content/uploads/2016/11/Indian-Child-Welfare-Act-of-1978.pdf</a>
15.6.1	Federal Indian Child Welfare Act (ICWA): <a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=5851874fabfe7843125fcdad04ef112d&amp;mc=true&amp;node=pt25.1.23&amp;qn=div5">https://www.ecfr.gov/cgi-bin/text-idx?SID=5851874fabfe7843125fcdad04ef112d&amp;mc=true&amp;node=pt25.1.23&amp;qn=div5</a>
15.6.2	National Indian Child Welfare Association for further guidance at <a href="http://www.nicwa.org/Indian_Child_Welfare_Act/history/">http://www.nicwa.org/Indian_Child_Welfare_Act/history/</a>
16.7.2	Health and Safety Code (HSC) 1507.25: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1507.25.&amp;lawCode=HSC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1507.25.&amp;lawCode=HSC</a>
16.8	Strategies for recruitment and retention: <a href="http://www.nrcdr.org/">http://www.nrcdr.org/</a>
16.8	Strategies for recruitment and retention: <a href="https://www.childwelfare.gov/topics/permanency/recruiting/recruitment-">https://www.childwelfare.gov/topics/permanency/recruiting/recruitment-</a>



EXHIBIT A-1

	<u>tools/</u>
16.9.2	Community Colleges at the California Community Colleges Registry at: <a href="https://www.cccregistry.org/jobs/miscellaneous/collegedirectory.aspx">https://www.cccregistry.org/jobs/miscellaneous/collegedirectory.aspx</a>
17.0	California Department of Social Services(CDSS), All County Letter (ACL) No. 06-04: <a href="http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl06/pdf/06-04.pdf">http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl06/pdf/06-04.pdf</a>
17.5.2	Business and Professions Code (BPC) Sections 22950.5(c) and (d): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=22950.5.&amp;lawCode=BPC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=22950.5.&amp;lawCode=BPC</a>
17.9.1 & 17.9.4	DCFS Clothing Allowance Policy No. 0900-506.10: <a href="http://policy.dcfs.lacounty.gov/Default.htm#Clothing_Allowances.htm#Initial">http://policy.dcfs.lacounty.gov/Default.htm#Clothing_Allowances.htm#Initial</a>
18.6	Welfare and Institutions Code (WIC) 16514(c): <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16514.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16514.&amp;lawCode=WIC</a>
18.6	CDSS All County Information Notice (ACIN) No. I-75-16, which can be found at: <a href="http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2016/I-75_16.pdf">http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acin/2016/I-75_16.pdf</a>
18.8	Welfare and Institutions Code (WIC) Sections 10601: <a href="http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&amp;lawCode=WIC">http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=16010.&amp;lawCode=WIC</a>
18.10	Release of Confidential DCFS Case Record Information Policy No. 0500-501.20, Declaration in Support of Access to Juvenile Records Form <a href="http://policy.dcfs.lacounty.gov/default.htm#Release_of_Confidential.htm">http://policy.dcfs.lacounty.gov/default.htm#Release_of_Confidential.htm</a>
18.11	LIC613B Personal Rights form: <a href="http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC613B.PDF">http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC613B.PDF</a>
18.11 & 18.11.1	Foster Youth Bill of Rights: <a href="http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub396.pdf">http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub396.pdf</a>
18.11 & 18.11.1	Legal Rights of Teens in Out-of-Home Care: <a href="http://www.ylc.org/wp/wp-content/uploads/teenmanual2011.pdf">http://www.ylc.org/wp/wp-content/uploads/teenmanual2011.pdf</a>
19.1.1	DCFS 709 form, Foster Child's Needs and Case Plan Summary: <a href="http://mylacounty.info/dcfs/cms1_168830.doc">http://mylacounty.info/dcfs/cms1_168830.doc</a>
19.1.2	SOC 154A (12/11) - Placement Agency - Foster Family Agency Agreement -Child Placed By Agency In Foster Family Agency: <a href="http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC154A.pdf">http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC154A.pdf</a>

**EXHIBIT A-1**

19.3.1	Shared Responsibility Plan (SRP) Template: <a href="http://policy.dcfslacounty.gov/Default.htm#Teen_Parent_DPSS_Service.htm#SRP">http://policy.dcfslacounty.gov/Default.htm#Teen_Parent_DPSS_Service.htm#SRP</a>
20.0	DCFS Family Visitation Policy No. 0400-504.00: <a href="http://policy.dcfslacounty.gov/Default.htm#Family_Visitation_.htm?Highlight=visitation">http://policy.dcfslacounty.gov/Default.htm#Family_Visitation_.htm?Highlight=visitation</a>
20.0	the Juvenile Court Visitation Committee's Family Visitation Guidelines: <a href="http://www.courts.ca.gov/cms/rules/index.cfm?title=standards&amp;linkid=standard5_20">http://www.courts.ca.gov/cms/rules/index.cfm?title=standards&amp;linkid=standard5_20</a>

# SERVICE DELIVERY SITES

Type of program:  Foster Family Agency

## Administrative Office/Headquarters

AGENCY NAME	AGENCY ADDRESS	AGENCY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

## Licensed Facilities Included in this Contract

FACILITY NAME	YOUTH SERVED (DCFS, PROBATION, OR DUALY SUPERVISED)	FACILITY ADDRESS	FACILITY CONTACT PERSON	TELEPHONE AND FAX NUMBERS

# SERVICE DELIVERY SITES

Yes  No

Are any of the facilities listed above on County owned or County Leased property? If yes, please provide an explanation:

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Yes  No

Do any or your agency's Board members or employees, or members of their immediate families own any property leased or rented by your agency? If yes, please provide an explanation.

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On behalf of \_\_\_\_\_ (Contractor's name), I \_\_\_\_\_  
(Name of Contractor's authorized representative), certify that the information contained in this Service Delivery Sites – Exhibit A-I is true and correct to the best of my information and belief.

\_\_\_\_\_  
Print Name and Title of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Signature of Principal Owner, an Officer, or Manager responsible for submission of the SOQ to the County.

