



RESOLUTION NO. XXX-2026

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

AUTHORIZING

HEALTH AND HUMAN SERVICES AGENCY PROTECTIVE SERVICES ASSISTANT DIRECTOR OF HUMAN SERVICES, OR DESIGNEE, TO SIGN STATE OF CALIFORNIA (SOC) FORMS AND RELATED ADDENDUMS FOR GROUP HOME AGREEMENTS, FOSTER FAMILY AGENCY AGREEMENTS, AND SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM AGREEMENTS ISSUED BY THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES FOR CHILD AND NON-MINOR DEPENDENT PLACEMENT, SUPERSEDING RESOLUTIONS 156-2020 AND 068-2016 RELATED TO FOSTER FAMILY AGENCY AND GROUP HOME AGREEMENTS

WHEREAS, the El Dorado County Health and Human Services Agency (HHSA) Child Welfare Services (CWS) is a department of the County of El Dorado (County) and is overseen by the Board of Supervisors (Board);

WHEREAS, HHSA CWS, as the placement agency in the County for foster children/youth, is responsible for protecting children who either do not have a parent, guardian, or custodian, or children whose parents, guardians, or custodians are unable to provide for the care or supervision of their children, and access licensed private Group Homes (GHs) for 24-hour non-medical care and supervision, Foster Family Agencies (FFAs) for certifying and training foster parents and finding temporary or permanent homes for placements, and Short-Term Residential Therapeutic Programs (STRTP) for the placement of children who require more intensive care;

WHEREAS, the California Department of Social Services (CDSS) provides oversight and licensing to GHs, FFAs, and STRTPs who meet the criteria set forth by CDSS;

WHEREAS, CDSS mandates that placement agencies use state mandated boilerplate agreements, including the “SOC 154” form to place children in GHs, the “SOC 154A” form to place children in FFAs, and the “SOC 153” form to place Non-Minor Dependents (NMDs) in FFAs, and issues the “SOC 154C” form that placement agencies may use to place children in STRTPs, with each SOC form defining the roles and responsibilities of both the care facility and the placement agency;

WHEREAS, on April 19, 2016, the Board adopted Resolution 068-2016, authorizing the HHSA Director or designee to execute the SOC 154 (6/00) form titled “Agency – Group Home Agreement, Child Placed by Agency in Group Home” on an as needed basis to place children who are dependents of the court into GHs (Legistar file 16-0297);

WHEREAS, on October 20, 2020, the Board adopted Resolution 156-2020 authorizing the HHSA Director or designee to execute the SOC 154A (7/20) form titled “Placement Agency – Foster Family Agency Agreement, Child Placed by Agency in Foster Family Agency” on an as needed basis to place children who are dependents of the court into FFAs (Legistar file 20-1210);

WHEREAS, this Resolution hereby supersedes and replaces Resolution 068-2016 (GHs) and Resolution 156-2020 (FFAs) in their entirety, effective upon execution of this Resolution;

NOW, THEREFORE, BE IT RESOLVED, the Board of Supervisors of the County of El Dorado hereby:

- 1) Delegates authority to the HHSA Assistant Director of Human Services, Protective Services, or designee, to execute the SOC 154 (6/00) titled “Agency – Group Home Agreement, Child Placed by Agency in Group Home,” attached hereto as Exhibit A, including addendums or modifications thereto implemented by CDSS, for the placement of children into GHs;
- 2) Delegates authority to the HHSA Assistant Director of Human Services, Protective Services, or designee, to execute the SOC 154A (7/20) titled “Placement Agency – Foster Family Agency Agreement, Child Placed by Agency in Foster Family Agency,” attached hereto as Exhibit B, including addendums or modifications thereto, as implemented by CDSS, for the placement of children into FFAs;
- 3) Delegates authority to the HHSA Assistant Director of Human Services, Protective Services, or designee, to execute the SOC 153 (9/19) titled “Placement Agency – Foster Family Agency Agreement, Nonminor Dependent Placed by Agency in Foster Family Agency,” attached hereto as Exhibit C, including addendums or modifications thereto, as implemented by CDSS, for the placement of NMDs into FFAs;
- 4) Delegates authority to the HHSA Assistant Director of Human Services, Protective Services, or designee, to execute the SOC 154C (1/24) titled “Agency – Short-Term Residential Therapeutic Program (STRTP) Admission Agreement, Child Placed by Agency Into STRTP,” attached hereto as Exhibit D, including addendums or modifications thereto, as implemented by CDSS, for the placement of children into STRTPs;
- 5) Ratifies any and all STRTP Admission Agreement utilizing SOC 154C for placement of children/youth dated as of January 1, 2024 and thereafter, which were executed by CWS in carrying out their obligations as the placement agency in the County for foster children/youth;
- 6) Delegates authority to the HHSA Assistant Director of Human Services, Protective Services, or designee, to execute future GH, FFA, and STRTP boilerplate agreements using new CDSS SOC and addendum forms or versions, which are intended to update or replace the existing SOC and addendum forms, subject to County Counsel approval.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 9th day of June, 2026, by the following vote of said Board:

