

EXHIBIT A

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

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

STATEMENT OF WORK

JANUARY 2019

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STATEMENT OF WORKTABLE OF CONTENTS**

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PART A: DEFINITIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PART B: INTRODUCTION

1.0 Intensive Services Foster Care (ISFC) Program Principles

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

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

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

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

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

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

- 2.3. DCFS and Probation in partnership with DMH are committed to the development and implementation of 300 ISFC slots (beds) for children under its jurisdiction. An ISFC CONTRACTOR is expected to participate in reaching this goal through **continuous dedicated efforts of recruitment**.
- 2.4. ISFC CONTRACTORS shall provide ongoing recruitment and maintain a minimum of 2 ISFC resource family homes with a goal to reach 8-16 ISFC resource family homes.

3.0 PROGRAM PRACTICE EXPECTATIONS

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

- 3.5.1. CONTRACTOR shall provide respite for up to 2 weeks per year for each ISFC designated home.
- 3.5.2. CONTRACTOR shall designate an ISFC home as inactive if a home is unable or unwilling to have ISFC child/youth/NMDs in the home for 30 or more consecutive days. The ISFC home may become activated upon the date they accept ISFC child/youth/NMDs into their home, providing all required trainings and requirements are current.
- 3.6. CONTRACTOR's ISFC team, the mental health clinicians, supervisors/managers, and resource parents shall develop a shared plan that clearly outlines roles, responsibility, training, support, and leadership needed to provide an integrated program for each child/youth/NMDs under their care, with a particular focus on how underlying needs and mental health goals will drive the provision of services. This can be demonstrated through consistent completion of the Needs and Service Plan (NSP) and Client Treatment Plan (CTP)
- 3.6.1. CONTRACTOR shall not assign multiple roles, for the same child/youth/NMDs, to the ISFC team, or to any ISFC social worker or mental health staff without the written approval of the COUNTY ISFC managers. Each child shall have a team that includes a separate person for each role of the team. Team members may not have two team roles with the same child/youth/NMD.
- 3.6.2. CONTRACTOR shall assign an ISFC team to each child/youth/NMD including the following members: ITFC Program Manager, Licensed Clinical Supervisor, FFA Social Worker, In Home Support Counselor, Foster Parent, and Therapist.
- 3.6.3. CONTRACTOR shall assign one In Home Support Counselor (IHSC), one FFA Social Worker and one Therapist to each ISFC child/youth/NMDs. The ratio for the FFA Social Worker and the Therapist is 1 of each full time staff to every 12 child/youth/NMDs across programs. **WIC 18358.30 (b)(1)** The ratio for the IHSC is 1 IHSC to 12 children/youth/NMD. The ratio should not exceed this amount at any one time.
- 3.6.4. CONTRACTOR shall ensure that the ISFC Social Worker and Mental Health staff working with an ISFC child/youth/NMDs operate as a team and meet on a regular basis, no less than once a week, to plan for the ISFC child/youth/NMDs under their care as well as the development of a communication system that can include, but is not limited to contacts via electronic mail, phone texts, telephone calls, or ad hoc meetings. DMH requires all contacts be in compliance with the DMH contract.
- 3.6.5. CONTRACTOR shall have a designated ISFC staff member for the purposes of recruitment and training.
- 3.6.6. CONTRACTOR shall provide a specific and measurable recruitment plan of action to meet allocation. The plan of action will include monthly documented updates provided to the COUNTY program managers.

4.0 PROGRAM STATEMENT

- 4.1. CONTRACTOR'S Program Statement shall be approved by Community Care Licensing Division (CCLD) and the County prior to commencing the implementation of the Contract.
- 4.2. CONTRACTOR shall update the Program Statement whenever there are any changes in operation and services, including ISFC manual, State and Federal laws and County policy.
- 4.3. CONTRACTOR'S Program Statement Amendments shall be approved by the CCLD and the County prior to commencing the implementation of any changes in operation and services.
- 4.4. COUNTY reserves the right to request changes to the Program Statement based on the needs of DCFS and Probation.

5.0 SERVICE DELIVERY SITES

- 5.1. CONTRACTOR'S services shall be delivered through the locations specified on the service delivery site(s), *Exhibit 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/youth/NMDs 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 Master Contracts.