\_\_\_\_\_  
Date

**County of Los Angeles - Department of Children and Family Services (DCFS)**  
**Out-of-Home Care Management Division (OHCMD)**  
**Foster Family Agency (FFA) and Short-Term Residential Therapeutic Program (STRTP)**  
**Quality Assurance Section**

**CRIMINAL RECORD EXEMPTION NOTIFICATION  
INSTRUCTIONS**

The **Criminal Record Exemption Notification** form must be completed and e-mailed password protected with a unique password selected by the Contractor, as an attachment to the assigned OHCMD Quality Assurance (QA) Reviewer, within 2 business days of the FFA/STRTP **submitting** or **obtaining** a criminal record exemption. A subsequent e-mail should be sent to the OHCMD QA Reviewer with the password to open the document. Once the password has been emailed to OHCMD QA Reviewer, a subsequent email with the password will only be required when the Contractor changes the password. The OHCMD QA Monitor will notify the Contractor within 5 days of receiving the **Criminal Record Exemption Notification** form if a resource family home or a STRTP Facility, which has been granted a criminal record exemption, will or will not be utilized as a placement resource for DCFS children.

**County of Los Angeles - Department of Children and Family Services (DCFS)**  
**Out-of-Home Care Management Division (OHCMD)**  
**FFA and STRTP Quality Assurance Section**

**CRIMINAL RECORD EXEMPTION NOTIFICATION**

Contractor \_\_\_\_\_

Please complete the following areas if you have **requested** or **obtained** a criminal record exemption for a prospective/current resource parent, other household member, substitute caregiver/babysitter, or FFA/STRTP staff. Please submit this form password protected with a unique password selected by the Contractor within 2 business days of requesting or obtaining a criminal record exemption via e-mail to the assigned OHCMD Quality Assurance (QA) Reviewer.

**1. Information Pertaining to Criminal Record Exemption Request:**

Date of Exemption request: \_\_\_\_\_

Name of person requiring an Exemption:  
 \_\_\_\_\_

Relationship: *(Select One)*

- Prospective Resource Parent                       Current Resource Parent  
 Member of Household                       Substitute Caregiver/Babysitter                       Staff

**2. Information Pertaining to Criminal Record Exemption Obtained:**

Date Exemption was obtained: \_\_\_\_\_

Name of person granted an Exemption:  
 \_\_\_\_\_

Relationship: *(Select One)*

- Prospective Resource Parent                       Current Resource Parent  
 Member of Household                       Substitute Caregiver/Babysitter                       Staff

**3.  Criminal Record Exemption is No Longer Needed for this Individual**

Date Exemption no longer needed: \_\_\_\_\_

**FOR COUNTY USE ONLY**

Exemption Notification received on \_\_\_\_\_ by QA Reviewer \_\_\_\_\_

**Please Note:** It is the responsibility of the FFA/STRTP to assess for appropriateness of placement of DCFS children.

**County of Los Angeles - Department of Children and Family Services**  
**(DCFS) Out-of-Home Care Management Division (OHCMD)**  
**Foster Family Agency (FFA) and Short Term Residential Therapeutic Program**  
**(STRTP) Quality Assurance Section**

**NOTIFICATION OF SUBSEQUENT ARREST, CONVICTION,  
PROBATION OR PAROLE VIOLATION  
INSTRUCTIONS**

When a subsequent arrest, conviction, probation or parole violation of a prospective/current resource foster parent, other household member, substitute caregiver/babysitter, or FFA/STRTP staff is made known to a Contractor, the information shall be submitted within 2 business days by the Contractor to OHCMD by utilizing the **Notification of Subsequent Arrest, Conviction, Probation or Parole Violation** form.

This form must be completed and e-mailed password protected with a unique password selected by the Contractor, as an attachment to the assigned OHCMD Quality Assurance (QA) Reviewer within 2 business days of the Contractor receiving notification of a subsequent arrest, conviction, probation or parole violation for any Staff, Resource Parents, Substitute Caregivers, Babysitters or Household Members. A subsequent e-mail should be sent to the OHCMD QA Reviewer with the password to open the document. Once the password has been emailed to OHCMD QA Reviewer, a subsequent email with the password will only be required when the Contractor changes the password.

When County of Los Angeles supervised children are placed in a resource family home, the Contractor shall also be responsible for submitting this information to OHCMD and all other appropriate parties utilizing the I-Track system.

**County of Los Angeles - Department of Children and Family Services  
(DCFS) Out-of-Home Care Management Division (OHCMD)  
FFA and STRTP Quality Assurance Section**

**NOTIFICATION OF SUBSEQUENT ARREST, CONVICTION,  
PROBATION OR PAROLE VIOLATION**

Contractor: \_\_\_\_\_

Person for Whom Notification is Necessary: \_\_\_\_\_

**1. Relationship: (Select One)**

- Prospective Resource Parent       Current Resource Parent  
 Member of Household       Substitute Caregiver/Babysitter       Staff

*For Household Members and Substitute Caregivers/Babysitters, please indicate the Prospective or Resource Parent to whom the individual is associated:*

Name of Resource Parent: \_\_\_\_\_

**2. Please check to indicate the offense that occurred for the person listed above:**

- Arrest       Conviction       Probation Violation       Parole Violation

**3. Date Offense Occurred: \_\_\_\_\_**

*NOTE: This form must be completed and e-mailed password protected with a unique password selected by the Contractor, as an attachment to the assigned OHCMD Quality Assurance (QA) Reviewer within 2 business days of the Contractor receiving notification of a subsequent arrest, conviction, probation or parole violation for any Staff, Resource Parent, Substitute Caregiver, Babysitter or Household Member.*

*When County of Los Angeles supervised children are placed in the home, all information must also be reported by the Contractor to OHCMD and all other appropriate parties using the I-Track system.*



**SPECIAL INCIDENT REPORTING GUIDE FOR FOSTER FAMILY AGENCY (FFA)**

The County of Los Angeles Departments of Children and Family Services (DCFS) and Probation have developed this Special Incident Reporting (SIR) guide. It does not supersede the requirements outlined in California Code of Regulations Title 22, Sections 80061, 84061, and 84361(a); the County of Los Angeles Foster Care Placement Services Agreement.