Attest:
Kim Dawson
Clerk of the Board of Supervisors

Ayes :
Noes :
Absent :

By :

By :

Deputy Clerk

Brooke Laine, Chair
Board of Supervisors

Exhibit A

AGENCY --- GROUP HOME AGREEMENT

Child Placed by Agency in Group Home

Name of Child	Parent's Name
Birthdate of Child	Date Placed
Case Number	

Anticipated duration of placement is _____ months.

The agency will pay \$ _____ per _____ for room and board, clothing, personal needs, recreation, transportation, education, incidentals, supervision and social services. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

If additional amounts are to be paid, the reason, amount and conditions shall be set forth here: _____

Special problems: Yes No If yes, explain. _____

Agency Agrees To	Group Home Agrees To
<ol style="list-style-type: none"> 1. Provide the group home with knowledge of the background and needs of the child necessary for effective care. This shall include a social work, medical reports, educational assessments, psychological/psychiatric evaluations, and identification of special needs when necessary. This shall be made available to group home within 14 days from date of placement. 2. Work with the group home toward development of a treatment plan. 3. Work toward termination of child's placement with group home staff. 4. Continue paying for this child's care as long as eligible and the group home maintains child on an active status or until the agency requests that placement be terminated. 5. Assist in the maintenance of this child's constructive relationships with parents and other family members and to involve parents in future planning for this child. 6. Contact this child in the group home at least once a month. If case plan would indicate less frequent contact, the group home will be informed. 7. Inform group home if child has any tendencies toward dangerous behavior. 8. Provide a Medi-Cal card or other medical coverage at the time of placement. 9. Provide authorization for medical treatment, signed by this child's parent or legal guardian. 10. Provide a clothing allowance as permitted to meet initial clothing needs. 11. Provide assistance with emergencies. Telephone number for after-hours or weekends is: _____ 	<ol style="list-style-type: none"> 1. Provide this child with the nurture, care treatment and training suited to his needs. 2. Follow admission requirements related to medical screening, physical examination, medical testing and immunization. 3. Develop an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child and work with the agency in planning for this child. 4. Encourage the maintenance of the natural parent-child relationship and include the child's parents in the treatment plan when possible. 5. Not use corporal punishment, punishment before the group, deprivation of meals, monetary allowances, visits from parents, home visits, threat of removal or any type of degrading or humiliating punishment and to use constructive alternative methods of discipline. 6. Respect and keep confidential information given about the child and his family. 7. Work toward termination of placement on a planned basis with maximum involvement of the child, parents and the agency. 8. Conduct a staffing or review on this child at least quarterly. 9. Submit an initial diagnostic summary to the agency within three (3) months from the date of placement. This summary shall include information listed on the reverse side of this agreement form. 10. Submit ongoing written evaluations to the agency quarterly. These evaluations shall include information listed on the reverse side of this agreement form. 11. Immediately notify agency of significant changes in this child's health, behavior or location. 12. Submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed. 13. Give agency prior notice of at least 7 days of intent to discharge this child unless it is agreed upon with the agency that less notice is necessary. 14. Conform to the licensing requirements. 15. Provide state and federal agencies access to documentation when documentation is maintained on children in their care. 16. Notify the agency immediately if an application is made on behalf of this child for any kind of income. Examples of income include, but are not limited to, child support payments, Veterans Benefits, Railroad Retirement, Social Security, RSHDI, and Supplemental Security Income/State Supplemental Program (SSI/SSP). 17. Remit to Department of Public Social Services any income received on behalf of this child while in foster care up to the full cost of board and care plus medical cost. In addition, I will cooperate to have the Social Security Administration, or the appropriate agency, make the Department of Public Social Services the payee for any funds received on behalf of this child.

I have read the foregoing and agree to conform to these requirements. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from the group home.