6.0 INFORMATION TECHNOLOGY

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

PART C: SCOPE OF WORK

1.0 TARGET POPULATION

1.1. TARGET DEMOGRAPHICS

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

1.2. ISFC ELIGIBILITY CRITERIA

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

- 1.2.2. Potential ISFC children/youth/NMDs shall be referred to and approved by the LA County Inter-agency Placement Committee (IPC) lead by DMH and comprised of representatives from DCFS and/or Probation per WIC Section 11462.01(d) in order to determine if they meet the definition of medical necessity for Specialty Mental Health Services (SMHS). Such a determination may need to be established through a mental health assessment by a mental health professional in line with County protocol and policy.
- 1.2.3. ISFC children shall meet the definition of a seriously emotional disturbed child and/or have a history of severe behavioral problems, as evidence by a history that may include (1) verbal or physical aggression, (2) inappropriate sexual behavior, (3) attempts at self-harm, (4) attempts to harm others, (5) defiant and oppositional behavior or (6) other severe behavior.
- 1.2.4. No more than one emotionally disturbed child or child who has a serious behavioral problems shall be placed in an approved ISFC family home unless the participating Foster Family Agency provides the placing or participating county welfare department with a written assessment of the risk and compatibility of placing together two children who are emotionally disturbed or have a serious behavioral problem. More than two children who are emotionally disturbed or have serious behavioral problems who are siblings may be placed together in the same approved family home if the placement is approved by the County Interagency Placement Committee or the county placing agency of the participating county. However, there shall be no more than a total of five children living in an approved family home with two adults, and there shall be no more than a total of three children living in an approved family home with one adult, except in cases where children living in the home other than those placed pursuant to this chapter are 15 years of age or older. WIC 18358.15(b).
- 1.2.5. ISFC children/youth/NMDs shall meet the following criteria:
 - (a) Are full-scope Medi-Cal (Title XIX) eligible;
 - (b) Have an open Probation and/ or DCFS services case;
 - (c) Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) and,
 - (d) In addition they are:
 - Currently in or being considered for Wraparound, Full Service Partnership (FSP) Intensive Field Capable Clinical Services (IFCCS), ISFC, specialized care rate due to behavioral health needs or other intensive Medi-Cal services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention; or
 - Currently in or being considered for an STRTP/group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or

- Have experienced three or more placement disruptions within 24 months due to behavioral health needs.

2.0 REQUIRED SERVICES

2.1. ISFC FFA Master Contract Requirements

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

2.2. Core Services for ISFC CONTRACTORS

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

2.2.1 Specialty Mental Health Services (SMHS):

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

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

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

2.2.2 Transition Services:

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

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

- 2.2.2.2 Such services must include the legally compliant sharing of relevant information between the transferring ISFC agency and the new agency. The information shall include, but is not limited to, medical and educational records in the continuum of care. The appropriate sharing of mental health records is of particular importance for children/youth/NMD entering or leaving an ISFC program.
- 2.2.2.3 To the extent possible, the child/youth/NMD should participate in the transition planning process in order to ease the transition, including pre-placement visits when appropriate depending upon the ability of the child.
- 2.2.2.4 Transition services must include family finding efforts that begin at the initial CFT, as well as temporary care to stabilize, support and maintain the placement, such as respite care.
- 2.2.2.5 The ISFC treatment team shall in collaboration with the CFT, and any other mental health team, determine the frequency and extent of temporary, transitional mental health after care services that may be needed to assist the child/youth/NMDs into the next place of residence.

2.2.3 Supportive Services:

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

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

2.2.4 Transition to Adulthood Services:

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

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

2.2.5 Permanency Support Services:

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

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

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

2.3.1 Adopt and promote a trauma informed culture and understanding so that all members of the ISFC team, including ISFC resource parents, support counselors, therapists, social workers, and permanency partners, shall be trained in the theory, language, and practice of trauma informed care, supervision, and treatment.

2.3.2 Ensure a 24-hour, seven (7) day per week qualified on-call ISFC Social Worker or Administrator is available to respond to emergency and crisis situations and to oversee the in-person/face to face response to ensure safety and appropriate services, including mental health coverage, are being provided to the child/youth/NMD and to the ISFC resource parent.

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

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

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

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

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

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

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

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

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

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

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

3.0 ISFC RATES AND LEVELS OF SERVICE

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

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

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

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

3.3 For this monthly rate, the CONTRACTOR shall:

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

4.0 STAFF QUALIFICATIONS AND REQUIREMENTS

- 4.1 The CONTRACTOR shall provide the following staff: (1) a Social Worker (2) an In-Home Support Counselor (IHSC), (3) on-call 24/7 qualified staff for in-person/ face to face crisis

intervention, (4) Mental Health Clinicians, (5) ISFC Resource Parents, (6) other support staff as needed, and (7) relevant supervisors and administrators.