The Foster Care Services provider shall maintain a copy of all reports as required in Sections 1 through 6 of this guide in the placed child's file. The provider shall also summarize the information in the child's quarterly reports to the county worker. Children's files shall be retained at the facility for at least five years following the term of this Agreement.

Many of these special incident reporting decisions require good judgment and sound discretion. If in doubt whether to report, the group home should call the appropriate agency for clarification. Whoever is reporting should be prepared for follow-up questions and have expertise in the reporting procedure.

The FFA shall report special incidents to the DCFS Out-of-Home Care Management Division Quality Assurance Section (OHCMD QAS); Children's Social Worker (CSW); Deputy Probation Officer (DPO); Placement Permanency & Quality Assurance Foster Family Agency (FFA) Compliance Monitor (PPQA FFA CM); Placement Administrative Services Officer of the Day (PAS OD); and Community Care Licensing Division (CCLD) via the **I-Track web-based system** at <https://itrack.dcms.lacounty.gov> as specified in the tables below.

If the FFA cannot obtain complete information regarding the incident within the required reporting timeframes, the agency should submit an initial SIR that includes as much information as possible. If the FFA determines that it is necessary to provide additional information about an incident for which an I-Track report has already been submitted, the agency may submit an addendum within seven business days of becoming aware of the incident per the Title 22 requirements noted above. If the I-Track web-based system is off-line, the FFA shall email the report per the tables below and resubmit the report via I-Track noting the date of the previously emailed transmission when I-Track is available.

**TABLE OF CONTENTS**

<u><b>TYPE OF INCIDENT</b></u>	<u><b>PAGE #</b></u>
<b>1. BEHAVIORAL/MENTAL HEALTH INCIDENT</b> .....	2
<b>2. INJURY, ILLNESS OR ACCIDENT</b> .....	3
<b>3. DEATH</b> .....	3
<b>4. UNAUTHORIZED ABSENCE</b> .....	4
<b>5. ALLEGED CHILD ABUSE</b> .....	4
<b>6. AGENCY EMERGENCY/DISASTER</b> .....	5
<b>7. SIGNIFICANT CHANGE IN THE FFA</b> .....	5

**1. BEHAVIORAL/MENTAL HEALTH INCIDENT** – Incident that adversely affects the physical health, mental health, emotional health, educational well-being, or safety of a child.

Incident **may include, but is not limited to**, the following examples:

- Assaultive Behavior (Caregiver)
- Assaultive Behavior (Peer)
- Assaultive Behavior (Other)
- Inappropriate Sexual Behavior
- Medical Related \*
- Physical Restraint
- Police Involvement
- Property Damage
- Seclusion
- Self-Injurious Behavior \*
- Staff Related
- Substance Abuse
- Suicidal Ideation
- Suicide Attempt \*
- Theft

**\* Must be immediately reported**

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Telephone	CSW or DPO	Within 24 hours
	PPQA CM OD	Within 24 hours
	Parent	Within 24 hours
I-Track (email if I-Track is down and follow with I-Track submittal when the system is available)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

**2. INJURY, ILLNESS OR ACCIDENT** – Incident that results in medical treatment by a health care professional beyond routine medical care, with the exception of planned surgery. *If in doubt, report or call the required agency for clarification.*

Incident **may include, but is not limited to**, the following examples:

- Accident
- Injury
- Illness
- Hospitalization (Medical or Psychiatric)

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Telephone	CSW or DPO	Within 24 hours
	PPQA GHM OD	Within 24 hours
	Parent/guardian	Within 24 hours
I-Track (E-mail only if I-Track is down)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

**3. DEATH**

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Telephone	CSW or DPO (Agency to confirm that DCFS/Probation will contact parent/guardian)	Immediately
	PPQA FFA CM OD	Immediately
	Child Protection Hotline (CPHL) at (800) 540-4000	Immediately
I-Track (E-mail only if I-Track is down)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

**4. UNAUTHORIZED ABSENCE** – Absence of a child without the permission and supervision of the caregiver, which threatens the physical health, emotional health, or safety of the child.

Incident **may include, but is not limited to**, the following examples:

- Abduction
- Runaway

HOW	TO WHOM	WHEN
Telephone	1. Law Enforcement	Immediately
	2. CSW (If after hours, call CPHL)	Immediately
	3. DPO	Immediately
	4. Parent/Guardian (if known)	Immediately
Email	PAS OD	Immediately
I-Track (email if I-Track is down and submit in I-Track when system is up)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

**5. ALLEGED CHILD ABUSE** – *All personnel are required by law to report known, suspected, or alleged incidents of child abuse as defined in Penal Code Section 11165-11174.4.*

Incident **may include, but is not limited to**, the following examples:

- Neglect (general and severe, including medical neglect)
- Physical – an injury purposefully inflicted upon a minor (including corporal punishment and willful cruelty or infliction of unjustifiable pain or punishment)
- Sexual (including sexual assault, sexual exploitation through pornography or prostitution, sexual activity between minors, and sexual activity between an adult and a minor)
- Verbal/Emotional

HOW	TO WHOM	WHEN
Telephone	CSW or DPO	Immediately
	PPQA GHM OD	Immediately
	CPHL for DCFS and Probation	Immediately
	Law Enforcement	Immediately
	Parent/guardian	Within 24 hours
I-Track (Fax only if I-Track is down)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

NOTE: Written submission of State Form SS8572, “Suspected Child Abuse Report,” within 36 hours is mandatory. Please indicate in the SIR (I-Track) that the SS8572 is forwarded to required parties.

**6. AGENCY EMERGENCY/DISASTER** – Incident that involves the community or physical plant and may have a serious impact on residents or create a potentially dangerous environment.