Signature of Children Placement Worker		Signature of Authorized Group Home Representative	
Title	Name of Agency	Title	Name of Group Home
Address		Address	
Phone Number	Date	Phone Number	Date

Initial diagnostic summary shall include:

- A. Medical and dental needs
- B. Psychological/psychiatric evaluations obtained
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to staff
- G. Involvement in recreation program
- H. Behavioral problems
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and staff who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and his parents in the treatment program

Quarterly evaluations shall include:

- A. Current status of child's physical and psychological health
- B. Reassessment of child's adjustment to the group home, program, peers, school, and staff
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and his parents in treatment program

Exhibit B

**PLACEMENT AGENCY - FOSTER FAMILY AGENCY AGREEMENT
CHILD PLACED BY AGENCY IN FOSTER FAMILY AGENCY**

Name of Child:	FFA Name:
Birth Date of Child:	Date Placed With FFA:
Case Number:	Date First Entered Foster Care:

Please select the Level of Care from the drop down menu:

The Placement Agency will pay \$ _____ per month in return for the above named child's care and supervision as defined in Welfare and Institutions Code 11460 and other applicable law and regulations. First payment to be made within 45 days after placement with the subsequent payments to be made monthly.

FOR PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP) PARTICIPANTS: The County Placement Agency will pay \$8,000 of PAARP compensation to dually licensed foster family and adoption agency. The County shall compensate the agency \$4,000 at the time the adoptive placement agreement is signed and \$4,000 at the time of finalization of the adoption, or one payment of \$8,000 if the adoption agency opts to be paid in full at finalization.

Agency Agrees To	Foster Family Agency Agrees To
<ol style="list-style-type: none"> 1. Provide the Foster Family Agency (FFA) with knowledge of the background and needs of this child. This shall include but not be limited to the social work assessment, medical reports, educational assessments, psychiatric/psychological evaluations, most recent Child and Adolescent Needs and Strengths assessment (CANS) and identification of special needs. This shall be made available to the FFA within 14 days from date of placement. 2. Inform the FFA, before placement, of this child's behaviors and proclivities that might be harmful to others (including pets) in the home, school or neighborhood. 3. Work with the FFA in the development and progress of a needs and services plan. The county placing agency will notify and invite the FFA to participate in any <u>Child and Family Team (CFT)</u> meetings to discuss the child's needs and services plan. 4. <u>Ensure a facilitated CFT is convened as necessary and within 60 days of the child's arrival in order to ensure the ongoing needs of the child are met in support of the child's needs and services plan. Reconvene for subsequent CFT at least once every six months.</u> 	<ol style="list-style-type: none"> 1. Provide this child with foster/resource parent(s) who have been approved to care for the child's needs in accordance with applicable laws and regulations and educational stability requirement. 2. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care. 3. Notify the agency within 24 hours (unless there is a separate written agreement with the placing agency) by phone followed in writing of significant changes in the child's health, behavior or location as well as significant issues including suspected physical or psychological abuse, death, injury, unusual incidents, absence of a child, placement issues and school non-attendance and all items listed under Section 80061 of Title 22, Division 6. 4. <u>Proactively request and support CFT processes to ensure the ongoing needs of the child are met in support of the child's needs and services plan.</u> 5. Work together with the placing agency to encourage the maintenance of the familial-child relationship and include the child's family members, as indicated in the needs and services plan, in treatment planning and/or CFTs whenever possible and cooperate with the reunification process.