4.2 The CONTRACTOR shall ensure its ISFC staff meets the State's ISFC qualifications, training, and duty requirements as outlined in WIC 18358 or other statutes relevant to ISFC as well as County FFA Master Contract requirements where they are more restrictive than those of the State ISFC regulations.

4.2.1 For any waivers or exceptions to these requirements that are allowed by state regulation, CONTRACTOR shall submit a request for such approval to the County ISFC Program Manager before allowing the staff in question to begin delivering the service.

4.3 For any ISFC staff that provide mental health services billable to Medi-Cal, CONTRACTOR shall ensure services are clearly recorded in the appropriate mental health records of the child/youth/NMD to indicate the time and duration of delivery of each type of service per County DMH standards and ensure a summary of these services within Health Insurance Portability and Accountability Act (HIPAA) requirements are also recorded in the social worker records for the child/youth/NMD.

4.4 For any ISFC Social Worker and IHSC that provide services to the child/youth/NMDs and family, CONTRACTOR shall ensure services are clearly recorded in the appropriate case file of the child/youth/NMDs to indicate the time and duration of delivery of each type of service and that a summary of these services included.

4.5 CONTRACTOR shall ensure they have a dedicated Recruiter/Trainer for ISFC. The Recruiter/Trainer focuses on the recruitment of ISFC Foster Parents and oversees the development of the TFC foster parent training and pre-service training. The Recruiter/Trainer should have an educational background in a relevant field (e.g., social work, psychology, child development) and experience in working with child/youth/NMDs in residential and/or foster care. The Recruiter/Trainer should demonstrate ability to engage with families; proficiency in teaching and public speaking; and ability to collaborate with members of a team.

4.6 Mental Health Staff Qualifications and Services:

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

4.7 Other Specialized Staff and Administrators:

4.7.1 CONTRACTOR may utilize specialized staff or administrators who are not on-going members of the ISFC team to perform functions related to the ISFC program such as: recruitment, orientation and training of ISFC resource parents, or educational liaisons among other activities that reflect more generalized FFA duties. This functions would exclude direct service team members.

4.7.2 CONTRACTOR shall ensure that (a) each specialized staff or administrator has the education, training and experience to provide the specialized service to ISFC

child/youth/NMDs or ISFC resource parents; and (b) each specialized staff or administrator is trained on the policies and principles of ISFC and how these policies and principles relate to the specialized function they perform.

5.0 ISFC RESOURCE PARENT QUALIFICATIONS AND REQUIREMENTS

5.1 Certification of ISFC resource parents:

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

5.2 ISFC Resource Parent Qualifications

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

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

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

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

- 5.2.3 Based on the information provided by the CONTRACTOR ISFC Program Manager or designee the CONTRACTOR shall make a determination on the suitability of the

prospective and current ISFC resource parent's ability to provide care and supervision for ISFC child/youth/NMDs.

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

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

5.3 Training Requirements:

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

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

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

5.4 ISFC Resource Parent Support:

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

6 MONITORING REQUIREMENTS:

6.1 CONTRACTOR shall monitor all ISFC resource parents to ensure: (1) the well-being of emotionally disturbed child/youth/NMD under their care; (2) participation in initial and ongoing in-service training; (3) demonstration of an understanding of and ability to meet the needs of emotionally disturbed child/youth/NMDs; (4) participation in the development and implementation of individual case and treatment plans for the child/youth/NMDs in the ISFC

team and as appropriate, the CFT meetings; (5) the timely and thorough attention and follow up for all medical and dental needs; (6) timely reports of all serious incidents, including any use of physical contact to discipline or manage per State regulations, laws, and County policy.

6.2 Required Notifications on Changes in ISFC Foster Homes

6.2.1 CONTRACTOR shall ensure that all changes in an ISFC resource parent status be reported within three (3) business days of learning of the change to the County ISFC Program Manager or designee via email. The report is to include the name, address, telephone contact of the resource parent and a specific description of the reason for the change in status: (a) newly approved ISFC homes, (b) newly disapproved ISFC homes, (c) homes transitioning to or from ISFC Respite Only homes, (d) homes that have moved to inactive status resulting from no ISFC child/youth/NMD in the home for 30 or more days (e) homes transitioning on or off a voluntary or involuntary suspension of ISFC services whether initiated by the resource parent, FFA, DCFS Out-of-Home Care Management Division (OHCMD) or Contracts Administration Division (CAD) and/or Probation Placement Permanency & Quality Assurance (PPQA), and (e) any other status change that affects the ISFC resource parents ability to have an ISFC child/youth/NMDs under their care.