Incident **may include, but is not limited to**, the following examples:

- Earthquake Damage
- Epidemic
- Explosion
- Fire
- Flood

<b>HOW</b>	<b>TO WHOM</b>	<b>WHEN</b>
Telephone	Local Fire Authority for all fires and explosions (Section 80061(b)(1) of CCR)	Immediately
	Local Health Officer for all epidemic outbreaks [California Code of Regulations § 80061(b)(1)]	Immediately
	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM OD	Within 24 hours
	CCLD	Within 24 hours
I-Track (Email only if I-Track is down)	CSW or DPO	Within 24 hours
	OHCMD QAS or PPQA FFA CM	Within 24 hours
	CCLD	Within 24 hours

**7. SIGNIFICANT OPERATIONAL CHANGES IN THE FFA** Changes in an organizations operations and operational structure that may affect the services to the placed children and youth. **NOTE: While agencies are not required to report significant changes in the FFA via I-Track, these incidents must be reported per the requirements in the California Code of Regulations Title 22, Sections 80061 and 84061.**

Incident **may include, but is not limited to**, the following examples:

- Administration (e.g., Chief Executive Officer, Chief Operations Officer, FFA Administrator, Mental Health Service Head, Facility Manager)
- Mailing Address
- Plan of Operation/Program Statement
- Staffing disruption (e.g., strike, disaster evacuation or staff shortage)

**LOS ANGELES COUNTY  
FOSTER FAMILY AGENCY MONTHLY UTILIZATION REPORT**

\*\* Data source shall be from DCFS contracted facilities only \*\*

NAME OF FFA \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

Intake Worker(s): \_\_\_\_\_ Phone No. \_\_\_\_\_ Email \_\_\_\_\_

**I. TOTAL NUMBERS OF DUALY CERTIFIED FAMILIES AND APPROVED RESOURCE FAMILIES (RFA) IN LOS ANGELES COUNTY & OUT-OF-COUNTY FOR L.A. COUNTY DCFS CHILDREN PLACEMENTS AS OF THE LAST DAY OF THE REPORTING MONTH:** (see definition)

**LOS ANGELES COUNTY (LA)**

**OUT-OF-COUNTY (O/C)**

- \_\_\_\_\_ Total # of homes (NDC, DC & RFA) in L.A.
- \_\_\_\_\_ Total # of Non-Dually Certified(NDC) homes
- \_\_\_\_\_ Total # of Dually Certified (DC) homes (not RFA)
- \_\_\_\_\_ Total # of RFA homes
- \_\_\_\_\_ Total Capacity (Total # of Beds)
- \_\_\_\_\_ L.A. County DCFS Children placed
- \_\_\_\_\_ Total # of Whole Family Foster Homes (WFFH)
- \_\_\_\_\_ Total # of Placed Teen Parents with \_\_\_#child(ren)
- \_\_\_\_\_ Total # of Non-L.A. County DCFS Children Placed
- \_\_\_\_\_ Total # of L.A. County Children placed in Non-DCFS Contracted sites via Special Placement (4213)

- \_\_\_\_\_ Total # of homes (NDC, DC &RFA) in O/C
- \_\_\_\_\_ Total # of Non-Dually Certified (NDC) homes
- \_\_\_\_\_ Total # of Dually Certified (DC) homes (not RFA)
- \_\_\_\_\_ Total # of RFA homes
- \_\_\_\_\_ Total Capacity (Total # of Beds)
- \_\_\_\_\_ L.A. County DCFS Children placed
- \_\_\_\_\_ Total # of Whole Family Foster Homes (WFFH)
- \_\_\_\_\_ Total # of Placed Teen Parents with \_\_\_#child(ren)
- \_\_\_\_\_ Total # of Non-L.A. County DCFS Children Placed

**II. TOTAL NUMBERS OF AVAILABLE VACANCIES (VACANT BEDS) FOR L.A. COUNTY DCFS CHILDREN PLACEMENTS:**

	<u>RFA Homes</u>		<u>Dually Certified Foster Homes</u>		<u>Non-Dually Certified Foster Homes</u>	
	<u>L.A.</u>	<u>O/C</u>	<u>L.A.</u>	<u>O/C</u>	<u>L.A.</u>	<u>O/C</u>
	_____	_____	_____	_____	_____	_____
___# Total available vacancies	_____	_____	_____	_____	_____	_____
___# Vacant beds for ERCP (after hour or weekend)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (WFFH)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (age 0-2)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (age 3-5)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (age 6-12)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (age 13+)	_____	_____	_____	_____	_____	_____
___# Vacant beds for DCFS children (siblings)	_____	_____	_____	_____	_____	_____

**III. NEWLY APPROVED OR CERTIFIED HOMES / DE-CERTIFIED HOMES / WFFH :**

- A. \_\_\_\_\_ Total # of New Dually Certified and Approved RFA homes in the reporting month
- B. \_\_\_\_\_ Total # of existing Certified homes converted to RFA homes in the reporting month
- C. \_\_\_\_\_ Total # of New Dually Certified Homes in the reporting month
- D. \_\_\_\_\_ Total # of De-Certified homes (All types) in the reporting month.
- E. **Complete the Newly Approved RFA/ Newly Dually Certified Home/ De-Certified Home List and submit it with this self-report. Submit the certificate for RFA home or the home study for the Newly Dually Certified home.**
- F. **Total # of new Whole Family Foster Home (WFFH) Placements:** \_\_\_\_\_.

WFFH Foster Parents' names: \_\_\_\_\_

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

Name of Teen Parents: \_\_\_\_\_ Name of Baby: \_\_\_\_\_

**IV. Change in placement for L.A. County children only (attach requested information):**

# Total # of children moved to another home(s) associated with your FFA during the reporting month: \_\_\_\_\_

IMPORTANT: Please also attach a list of all the L.A. County children placed with your FFA and the date that each child was initially placed with your FFA. For those children moved to another foster home associated with your FFA during this reporting month, please indicate how many times they were moved this month and the reason for their replacements. This does not include respite placements unless they become long-term placements. Thank you.