<p style="text-align: center;">Agency Agrees To (Continued)</p>	<p style="text-align: center;">Foster Family Agency Agrees To (Continued)</p>
<p>5. Work with FFA staff toward successful completion of the child’s needs and services plan, a positive placement outcome and timely permanency for the child. Provide the FFA a JV 220A, Prescribing Physician’s Statement, if applicable, upon approval by the juvenile court, and subsequent renewals.</p> <p>6. Work together with the FFA to develop and maintain positive relationships with the child’s parents (or guardians) and other family members, and cooperate with the reunification process, e.g. provide written information regarding a child’s <u>educational</u>, medical and transportation needs.</p> <p>7. Maintain contact with the child monthly or as specified in the child’s approved case plan.</p> <p>8. <u>Expediently convene a CFT meeting to develop and implement a placement preservation strategy when notified by the Foster Family Agency that the placement may be disrupted, unless the social worker or placing agency determine that remaining in the placement will pose an imminent risk to the health and safety of the child, youth, other children or others in the home, the court orders removal, the parent or guardians request removal (voluntary placement), removal is from an interim placement directly into an adoptive home, or the foster youth’s CFT and the foster youth if they are 10 years of age or their representative if they are less than 10 years of age, unanimously agree to waive the requirement to hold a CFT and develop a placement preservation strategy.</u></p> <p>9. <u>Not to make a placement change between the hours of 9:00 p.m. and 7:00 a.m., unless a mutual agreement to do so is made by the current and prospective caregivers, the social worker or probation officer, and the youth over the age of 10 or that youth’s representative.</u></p> <p>10. <u>Serve written notice to Foster Family Agency 14 days prior to making a placement change if after implementing the placement preservation strategy it is determined a placement change is necessary.</u></p>	<p>6. Use constructive alternative methods of discipline; not use corporal punishment; deprivation of meals, monetary allowances, visits from parents, or home visits; threat of removal or any degrading or humiliating punishment.</p> <p>7. Respect and keep confidential information given about this child and their family.</p> <p>8. Work with the placing agency to develop and submit to them a needs and services plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this child, including the information listed on page 4 of this form, within 30 days of placement of the child. The needs and services plan shall be up-dated at least every six months.</p> <p>9. Written progress reports shall be provided at least every six months or more frequently by mutual agreement.</p> <p>10. <u>FFAs shall complete SW time studies as requested by CDSS, to identify IV-E allocable and non-allocable activities in accordance with federal/state law and instructions provided by CDSS.</u></p> <p>11. Notify the agency of any unintended move of the child between approved homes prior to the move and do not make a placement change between the hours of 9:00 p.m. and 7:00 a.m., unless a mutual agreement to do so is made by the current and prospective caregivers, the social workers or probation officer, and the youth over the age of 10 or that youth’s representative.</p> <p>12. Immediately notify the agency prior to an unplanned placement disruption and participate in a CFT to develop and implement a placement preservation strategy unless there is an imminent threat to the health and safety of the child, youth, other children, or others in the home.</p> <p>13. If, after the placement preservation strategy has been implemented and the foster/resource parent(s) request removal of the child, notify the agency immediately and work with the agency to transition the child to a new placement within 14 days.</p>

<p align="center">Agency Agrees To (Continued)</p>	<p align="center">Foster Family Agency Agrees To (Continued)</p>
<p>11. Continue paying for the child’s care as long as the child remains in placement or in the absence of the child the placing agency asks the FFA to retain an open placement.</p> <p>12. Provide a Medi-Cal card or other medical coverage and a Medical Consent form signed by the child’s parents, legal guardian or court at the time of placement.</p> <p>13. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies.</p> <p>14. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility.</p> <p>15. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments.</p> <p>16. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations.</p> <p>17. Provide for arrangements for school of origin travel as appropriate.</p> <p>18. Provide a contact telephone number for emergencies and after business hours:</p> <p>19. Emergency #: _____</p>	<p>14. <u>Prior to an unplanned placement disruption, proactively engage the CFT and county agency to stabilize the child.</u></p> <p>15. FFA social worker shall visit this child in private in their foster home at least once per calendar month and provide documentation of these visits to the agency caseworker/probation officer on a flow basis every month as visits are completed.</p> <p>16. Provide state and federal agencies access to records as provided by state and federal law.</p> <p>17. Notify the placing agency if the child receives any source of income such as income from work, SSI, SSA, child support, etc. Notify the county of any property the child obtains, including bank accounts. (It will be the county’s responsibility to verify the income/property.)</p> <p>18. Follow any requirements associated with the county’s clothing allowance policy and procedures.</p> <p>19. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.</p> <p>20. Inform county upon discovery of any apparent overpayment.</p> <p>21. Immediately notify the placing agency of any changes to the child’s educational travel arrangements (if applicable) including a change in approved homes.</p>

Initial needs and services plan summary shall include:

- A. Medical and Dental needs
- B. Psychological/psychiatric evaluation obtained or scheduled
- C. Staffing review summaries
- D. Educational assessment
- E. Peer adjustment
- F. Relationship to adults
- G. Involvement in recreation programs
- H. Behavior Problems
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach objectives and goals and who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of child and their parents in the treatment program

Periodic update of needs and services plan shall include:

- A. Current status of child’s physical and psychological health as well as confirmation of medical and dental exams
- B. Reassessment of child’s adjustment to the foster home, treatment program, peers and school
- C. Progress toward short-term objectives and long-range goals including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of treatment plan, tasks to be performed and anticipated length of placement
- F. Involvement of child and their parents in treatment program