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

PART D SERVICE TASKS TO ACHIEVE PERFORMANCE OUTCOME GOALS

1.0 Intake:

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

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

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

1.1.2 CONTRACTOR shall ensure that the FFA ISFC intake staff contact and collaborate with the County Program Administrators to ensure child/youth/NMD on the eligibility list are

given priority. CONTRACTOR shall give priority to those on the waitlist for any open ISFC available resource family appropriate to the population served in that home.

- 1.1.3 CONTRACTORS shall collaborate with the COUNTY ISFC Administrators prior to intake in a pre-placement matching consultation in order to review ISFC child/youth/NMDs in need of ISFC services to identify ISFC resource parents who can provide appropriate care and supervision to the specific child under review.
 - 1.1.4 Prior to placement, CONTRACTOR'S ISFC staff in collaboration with the child/youth/NMDs Children Social Worker/Probation Placement Officer may arrange for pre-placement visits if it is determined that such visits would not cause the potentially matched child undue emotional distress related to current or past experiences.
 - 1.1.5 If at any point prior to the placement CFT, the Children Social Worker/Probation Placement Officer or the IPC can demonstrate that the child/youth/NMD needs may not adequately be met in the proposed ISFC resource home based on existing documentation, CONTRACTOR shall be notified immediately that they cannot place the child/youth/NMDs with that ISFC resource parent.
 - 1.1.6 CONTRACTORS shall notify County ISFC Program Manager or designee at least two working days prior to the matched placement, by electronic mail, the name and address of the ISFC resource parent and the placement date so that the County ISFC Program Manager or designee can provide the placing Children Social Worker/Probation Placement Officer an official letter stating that the ISFC placement has been approved so that the appropriate placement papers can be generated and the ISFC rate can be uploaded into the payment system.
- 1.2 Assessment Prior to the Placement of More Than One child/youth/NMD in a ISFC Resource Home:
- 1.2.1 CONTRACTOR shall comply with the State regulations on the number of child/youth/NMDs allowed in an ISFC Resource Home as outlined in WIC 18358 or other relevant statutes for ISFC capacity which limits the number of ISFC child/youth/NMDs in the ISFC home to no more than one emotionally disturbed child/youth/NMDs or one with a serious behavioral problem shall be placed in an ISFC Resource Home.
 - 1.2.2 CONTRACTOR shall obtain approval from the COUNTY IPC or from the DCFS ISFC Program Manager, if delegated to do so by the IPC, prior to the placement of more than one child/youth/NMDs in an ISFC Resource Home by submitting a written assessment of the risks and compatibility of placing child/youth/NMDs together who are emotionally disturbed or who have serious behavioral problems.
 - 1.2.3 On a rare occasion, more than two children/youth/NMDs who are emotionally disturbed or who have serious behavioral problems and who are siblings may be placed together in the same ISFC Resource Home in consultation with the CFT and with approval of the COUNTY IPC and DCFS ISFC Program Manager, if delegated to do so by the IPC.
 - 1.2.4 CONTRACTOR shall reassess an ISFC Family Home whenever there is a major event in the family (e.g., death, divorce, marriage, birth of another child, serious illness, loss of job, and so forth) or a Serious Incident Report with the ISFC child/youth/NMDs that raises

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

1.3 Denial of Placement of child/youth/NMDs Who Do Not Meet the License or Program Statement Criteria:

1.3.1 CONTRACTOR is responsible for denying placement of child/youth/NMDs, within the limitations of the information provided at the time of matching and placement, who do not meet the license or Program Statement criteria for the ISFC FFA. If CONTRACTOR determines that eligible ISFC child/youth/NMDs does not meet these criteria, CONTRACTOR shall immediately notify the Children Social Worker/Probation Placement Officer and the County ISFC Program Manager and submit a written statement within three business days to the County ISFC Program Manager.