**DEFINITION:**

**RFA Homes (Resource Families Approved)** – The streamlined and unified process for approving Resource Families as per the new Interim Licensing Standards, which went into effect January 1, 2017.

**Dually Certified Foster Families** – Existing foster families able to foster and adopt, which were dually certified or began the dual certification process prior to January 1, 2017.

**Non-Dually Certified Foster Families** – Existing certified foster families grandfathered prior to 2009, not dually certified.

**WFFH (Whole Family Foster Home)** – foster families that provide care for placed teen parents and their dependent child(ren).

**Total Capacities (Beds)** – Total number of beds provided for DCFS children placements.

**Non- L.A. County Children placed** - refers to those foster children who are not L.A. County DCFS children.

**Available Vacancies (Vacant Beds)** - refers to those open and active beds. Do not include the beds on hold or inactive.

**Vacancies for ERCP (Emergency Response Command Post) Placement** – refers to available beds that are currently capable of serving children referred by the ERCP.

<b>SAFETY PERFORMANCE OUTCOME SUMMARY*</b>		
<b>PROGRAM TARGET GROUP:</b> Children in FFA Resource Family Approved homes.		
<b>PROGRAM GOAL AND OUTCOME:</b> Children shall be free of abuse and neglect by Resource Family, FFA staff, volunteers, other children, and family members and as specified in California Health and Safety Code Section 1522(b).		
<b>OUTCOME INDICATORS</b>	<b>PERFORMANCE TARGETS</b>	<b>METHOD OF DATA COLLECTION</b>
<p>Abuse and Neglect Referrals and their disposition including substantiated maltreatment as specified in California Health and Safety Code Section 1522(b) while under the care and supervision of an FFA.</p> <p>CCLD citations, Out-of-Home Care Management Division and Probation PPQA reports on safety and physical plant deficiencies.</p> <p>Child-to-child injuries resulting from lack of supervision that necessitate the submission of a SIR and require treatment by a health professional</p>	<p>99.68 % of children are free from a report of substantiated maltreatment as specified in California Health and Safety Code Section 1522(b) while under the care &amp; supervision of an FFA.<sup>1</sup></p>	<p>CWS/CMS referral history and I-Track Special Incident Reports (SIRs)</p> <p>CCLD Facility Review Reports and Citations, Monitoring Reports, SIR Reports and CAPs</p> <p>CCLD Facility Review Reports and Citations, Monitoring Reports, SIR Reports and CAPs</p>

<sup>1</sup>The COUNTY maintains a zero tolerance policy for substantiated abuse and neglect of children while under the supervision of CONTRACTOR. Each incident of substantiated abuse or neglect that occurs under the CONTRACTOR'S supervision must be individually evaluated. The COUNTY will assess the factors that led to the abuse/neglect and make a determination as to appropriate corrective action.

\* These outcome indicators and performance targets may change based on any subsequent requirements or guidance regarding performance expectations provided by CDSS or federal authorities. DCFS may also change the outcome indicators or adjust



performance targets for future contract periods to maintain optimal levels of performance.

~~\*DCFS intends to revisit these performance measures as CDSS releases more information regarding performance expectations. DCFS has the discretion to alter any or all performance measures/outcomes as needed to maintain optimal levels of performance and ensure all requirements of this contract are met to LA County standards.~~

<b>PERMANENCY PERFORMANCE OUTCOME SUMMARY*</b>		
<b>PROGRAM TARGET GROUP:</b> Children in FFA Resource Family Approved Homes		
<b>PROGRAM GOAL AND OUTCOME:</b> Children shall achieve timely permanency through family reunification, adoption, or legal guardianship.		
<b>OUTCOME INDICATORS</b>	<b>PERFORMANCE TARGETS</b>	<b>METHOD OF DATA COLLECTION</b>
Discharge to a permanent destination, family reunification, adoption, or guardianship.	81.3% of discharges from an FFA to family reunification. 73.5% of discharges from a FFA to adoption, and legal guardianship. <sup>2</sup>	CWS/CMS Placement History, Court Report, Child's Case File, Needs and Services Plan, and Discharge Summary
Placement stability: Number of children who experienced more than one move within the FFA in the past year.	At least 92.3% of children will maintain placement stability, with no moves between Resource Family Homes.	CWS/CMS Placement History, Court Report, Child's Case File, Needs and Services Plan, and Discharge Summary, SIRs

<sup>2</sup>This data will be collected by the Department's Business Information Services Division from the CWS/CMS database to ensure accuracy.

\*These outcome indicators and performance targets may change based on any subsequent requirements or guidance regarding performance expectations provided by CDSS or federal authorities. DCFS may also change the outcome indicators or adjust performance targets for future contract periods to maintain optimal levels of performance.

~~\*DCFS intends to revisit these performance measures as CDSS releases more information regarding performance expectations. DCFS has the discretion to alter any or all performance measures/outcomes as needed to maintain optimal levels of performance and ensure all requirements of this contract are met to LA County standards.~~

<p><b>ACCESS TO EFFECTIVE AND CARING SERVICES/WELL-BEING</b></p> <p><b>PERFORMANCE OUTCOME SUMMARY*</b></p>		
<p><b>PROGRAM TARGET GROUP:</b> Children in FFA Resource Family Approved Homes</p>		
<p><b>PROGRAM GOAL AND OUTCOME:</b> Children shall receive Core Services as identified through the Child and Family Team in the spirit of the Core Practice Model to improve their level of functioning in the areas of education/career planning, emancipation preparation, health, behavior, self-sufficiency, social and emotional well-being.</p>		
<p><b>OUTCOME INDICATORS</b></p>	<p><b>PERFORMANCE TARGETS</b></p>	<p><b>METHOD OF DATA COLLECTION</b></p>
<p>Child(ren) enrollment following immediate registration in school within three school days of placement by the first school day following the first day of placement, attending school regularly, achieving academic progress, and participating in supplemental education and extra-curricular activities<sup>3</sup></p> <p>Youth achieving high school graduation or equivalent upon Emancipation</p>	<p>At least 82.15% of school-aged children will be enrolled within three school days of following the first day of placement<sup>3</sup> by the first school day following placement and will have increased educational scores and/or attendance.</p> <p>At least 90% of age appropriate youth will emancipate with a high school diploma or equivalent. <sup>4</sup></p>	<p>School Attendance Logs, Report Cards, Health and Education (HEP), Child's Case Files, Needs and Services Plan, CWS/CMS</p> <p>Report Cards, Diploma, Health</p>

		<p>and Education (HEP), Child's Case Files, Needs and Services Plan</p>
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<sup>3</sup>CONTRACTOR shall document the reason(s) if a child was not enrolled in school within 3 school days of following the first day of placement by the first school day following.