<i>By this signature I attest that I have read this agreement and agree to fulfill these requirements and I am authorized on behalf of my agency to sign this. The terms of this agreement shall remain in force until changed by mutual consent, in writing, of both parties.</i>	
Child’s Placement Worker Representative’s Name:	Phone Number:
Child’s Placement Worker Representative’s Signature:	Date:
County Name and Agency:	Title:
Foster Family Agency Representative’s Name:	Phone Number:
Foster Family Agency Representative’s Signature:	Date:
Name of Agency:	Title:
FFA Address:	

ADDENDUM TO FOSTER FAMILY AGENCY AGREEMENT

Administrator: The County Officer or employee with responsibility for administering this Agreement is _____, or successor.
(Print Name and Title) Social Services Department

Requesting Contract Administrator Concurrence:

By: _____ Dated: _____
Name, Title
Health and Human Services Agency

Requesting Department Head Concurrence:

By: _____ Dated: _____
Name, Title
Health and Human Services Agency

Client and Facility Information:

Client Name Facility Name

Exhibit C

**PLACEMENT AGENCY - FOSTER FAMILY AGENCY AGREEMENT
NONMINOR DEPENDENT PLACED BY AGENCY IN FOSTER FAMILY AGENCY**

Name of Nonminor Dependent (NMD):	FFA Name:
Birth Date of NMD:	Date Placed With FFA:
Case Number:	Date First Entered Foster Care:

Select One The Placement Agency will pay \$ _____ per month in return for the above named NMD's care and supervision as defined in Welfare and Institutions Code 11460 and other applicable law and regulations. First payment to be made within 45 days after placement with subsequent payments to be made monthly.

Placement Agency Agrees To	Foster Family Agency Agrees To
<ol style="list-style-type: none"> 1. The placing agency will obtain from the NMD all appropriate releases of information relevant to this placement in order to provide the Foster Family Agency (FFA) with knowledge of the background and needs of this youth. This may include, based on the NMD's consent, a social work assessment, medical reports, educational assessments, psychiatric/psychological evaluations identification of special needs and the youth's TILP. This shall be made available to the FFA within 14 days from date of placement. 2. Inform the FFA, before placement, of this NMD's behaviors and proclivities that might be harmful to others. 3. Work with the FFA in the development and progress of a needs and services plan. The county placing agency will notify and invite the FFA to participate in any young adult planning meetings and or CFT meetings to discuss the NMD's strengths and needs, to support the development of the case plan and needs and services plan. 4. Ensure a facilitated CFT when removing a child from the foster home, transitioning a child to their family, or assisting with family finding efforts. 5. Work with FFA staff toward successful completion of the NMD's needs and services plan, a positive placement outcome and timely permanency for the young adult. 	<ol style="list-style-type: none"> 1. Provide this NMD with foster parents who have been certified to care for the young adult's needs in accordance with applicable laws and regulations. 2. Conform to applicable Title 22, Division 6 regulations and all laws governing foster care. 3. Notify the placing agency within 24 hours of the provider having knowledge (unless there is a separate written agreement with the placing agency) by phone followed in writing of significant changes in the young adult's health, behavior or location as well as significant issues including suspected physical or psychological abuse, death, injury, unusual incidents, unusual absence of a NMD, placement issues and the provider having knowledge of significant changes in work or school participation and all items listed under Section 80061 of Title 22, Division 6. 4. Proactively request and support CFT processes to ensure the ongoing needs of the NMD are met in support of the child's needs and services plan. 5. Work together with the placing agency to encourage the maintenance of permanent connections with the NMD's siblings, family members and tribes, as indicated in the needs and services plan. 6. Work together with the placing agency, youth and CFT in treatment planning including, the Child and Adolescent Needs and Strengths and Needs Assessment and case planning, whenever possible.