2.0 Safety Response, Planning, and Notifications

2.1 CONTRACTOR'S ISFC Social Worker and Clinical Staff and the ISFC resource parents shall be trained to implement safety and preventive measures to respond to any self-harming and/or other behaviors that pose risk to the child/youth/NMDs or others. If, after all relevant safety and preventive measures have been exhausted and the placed child/youth/NMDs needs an emergency psychiatric assessment for acute psychiatric hospitalization; or exhibit escalating behaviors indicating danger to self or others, CONTRACTOR shall contact the DMH 24/7 ACCESS/Psychiatric Mobile Response TEAM (PMRT) 1-800-854-7771 or 9-1-1 if the behaviors demonstrate immediate danger. Also they are to notify the Children Social Worker/Probation Placement Officer and County ISFC Program Manager.

2.2 CONTRACTOR will ensure that the ISFC Social Worker, IHSC, or other relevant administrator or staff, notify the County ISFC Program Manager, or designees, via email within 1 (one) business day for all incidents that indicate a sign of threat or continued risk to the physical or mental health status of the ISFC child/youth/NMDs including all such incidents that require a Special Incident Report (SIR) on the i-Track System.

2.3 In the event of an emergency, CONTRACTOR may move the placed child/youth/NMD to another ISFC Resource Home or ISFC Respite Home within their agencies without prior authorization from the Children Social Worker/Probation Placement Officer. For the purposes of this paragraph, an emergency is defined as any situation that threatens the health and safety of the placed child/youth/NMDs or others in the Resource Home.

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

2.5 CONTRACTOR shall notify the placed child's Children Social Worker/Probation Placement Officer, the Children's Social Worker/Probation Placement Officer's Supervisor, the Children's Social Worker/Probation Placement Officer's Supervisor's Administrator and County ISFC Program Manager or designee regarding the emergency replacement. Notification shall be made as soon as possible but no later than 24 hours after the placed child/youth/NMDs is moved.

2.6 After business hours emergency replacement, CONTRACTOR shall notify the Child Protection Hotline (800-540-4000) with a follow-up email to the Children Social Worker/Probation Placement Officer, the Children's Social Worker/Probation Placement Officer's Supervisor, the Children's Social Worker/Probation Placement Officer's Supervisor's Administrator and DCFS ISFC Program Manager or designee by the end of the next business day.

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

2.8 Child/youth/NMDs Referred to a Psychiatric Hospital

2.8.1 CONTRACTOR shall comply with the following:

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

- In both cases, CONTRACTOR shall immediately notify the County ISFC Program Manager or designee of the decision not to re-admit by telephone and follow up with an electronic mail message by the end of the next business day with a statement describing the reasons for not accepting the child back into the home.

3.0 Service Delivery

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

- 3.1 CONTRACTOR shall ensure that all members of the ISFC team (social work case managers, in-home support counselors, mental health clinicians and other relevant professionals when appropriate) meet regularly, on face-to-face at a minimum, once a week to review, track and adapt as necessary the plans for the ISFC child/youth/NMDs
- 3.2 CONTRACTOR shall have the ISFC resource parent participate in the ISFC team meetings whenever possible but no less than 1 time per month.
- 3.3 CONTRACTOR shall ensure that the ISFC team makes and documents attempts to engage relevant community or professional partners and informal supports for the ISFC child/youth/NMD to obtain information on the strengths and needs of the child/youth/ NMD to assist the ISFC team in evaluating the individualized plan. Moreover, such partners and informal supports should be invited to participate in CFT meetings when appropriate.
- 3.4 CONTRACTOR shall ensure that the ISFC team documents appropriate respite strategies for each ISFC child/youth/NMD and ISFC resource parent within the first 30 days of placement in preparation for the healthy and emotionally supportive respite or substitute caregiver option. The documentation shall be in the initial Needs and Services Plan or in the case file. The respite plan shall also be reviewed by the child/youth/NMDs, ISFC team, and CFT on a quarterly basis or more if needed and documented in the case file or Quarterly Report. The respite plan shall be in compliance with the State and County respite guidelines.

3.5 Mental Health Service Delivery

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

- 3.5.1 CONTRACTOR shall verify and document in the case file that the selected clinician or specialist, from outside of the agency, meets all professional standards (i.e., license, certification, training and experience) to provide the specialized service. CONTRACTOR will ensure the information is shared with the ISFC team working with the child/youth/NMDs and with the Children Social Worker/Probation Placement Officer.