<sup>4</sup>CONTRACTOR shall document the reason(s) if a child did not achieve high school graduation or equivalency upon Emancipation.

\*These outcome indicators and performance targets may change based on any subsequent requirements or guidance regarding performance expectations provided by CDSS or federal authorities. DCFS may also change the outcome indicators or adjust performance targets for future contract periods to maintain optimal levels of performance.

~~\*DCFS intends to revisit these performance measures as CDSS releases more information regarding performance expectations. DCFS has the discretion to alter any or all performance measures/outcomes as needed to maintain optimal levels of performance and ensure all requirements of this contract are met to LA County standards.~~

**DISCHARGE SUMMARY FOR DCFS: FOSTER FAMILY AGENCY<sup>1</sup>**

1. What was the reason for the child's exit from the certified family home?

2. Who determined the child was ready to leave the certified family home?

3. Was the child discharged to Permanency?

Yes [ ] No [ ]

If "yes," check one: Reunification [ ] Adoption [ ] Legal Guardian [ ]

Provide the address to which the child was discharged, if available:

4. Was the child discharged according to their Permanency Plan?

Yes [ ] No [ ]

5. Was the child discharged to a less restrictive environment?

Yes [ ] No [ ]

If "yes" indicate whether to: Parent(s) [ ] Relative Home [ ] FFH [ ]  
SFH [ ]<sup>2</sup>

6. Did the child meet their Needs and Services Plan goals prior to discharge?

ILP/Emancipation goals: Yes [ ] No [ ]

Educational goals: Yes [ ] No [ ]

Mental Health Treatment goals: Yes [ ] No [ ]

7. What was the agency's assessment of the child's level of functioning upon discharge?

8. What was the Agency's recommendation for continued services for the child (individual/conjoint counseling, special education services, etc.)?

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<sup>1</sup> For DCFS Placed Children, complete and send to DCFS Out of Home Care Management, Division Chief, 9320 Telstar Avenue, Suite 216, El Monte, CA 91731. For Probation youth, contact the Central Placement OHC Unit at (323) 226-8600.

<sup>2</sup> FFH (foster family home); SFH (small family home).

Child's Name:

**Needs & Services Plan Form Index***Use CTRL+Home to return to this page***Form Sections****Needs & Services Sections**

- [Identifying Information](#)
- [Case Plan Goal](#)
- [Concurrent Case Plan Goal](#)
- [For Updated NSP Only—GH / FFA](#)
- [LARRC Criminogenic Factors \(Probation Cases\)](#)
- [Medical / Physical / Dental Health](#)
  
- [Mental Health](#)
- [NSP Treatment](#)
- [Education](#)
- [NSP Visitation](#)
- [Life Skills Training / Emancipation Preparation](#)
- [Outcome Goals](#)
- [Achieved Outcome Goals \(Continuous\)](#)
- [Signature Page](#)
- [Addendum](#)

**Sections for Quarterly Updates**

- [QUARTERLY—Adjustment to Placement](#)
- [QUARTERLY --Medical / Physical / Dental Clinical Visits](#)
- [QUARTERLY ---Mental Health Clinical Visits](#)
- [QUARTERLY—Educational Goals](#)
- [QUARTERLY—Quarterly Visitation /](#)
- [QUARTERLY—FFA Contact](#)
- [QUARTERLY—Life Skills Training and Emancipation Preparation](#)
- [QUARTERLY—Special Incident Reports](#)

Child's Name:

**Los Angeles County Provider Needs and Services Plan / Quarterly Report**

(Check all that are applicable)					Date of Report	
<input type="checkbox"/> Group Home <input type="checkbox"/> FFA <input type="checkbox"/> CTF <input type="checkbox"/> DCFS <input type="checkbox"/> Probation						
Child's Name: _____ D.O.B.: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female						
PDJ/Court Case #: _____						
Has Medi-cal/Medical # been received? <input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, Medical #: _____						
If No, please explain: _____						
Attorney Name: _____					Phone #: _____	
Email Address: _____					Fax #: _____	
DPO/CSW Name: _____					Phone #: _____	
Email Address: _____					Fax #: _____	
FFA/GH Name: _____					Date of Admission: _____	
Address: _____						
GH/FFA/CTF Social Worker: _____					Phone #: _____	
Email Address: _____						
Certified Foster Parent's Name: _____						
Address: (If confidential, state) _____						
<input type="checkbox"/> Initial Plan	<input type="checkbox"/> Quarterly Report	Period From:		To		Date of Next NSP
Date Agency Received Probation 1385 or DCFS 709: _____						
Reason for Placement: _____						
Planned Length of Placement: _____						
<b>Qtrly Only</b> <b>Adjustment to Placement:</b> _____						
<b>Case Plan Goal (Permanency):</b>					<input type="checkbox"/> See Addendum	
<input type="checkbox"/> Family Reunification <input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> PPLA/Transition						
Comments: Reason for Modification to Permanency Plan (if applicable): _____						
<b>Concurrent Case-Plan Goal (Permanency):</b>					<input type="checkbox"/> See Addendum	
<input type="checkbox"/> Adoption <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> PPLA/Transition <input type="checkbox"/> Family Finding Effort-Probation/DCFS						
Comments: Reason for Modification to Concurrent Case Plan (if applicable): _____						
<b>For Updated NSP Only GH/FFA recommendation regarding the feasibility of the child's return to his/her home, placement in another facility or move into Independent Living.</b>						