<p align="center">Placement Agency Agrees To (Continued)</p>	<p align="center">Foster Family Agency Agrees To (Continued)</p>
<p>6. Work together with the foster family to develop and maintain positive relationships with the NMD's significant others, siblings and other family members.</p> <p>7. Maintain monthly contact with the NMD.</p> <p>8. Work with the CFT when removing a child from the foster home, transitioning a NMD to their family, or assisting with family finding efforts.</p> <p>9. Continue paying for the NMD's care as long as the young adult remains in placement or in the temporary absence of the NMD, when the placing agency asks the FFA to retain an open placement.</p> <p>10. Provide the NMD with his or her MediCal card or other medical coverage.</p> <p>11. Inform the FFA of the county clothing allowance policy and provide the funding consistent with those policies.</p> <p>12. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments.</p> <p>13. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations.</p> <p>14. Provide arrangements for educational travel to the NMD's secondary school of origin as appropriate.</p> <p>15. Provide a contact telephone number for emergencies and after business hours: Emergency #: _____</p>	<p>7. Use constructive alternative methods of harm reduction; not use corporal punishment; deprivation of meals, monetary allowances, visits from parents, or home visits; threat of removal or any other degrading or humiliating punishment.</p> <p>8. Respect and keep confidential information given about this NMD.</p> <p>9. Work with the placing agency and young adult to develop and submit to them a needs and services plan that develops an understanding of the responsibilities, objectives and requirements of the agency in regard to the care of this young adult NMD, including the information listed on the reverse side of this form, within 30 days of placement of the young adult. The needs and services plan shall be updated at least every six months.</p> <p>10. Written progress reports shall be provided at least every six months or more frequently by mutual agreement.</p> <p>11. <u>Give placing agency 14 calendar day notice of intent to discharge or move this NMD. Placement changes may not occur between the hours of 9:00 p.m. and 7:00 a.m., unless a mutual agreement to do so is made by the current and prospective caregivers, the social worker or probation officer, and the NMD.</u></p> <p>12. <u>FFA shall complete SW time studies as requested by CDSS, to identify IV-E allocable and non-allocable activities in accordance with federal/state law and instructions provided by CDSS.</u></p> <p>13. Provider social worker shall visit this NMD in private in their foster home at least once per calendar month and provide documentation of these visits to the placing agency caseworker/probation officer on a flow basis every month as visits are completed.</p> <p>14. Provide state and federal agencies access to records as provided by state and federal law.</p> <p>15. Follow any requirements associated with the county's clothing allowance policy and procedures.</p>

Placement Agency Agrees To (Continued)	Foster Family Agency Agrees To (Continued)
	<ul style="list-style-type: none">16. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.17. Inform county upon discovery of any apparent overpayment.18. Immediately notify the placing agency of any changes to the NMD's arrangement for educational travel to the secondary school of origin, as appropriate.

Initial needs and services plan summary shall include:

- A. Medical and Dental needs
- B. Psychological/psychiatric issues identified
- C. Staffing review summaries
- D. Educational and employment assessment
- E. Peer adjustment
- F. Relationship to adults identified as potential permanent connections
- G. Involvement in recreation programs
- H. Behavioral problems impacting house rules
- I. Short-term treatment objectives (goals established for next 3 months)
- J. Long-range goals including anticipated length of placement
- K. Tasks planned to reach educational and employment objectives and goals as defined in the NMD’s TILP and who will be performing these tasks, including agency service activity
- L. Identification of unmet needs
- M. Involvement of NMD in the transition program

Periodic update of needs and services plan shall include:

- A. Current status of NMD’s physical and psychological health as well as confirmation of medical and dental exams
- B. Reassessment of NMD’s adjustment to the foster home, transition program, peers and school/work
- C. Progress toward short-term objectives and long-range goals as defined in the NMD’s TILP including tasks which have been performed to reach these objectives and goals
- D. Reassessment of unmet needs and efforts made to meet these needs
- E. Modification of transition plan, tasks to be performed and anticipated length of placement
- F. Involvement of NMD in transition program

By this signature I attest that I have read this agreement and agree to fulfill these requirements and I am authorized on behalf of my agency to sign this. The terms of this agreement shall remain in force until changed by mutual consent, in writing, of both parties.

NMD’s Placement Worker Name:	Phone Number:
NMD’s Placement Worker Signature:	Date:
County Name and Agency:	Title:
Foster Family Agency Representative’s Name:	Phone Number:
Foster Family Agency Representative’s Signature:	Date:
Name of Agency:	Title:

Exhibit D

California Health & Human Services Agency

California Department of Social Services

**AGENCY - SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
(STRTP) ADMISSION AGREEMENT
CHILD PLACED BY AGENCY INTO STRTP**

Name of Child/Non-Minor Dependent (NMD):		Parent/Authorized Representative or Educational Rights Holder/Developmental Decision Maker:	
Preferred Name of Child:	Preferred Pronoun(s):	Date Placed:	
Case Number:		Date of Birth:	Age:
Sex at Birth:		*Gender Identity and/or Expression:	
Emergency Contact Name:		Emergency Contact Telephone Number:	
After Hours/Weekend Emergency Telephone Number:			
Responsible County Mental Health Provider:			
County Mental Health Provider Contact Name:		County Mental Health Provider Contact Phone Number:	