- 3.5.2 CONTRACTOR shall ensure that the ISFC mental health practitioners agree to participate in the CFT meetings as appropriate for any ISFC child/youth/NMDs under their clinical care.
- 3.5.3 Administration of Prescription and Non-Prescription Medications:
- 3.5.3.1 CONTRACTOR shall comply with the FFA Master Contract regarding the administration and management of prescribed and over-the-counter medications.
 - 3.5.3.2 CONTRACTOR shall comply with all state and County regulations in the approval, administration and management of all psychotropic medications prescribed to the ISFC child/youth/NMDs.
 - 3.5.3.3 CONTRACTOR shall have a formal plan for emergency provision of psychiatric and medication evaluations by a Board Certified Child Psychiatrist, either on staff or subcontracted, or obtained through written agreement for fee-for-service and who is licensed and certified to treat child/youth/NMDs.
 - 3.5.3.4 CONTRACTOR shall arrange a consultation and/or case review for those child/youth/NMDs that have been in ISFC foster care for over 12 consecutive months to determine the appropriate level of care and graduation plan.

4.0 Discharge Planning

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

- 4.1 CONTRACTOR shall notify the Children Social Worker/Probation Placement Officer and County ISFC Program Manager or designee, or ISFC DMH Administrator via electronic mail as soon as the CONTRACTOR becomes aware but not more than 3 business days of an issue that may lead to replacement.
- 4.2 CONTRACTOR shall convene or participate in a case conference or CFT meeting to determine whether the child/youth/NMD placement may be stabilized and/or additional services may be provided without removing them from the ISFC Resource Home, including in-home crisis stabilization services.
- 4.3 CONTRACTOR shall contact DMH ISFC Program Manager or designee to arrange a consultation after the case conference or CFT meeting to discuss the outcome and any updates to the treatment and/or crisis intervention plan.

4.4 CONTRACTOR shall document efforts to stabilize and maintain the child/youth/NMDs in placement, including existing and additional mental health services, daily resource parent support telephone check-ins and in-home crisis stabilization services, in advance of any anticipated replacement. CONTRACTOR shall ensure that the ISFC resource parent cannot refuse any mental health services determined necessary by the treatment team.

4.5 When all the alternatives have been exhausted, CONTRACTOR will provide Notice of Intent to Discharge to the Children Social Worker/Probation Placement Officer and County ISFC Program Manager no less than seven (7) days prior to the anticipated discharge date unless it is agreed upon at the case conference that less notice is necessary due to an immediate threat to the health and safety of the placed child/youth/NMDs or others.

4.6 Prior to discharging a placed ISFC Child/Youth/NMD:

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

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

5.0 MANDATORY REPORTS

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

5.1 ISFC Needs and Services Plan/Quarterly Report

- 5.1.1 CFT suggestions and mental health assessment recommendations and relevant aspects of the child/youth/NMD treatment plan shall be incorporated into the development of the NSPs.

- 5.1.2 CONTRACTOR'S ISFC Social Worker and IHSC shall develop comprehensive and individualized NSPs with specific and measureable goals, objectives and interventions in collaboration with CFT that reflect the intensive level of supervision and services for an ISFC child/youth/NMD.
- 5.1.3 CONTRACTOR shall ensure that the NSP clearly documents that the child/youth/NMDs is in an ISFC Program and which ISFC Rate/Service Level they will receive;
- 5.1.4 Any changes to the NSPs/Quarterly Reports shall include in addition to the require FFA SOW requirements the following:
- (1) The placed child/youth/NMDs adjustment to placement and to ISFC team;
 - (2) The ISFC Rate/Service Level and need for continuing services at the current ISFC Rate/Services;
 - (3) The need for (any) modification in level of services;
 - (4) Respite plan and implementation strategies;
 - (5) Status and progress in the ISFC clinical treatment plan and services;
 - (6) Discharge transition planning;
 - (7) Recommendation regarding the feasibility of the placed child/youth/NMDs return to their home, placement in a lower level of care in the community, to a higher level of care in a STRTP, or move to independent living;
 - (8) Documentation of divergent opinions or concerns offered by the CFT.

5.2 Record Keeping/Confidentiality

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

5.3 Data

- 5.3.1 CONTRACTOR shall provide weekly census data for each of the ISFC homes to ISFC Program Manager or designee. Census data could include but not limited to information about the child/youth/NMD and ISFC homes (1) demographics, birth date, gender, and ethnicity; (2) referring County department; (3) enrollment and disenrollment dates; (4) reason for disenrollment (5) outcome measures for safety, permanence, and well-being/self- sufficiency. The frequency of these reports could include weekly, monthly, quarterly and annual updates.

5.3.2 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 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.

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

6.0 TRAINING

In addition to State and County mandated training outlined in the FFA Master SOW and Contract, CONTRACTOR shall have and update as necessary a comprehensive training plan for ISFC team members, ISFC resource parents, and FFA staff and volunteers working with ISFC child/youth/NMD in compliance with State regulations and County guidelines.