Child's Name:

(For Probation Cases only. Info provided by Probation)				Notes
Criminogenic Factors based on the Probation LARRC Assessment				
Factors and Sub-Factors	High	Moderate	Low	
<b>1. Problem Behaviors &amp; Substance Use</b>				
1.1 Problem Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.2 Exposure to Risky Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.3 Delinquent Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1.4 Substance Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Family Factor</b>				
2.1 Community Involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Family Cohesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Parenting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.4 Family Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>3. Social Relationships Factor</b>				
3.1 Social Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Social isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Academic Engagement Factor</b>				
<b>5. Self-Regulation Factor</b>				
5.1 Stress Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Self-management/concept	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Child's Name:

<b>Medical / Physical / Dental Health</b>	<input type="checkbox"/> <b>See Addendum</b>
Please list all (non-psychotropic) current medication prescribed to the youth (Dosage / frequency / duration):	
Does the youth require special medical devices? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
Does the youth have special dietary needs or allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:	
Are immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain and indicate plan to bring current:	
Does youth have a current Health & Education Passport? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	
Was the initial medical exam completed within the required time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ If No, please explain:	
Was the initial dental exam completed within the required time frame? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ If No, please explain:	

Child's Name: \_\_\_\_\_

<b>Qtrly Only</b>	<b>Medical / Physical / Dental Health Clinical Visits</b>	<input type="checkbox"/> See Addendum
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Child's Name: \_\_\_\_\_

<b>Mental Health</b>	<input type="checkbox"/> See Addendum
Psychotropic Medication <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, date of PMA _____ Copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, please explain: _____	
Please list all current psychotropic medication prescribed to the youth (Dosage / frequency / duration) _____	

<b>Qtrly Only</b>	<b>Mental Health Clinical Visits</b>	<input type="checkbox"/> See Addendum
Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Clinic Name: _____		
Physician Name: _____		
Address: _____		
Phone(s): _____		Fax: _____
Date(s) seen during reporting period	Outcomes and Follow-up	
1.	1.	
2.	2.	
3.	3.	
4.	4.	

Child's Name:

<b>NSP Treatment</b>
Please list treatment services to be provided to youth and those who will participate. (Include transportation accommodations and whether your agency or an affiliated party will provide the services)
If no parental involvement, please explain:
If applicable, please list any special costs associated with the services to the youth and how your agency will accommodate this cost:

Child's Name:

<b>Education</b>		<input type="checkbox"/> <b>See Addendum</b>
<input type="checkbox"/> Not Applicable	Grade Level:	GPA:
Credits Earned:		
Name of Current School: _____		
Type of school: _____		
School address: _____		Phone: _____
Holder of Educational Rights: _____		Date enrolled in school: _____
If child was not enrolled within 3 school days of placement, please explain : _____		
Transportation arrangements to/from School: _____		
Are school records complete? <input type="checkbox"/> Yes <input type="checkbox"/> No if no, explain plans to obtain records: _____		
IEP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Contents of or a copy of the report card(s) attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		
School attendance information/records on file? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Identified educational needs, explain :  Academic achievements and extra-curricular activities: (This may include outside extra-curricular activities such as dance classes, little league, music lessons).  Strengths of the child:  Participation in school-related activities by child and GH staff or Certified Foster Family: _____		
School behavior problems, school discipline and school suspensions: _____		
School officials' concerns about the child's health, academic abilities and social skills: _____		
Other issues of concern related to school matters: _____		
If a high school student, status of CAHSEE: _____		
<b>Qtrly Only</b>	<b>Report progress of child's educational goals over the past three months. (If applicable, reference the goal number(s) from the Identified Outcome Goals Page)</b>	

Child's Name:

**NSP Visitation**

Please indicate the visitation plan for parent(s), siblings, extended family members, and other significant adults, including frequency, transportation arrangements, any restrictions, etc.:

If applicable, please list any special costs associated with the services to the youth and how your agency will accommodate this cost:

***This is for Quarterly Only***

**Visitation / Involvement / Contact with Family of Origin / Guardian**

Describe child's visitation with his/her parent(s)/family of origin/guardian over the past three months.

Type:  Phone \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_

Type:  Face to Face at GH/FFA \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_

Type:  Face to Face other location \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_

Have efforts been made to unite siblings who are placed under your care?  Yes  No  
If No, please elaborate \_\_\_\_\_

Address participation of family and others in child's treatment program over the past three months. (Include dates)

Describe involvement of child with other individuals who are important to the child over the past three months. (Include dates)

Address the GH/FFA Contact with the CSW/DPO over the past three months. (Include dates)

**Address FFA Social Worker Contact with Child over the past three months (For FFA only)**

Type:  Phone \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_  
Relationship/Details \_\_\_\_\_

Type:  Face to Face at CFH \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_  
Relationship/Details \_\_\_\_\_

Type:  Face to Face other location \_\_\_\_\_  
Dates/Frequency \_\_\_\_\_  
Relationship/Details \_\_\_\_\_

Child's Name:

<b>Life Skills Training / Youth Development Preparation</b>	
1) Is the youth able to manage his/her own money? <input type="checkbox"/> Yes <input type="checkbox"/> No Does youth have/maintain bank account <input type="checkbox"/> Yes <input type="checkbox"/> No	Please explain: Comments: <input style="width: 95%;" type="text"/>
2) Is the youth able to leave the facility / home without adult supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please outline specific conditions:	Comments: <input style="width: 95%;" type="text"/>
3) Is the youth able to have unsupervised time in the home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide explanation:	Comments: <input style="width: 95%;" type="text"/>
4) Does the youth need assistance (other than age appropriate) with personal care/grooming? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	Comments: <input style="width: 95%;" type="text"/>
5) Does youth's current clothing meet standards? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:	Comments: <input style="width: 95%;" type="text"/>
6) Is youth 14 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please answer a through e:	
a) Please list any ILP Services, Youth Development Services, or Life Skills Training received by the youth:	Comments: <input style="width: 95%;" type="text"/>
b) Is the most recent copy of the TILP attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of TILP _____	Comments: <input style="width: 95%;" type="text"/>
c) What is the youth's post High School plan?	Comments: <input style="width: 95%;" type="text"/>
d) Is the youth currently employed or seeking employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: <input style="width: 95%;" type="text"/>
e) Describe transportation arrangements for youth to participate in ILP and/or employment	Comments: <input style="width: 95%;" type="text"/>
<b>Qtrly Only</b>	<b>Report progress of child's Life Skills Training/Youth Development Preparation goals over the past three months. If applicable, reference the goal number(s) from the Identified Outcome Goals Page</b>