* “Gender identity” means a person’s identity based on the individual’s stated gender identity, without regard to whether the self-identified gender accords with the individual’s physical appearance, surgical history, genitalia, legal sex, sex assigned at birth, or name and sex as it appears in medical records, and without regard to any contrary statement by any other person, including a family member, conservator, or legal representative. (STRTP ILS §87001(g)(2).) “Gender expression” means a person’s gender-related appearance and behavior whether or not stereotypically associated with the person’s sex assigned at birth. STRTP Interim Licensing Standards (ILS) §87001(g)(1)

The purpose of this placement is to provide stabilization, assessment, skill-building interventions, and other services and supports that are therapeutic, trauma-informed and culturally appropriate, to meet the individualized needs of the child and family. In the case of an Indian child, all assessments and supports must, to the maximum extent possible, be provided in partnership with the child’s tribe and in a manner consistent with the prevailing social and cultural conditions and ways of life of the Indian child’s tribe. In addition, all support and services needed for the child and family to experience a timely and successful transition and permanent placement, shall be provided directly or coordinated with a responsible entity through regularly occurring care coordination activities such as Child and Family Teams or other appropriate care planning meetings.

The placement agency will pay the rate of \$ _____ per _____ for Title IV-E eligible services established by CDSS unless otherwise specified. Title IV-E eligible services include room and board, clothing, personal needs, recreation, transportation, education, incidentals, supervision, basic health, and social services.

First payment to be made by _____ and subsequent payments are due _____ . Payor is _____. In accordance with California Code of Regulations, Title 22, Section 80068(c)(4)(a), the effective date of any government prescribed rate change will be the effective date for basic service rate modifications and no prior notice of the change is necessary.

The contact information for the county's behavioral health agency is: _____

Is the child/NMD's mental health case being Presumptively Transferred? Yes No

_____ County has the responsibility for arranging or providing for specialty mental health services pursuant to Welfare and Institutions Code, Section 14717.1 et seq.

Does the child/NMD have a specialized school setting requirement and/or an Individualized Education Plan (IEP)? Yes No

If yes, contact information for school providing IEP required services as well as education and/or developmental rights holder: _____

Is the QI assessment in process (for an emergency placement) or completed? In Process Completed

Date QI assessment started (if in process): _____ Date QI completed: _____

Contact information for who is performing/performed the QI assessment: _____

Was a state technical assistance call completed for this child/NMD? Yes No

Date of technical assistance call: _____

If Yes, who were the participants? _____

Is the child/NMD served by a Regional Center? Yes No

If Yes, identify the Regional Center that serves the individual, the Regional Center service coordinator and contact information: _____

If No, is there a need for a referral to the Regional Center? Yes No

Does the child/NMD have other specialized care needs regarding admission? Yes No

Use the checklist on Page 9 and attach applicable documents related to any abovementioned services that are being provided to the child/NMD.