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

- 6.1.1 CONTRACTOR shall develop comprehensive trauma-responsive and culturally sensitive training plan for staff, volunteers and the ISFC resource parents and shall be made available upon request.
- 6.1.2 CONTRACTOR shall maintain the individual records of training completed by all ISFC team members including the ISFC resource parents and shall be made available upon request.
- 6.1.3 CONTRACTOR shall develop, maintain and make available upon request, a separate individualized recordkeeping system that specifically identifies the dates, hours, and topics for all IHSCs and ISFC resource parents pursuant to WIC 18358 or other regulations relevant to ISFC services training requirements and the topics listed.
- 6.1.4 CONTRACTOR shall monitor and ensure that each ISFC resource parent's cardiopulmonary resuscitation (CPR) and First Aid are current. The completion of CPR and First Aid shall be in addition to below required training hours for certification and recertification.
- 6.1.5 CONTRACTOR shall utilize the People Places Parent Training Curriculum or County approved curriculum training as the basis of the required ISFC forty (40) hour pre-service training hours as described in this SOW.

6.1.6 CONTRACTOR shall ensure that the state required pre-service and in-service training hours for ISFC IHSCs and ISFC resource parents shall include, but are not limited to, the following:

- (a) Working with Abused and Neglected Children
- (b) Behavioral de-escalation techniques
- (c) Cardiopulmonary Resuscitation (CPR)
- (d) First Aid
- (e) State and COUNTY ISFC Policies and Procedures
- (f) Underlying Principles of Therapeutic Foster Care and Service Delivery
- (g) Development of NSPs and Treatment Plans
- (h) Impact on Trauma on Child Development and Their Behavior
- (i) Identifying and Working with the Underlying Needs of Children and their Families
- (j) Principles and Values of the Core Practice Model
- (k) The Organization and Protocol for Child and Family Teams
- (l) Understanding Attachment and Attachment Disruptions
- (m) Trauma-Responsive Parenting Techniques, in particular People Places *Parenting Skills Training* or other county approved Curriculum training.
- (n) Mandated Reporting of Child Abuse and Neglect in Foster Care
- (o) Title 22 Regulations, including Discharge, Children's Rights and the Prudent Parent Standards
- (p) Understanding and Administration of Psychotropic Medications
- (q) Cultural Competency and Diversity, including Sexual Orientation and Gender Identity
- (r) Coercive Power and Control: Violent Relationships and Bullying
- (s) Identification and Intervention in Substance Abuse
- (t) Identification and Prevention of Sexual Exploitation and Victim Services
- (u) Importance of Self-Care and Effects of Secondary Traumatization

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

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>): http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential
2.2 (a)	Division 6, Chapter 4, Sections 83000 through 83088 (<i>Small Family Homes</i>): http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential
2.2 (b)	Title 22, Division 6, Chapter 8.8, Sections 88000 through 88087 (<i>Foster Family Agencies</i>): http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Community-Care-Licensing-Regulations/Residential
2.2 (c)	Title 22, Division 6, Chapter 8.8, Sections 88200 through 88587.1 (<i>Foster Family Agencies Interim Licensing Standards</i>): http://www.cdss.ca.gov/Portals/9/VERSION_2.1_FFA_ILS_6.12.17_FINAL.pdf?ver=2017-06-12-202554-807
2.2 (d)	Title 22, Division 2, Subchapters 1-9, Sections 35000-35409 (<i>Adoptions Manual</i>) for Foster-Adopt FFA requirements: http://www.cdss.ca.gov/inforesources/Letters-Regulations/Legislation-and-Regulations/Adoptions-Regulations
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: http://leginfo.legislature.ca.gov/faces/codes.xhtml .
3.1 & 10.0	Child abuse and neglect in out-of-home care are definition in Penal Code Section 11165.5: http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=PEN&sectionNum=11165.5
5.1	Welfare and Institutions Code (WIC) 17710 (a): http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=17710.&lawCode=WIC
6.0	Pathways to Mental Health Service Core Practice Model Guide: http://www.childsworld.ca.gov/res/pdf/CorePracticeModelGuide.pdf
6.0	Los Angeles County Core Practice Model (CPM): www.gettothecore.org .