Child's Name:

<b>Qtrly Only</b>	<b>Number of Special Incidents Reports (SIRs) over the past three months:</b>		
Type of Special Incidents Reports (SIRs) over the past three months:		# of Special Incidents	
Behavioral/Mental Health Incident			
Injury, Illness, or Accident			
Death			
Unauthorized Absence			
Alleged Child Abuse			
Agency Emergency/Disaster			
Significant Change in Agency			
Other			
Comments:			



Child's Name:

<b>Outcome Goals</b>			
Outcome Goal — #1 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal: (note the problem, need, or deficit to be addressed)			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #2 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/ Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #3 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #4 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal (note the problem, need, or deficit to be addressed):			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			

Child's Name:			
<b>Outcome Goals (Continuous)</b>			
Outcome Goal — #5 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal: <i>(note the problem, need, or deficit to be addressed):</i>			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #6 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/ Modified Goal.			
Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i>			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #7 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i>			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			
Outcome Goal — #8 Select One	Start Date	Modified Date	Projected Completion Date
Please report on the Specific Goal/Modified Goal.			
Reason for Goal <i>(note the problem, need, or deficit to be addressed):</i>			
Specific Goal/Modified Goal:			
Plan and Services:			
Method:			
Person(s) Responsible:			
Reason(s) for Modification:			

Child's Name:

Achieved Outcome Goals		
Outcome Goal — #1 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #2 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #3 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #4 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #5 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #6 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #7 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		
Outcome Goal — #8 Select One	Start Date	Date Goal Achieved
Please indicate the Goal. Goal:		

Child's Name: \_\_\_\_\_

**Signature Page**

Report prepared by: \_\_\_\_\_ / \_\_\_\_\_  
Name/Title

Signature

**Signatures:**

I have received a copy of the report:

\_\_\_\_\_  
Youth (if appropriate) Date

\_\_\_\_\_  
Parent (If applicable) Date

\_\_\_\_\_  
Parent (If applicable) Date

\_\_\_\_\_  
FFA/Group Home Social Worker Date

\_\_\_\_\_  
FFA/Group Home approval signature (if necessary) Date

\_\_\_\_\_  
Certified Foster Parent (if applicable) Date

\_\_\_\_\_  
DPO/CSW Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Copy of Plan/Quarterly Report  emailed ON \_\_\_\_\_ or  handed to (DPO/CSW) ON \_\_\_\_\_  
Date Date

If unable to obtain DPO/CSW Signature, attach documented efforts made to obtain the signature.

Child's Name:

**Addendum**

*Click here to type addendum.*

**APPLICANT'S AUTHORIZATION  
FOR RELEASE OF INFORMATION**

\_\_\_\_\_  
(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

**To:**

1. \_\_\_\_\_, RESIDING AT \_\_\_\_\_

\_\_\_\_\_, HEREBY AUTHORIZE YOU TO RELEASE TO THE

\_\_\_\_\_  
(NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER) \_\_\_\_\_ SPECIFIC

INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONSCERNING \_\_\_\_\_

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE \_\_\_\_\_

THIS FORM WAS COMPLETED IN ITS ENTIRITY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OF APPLICANT		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

**FOSTER FAMILY AGENCY PLAN OF OPERATION AND PROGRAM STATEMENT**

RESOURCE FAMILY APPROVAL IMPLEMENTATION PLAN CDSS  
APPROVAL LETTER



**INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY FACILITY  
LICENSE(S)**

**INTENSIVE SERVICES FOSTER CARE FOSTER FAMILY AGENCY RATE LETTER**

**TRANSFER OF MEDICATION FORM**

**CHILD'S INFORMATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Date of Termination/Placement Move: \_\_\_\_\_

**ASSIGNED COUNTY WORKER**

County Worker (Indicate DCFS/Probation): \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

**PERSON TRANSFERRING MEDICATION\***

Agency Representative/Title: \_\_\_\_\_  
Name of Agency (Indicate FFA/STRTP): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

**PERSON RECEIVING MEDICATION**

Name/Title: \_\_\_\_\_  
Name of Agency, if applicable (Indicate FFA/STRTP/County): \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

**MEDICATION INFORMATION**

Medication Name: \_\_\_\_\_  
Dosage (Quantity/Frequency): \_\_\_\_\_  
Date Prescribed: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_  
Date last seen by Psychiatrist: \_\_\_\_\_  
How many days of medication left? \_\_\_\_\_ How many refills left? \_\_\_\_\_  
Pharmacy/Address: \_\_\_\_\_  
Most Recent Psychotropic Medication Authorization (PMA) Date (provide receiving party a copy of PMA, if available): \_\_\_\_\_  
Please describe any significant side effects (Provide Receiving Party copies of the JV 218 form – Child's opinion about the medicine and the JV 219 form - Statement about medicine prescribed, if available): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Person Transferring Medication      Signature of Person Transferring Medication      Date

\_\_\_\_\_  
Print Name of Person Receiving Medication      Signature of Person Receiving Medication      Date

\*The person responsible for transferring medication must provide a completed copy of this form to the case carrying County Worker

**FOSTER FAMILY AGENCY ADOPTION LICENSE OR MEMORANDUM OF  
UNDERSTANDING (MOU)**