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

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

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and 15.1.16	http://policy.dcss.lacounty.gov/Default.htm#Psychotropic_Meds.htm?Highlight=psychotropic
15.1.1.4	Foster Youth Rights: http://www.dss.cahwnet.gov/cdssweb/PG167.htm#P
15.1.1.4	Legal Rights of Teens in Out-of-Home Care: http://www.ylc.org/resource-bank/?folder_id=111&root_folder_id=110
15.3.1	Welfare and Institutions Code (WIC) Section 16501.1(d)(4), and (g)(8)(B): http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=16501.1
15.3.1	Education Code (EDC) 48850(a) and (b): http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48850.&lawCode=EDC
15.3.3	Education Code (EDC) 48853.5(f)(8)(B): http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=48853.5.&lawCode=EDC
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: 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
15.3.9	Child Health Disability Prevention (CHDP) Program: http://www.lapublichealth.org/cms/CHDP.htm
15.3.9.1	Medical/Dental Exams Periodicity Schedule for children, which can be found at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf
15.3.9.2	Los Angeles County Department of Public Health: http://www.lapublichealth.org/cms/CHDP.htm
15.3.11.3	Los Angeles County Department of Health Services contracted providers: http://dhs.lacounty.gov/wps/portal/dhs/locations/

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

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

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

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:

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.

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.

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

HOW	TO WHOM	WHEN
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)

HOW	TO WHOM	WHEN
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

HOW	TO WHOM	WHEN
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

HOW	TO WHOM	WHEN
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.

SAFETY PERFORMANCE OUTCOME SUMMARY*		
PROGRAM TARGET GROUP: Children in FFA Resource Family Approved homes.		
PROGRAM GOAL AND OUTCOME: 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).		
OUTCOME INDICATORS	PERFORMANCE TARGETS	METHOD OF DATA COLLECTION
<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 & supervision of an FFA.¹</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>

¹The 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.~~

PERMANENCY PERFORMANCE OUTCOME SUMMARY*		
PROGRAM TARGET GROUP: Children in FFA Resource Family Approved Homes		
PROGRAM GOAL AND OUTCOME: Children shall achieve timely permanency through family reunification, adoption, or legal guardianship.		
OUTCOME INDICATORS	PERFORMANCE TARGETS	METHOD OF DATA COLLECTION
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. ²	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

²This 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>ACCESS TO EFFECTIVE AND CARING SERVICES/WELL-BEING</p> <p>PERFORMANCE OUTCOME SUMMARY*</p>		
<p>PROGRAM TARGET GROUP: Children in FFA Resource Family Approved Homes</p>		
<p>PROGRAM GOAL AND OUTCOME: 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>OUTCOME INDICATORS</p>	<p>PERFORMANCE TARGETS</p>	<p>METHOD OF DATA COLLECTION</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 activities³</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 placement³ 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. ⁴</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>

		and Education (HEP), Child's Case Files, Needs and Services Plan
--	--	--

³CONTRACTOR 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.

⁴CONTRACTOR 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 of 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 AGENCY¹

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 []²

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.)?

¹ 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.

² 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**

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- [Case Plan Goal](#)
- [Concurrent Case Plan Goal](#)
- [For Updated NSP Only—GH / FFA](#)
- [LARRC Criminogenic Factors \(Probation Cases\)](#)
- [Medical / Physical / Dental Health](#)

- [Mental Health](#)
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Sections for Quarterly Updates

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- [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: _____						
Qtrly Only Adjustment to Placement: _____						
Case Plan Goal (Permanency):					<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): _____						
Concurrent Case-Plan Goal (Permanency):					<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): _____						
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.						

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	
1. Problem Behaviors & Substance Use				
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"/>	
2. Family Factor				
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"/>	
3. Social Relationships Factor				
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"/>	
4. Academic Engagement Factor				
5. Self-Regulation Factor				
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:

Medical / Physical / Dental Health	<input type="checkbox"/> See Addendum
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: _____

Qtrly Only	Medical / Physical / Dental Health Clinical Visits	<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: _____

Mental Health	<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) _____	

Qtrly Only	Mental Health Clinical Visits	<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:

NSP Treatment
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:

Education		<input type="checkbox"/> See Addendum
<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: _____		
Qtrly Only	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)	

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:

Life Skills Training / Youth Development Preparation	
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"/>
Qtrly Only	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

Child's Name:

Qtrly Only	Number of Special Incidents Reports (SIRs) over the past three months:		
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:

Outcome Goals

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:			
Outcome Goals (Continuous)			
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:

<u>Addendum</u>
<i>Click here to type addendum.</i>

**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 CONCERNING _____

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)**