Placement Agency Agreements

1. Provide the STRTP with information about the background and needs of the child as necessary for effective therapeutic care and treatment, including the following information, to the extent permitted by law: permanency goals and needs, identified therapeutic goals, child strengths and personal goals, dental and medical reports, educational records and assessments (including that of a Qualified Individual to conduct an independent assessment as described in Welfare and Institutions Code Section 4096(g)), psychological/psychiatric evaluations, court orders, case plans, identification of special needs, proof of Interagency Placement Committee (IPC) approval of Short-Term Residential Therapeutic Program (STRTP) placement, and any assessments or recommendations of the child's Tribe in the case of an Indian child. This information and any other required information, including but not limited to, information required by STRTP Interim Licensing Standards (ILS) Version 4, Sections 87068.1 and 87068.11, as applicable, shall be provided to the STRTP prior to the child's placement, except in cases of emergency placements.
2. When making an emergency placement, provide the STRTP with a signed admission agreement and other information as required by STRTP ILS Sections 87068.1 and 87068.11, as applicable, within seven days of the child's arrival at the facility. Provide additional documents to the STRTP as required by paragraph (1) for continued care.
3. Ensure a facilitated child and family team (CFT) is convened within 30 days of the child's arrival or sooner as necessary; including all the system partners in order to make certain that the ongoing needs of this child are met in support of a timely and safe transition to a home-based caregiver. In the case of an Indian child, ensure that the child's tribe is invited to the CFT and every effort is made to include the recommendations of the child's tribe into the planned interventions and supports.
4. Provide authorization for medical treatment and consent for mental health services, except for those non-minor dependents who provide their own authorization and consent.
5. To the extent permitted by federal and state confidentiality laws, submit copies of any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed to the STRTP. Provide name and contact information for educational rights holder and developmental decision maker. Provide information on school of origin, if school board contact is required, and if the child/NMD has an IEP or 504 plan. Provide current IEP and updates.
6. Maintain a collaborative partnership with the facility in accordance with the [Integrated Core Practice Model](#) regarding assessment, child/family engagement, service delivery, monitoring/adapting and transition services.
7. Ensure that the child/NMD in placement has 24/7 access to nursing care, either by the provider consistent with their treatment model, or by the placing agency (pursuant to Welfare and Institutions Code Section 4096.55 and STRTP ILS Section 87089.2).
8. Jointly provide and arrange for the provision of, at least six months of aftercare services for the child/NMD who is discharged from a STRTP to a family-based setting (pursuant to Welfare and Institutions Code Section 4096.6).
9. A home-based caregiver must be identified for transition and collaborate with the STRTP to identify and engage prospective caregivers, if needed, and to prepare the planned home-based caregiver for meeting this child's individualized needs. All legal requirements must be met so the child is transitioned from the facility to a home-based caregiver that is supportive of the child's sexual orientation, gender identity and expression (SOGIE), spiritual/religious identity, cultural identity and in the case of an Indian child, is consistent with the placement preferences of the Indian Child Welfare Act of 1978 (42 U.S.C. § 1915) and Welfare and Institutions Code Section 361.31. Confirm that services are in place for the

Placement Agency Agreements (Continued)

home-based caregiver to support the child's individualized needs prior to the child's transition to the home.

10. Assist in maintaining this child's relationships with parents, guardians, Indian custodians, and other family members and in involving the child and parents in future planning, including opportunities for family participation in activities at the facility, unless prohibited by court order and consistent with applicable law.
11. Assist the STRTP in arranging needed services, including services related to the child's SOGIE, from local child services providers including Behavioral Health, Regional Center, Education and other applicable service providers.
12. Continue paying for the child's care as long as the child is eligible and the STRTP maintains child on an active status or until the child transitions from the facility.
13. Visit this child in the STRTP at least once a month and as indicated by the Needs and Services Plan.
14. Provide the STRTP with medical insurance and dental insurance coverage information prior to placement, or in the case of an emergency placement, within 30 days of the placement. When placing a minor who is covered by Medi-Cal, the placing agency shall provide a Medi-Cal card.
15. Provide the STRTP with the initial placement agreement and all subsequent modifications, the written determination of the Interagency Placement Committee, and the written Qualified Individual's assessment.
16. Respond within 24 hours and provide assistance in the event of emergencies and escalating behaviors or concerns.
17. The placing agency shall comply with all terms and conditions set forth in the placement agreement.

Short-Term Residential Therapeutic Program Agreements

1. For nonemergency placements, ensure that all applicable admission, intake and assessment procedures are followed, as required by STRTP Interim Licensing Standards (ILS) sections 87068.5, 87068.1, and 87068.11, prior to the child's arrival.
2. For emergency placements, ensure that the admission agreement and other procedures, as required by STRTP ILS Sections 87068.5, 87068.1, and 87068.11, and as applicable, are completed no later than seven days following the emergency placement. Proactively request and verify that all required documents are obtained.
3. Ensure a Needs and Services Plan for the child is developed within 30 days of the child's placement, as required by STRTP ILS Sections 87068.2 and 87068.22, as applicable, and reflects in detail the therapeutic, types of services necessary that is specific to the child or youth, supervision, permanency and transition services, including the Qualified Individual's assessment, and the responsible entity, specifies the anticipated duration of treatment, as well as describes the timeframe and plan for transition to a less restrictive setting. Needs and Services Plans are to be updated every 30 days.
4. Proactively engage with, request, and support child and family team (CFT) processes so that ongoing needs of this child are met in support of a timely and safe transition to a home-based caregiver. Upon a concern that the facility cannot meet the needs of the child, the facility shall follow procedures as required by STRTP ILS section 87068.4.
5. Maintain a collaborative partnership with the placing agency regarding assessment, child and family engagement, service delivery, monitoring and adapting aftercare and transition services (as described in Welfare and Institutions Code Section 4096.6,) including sexual orientation, gender identity and expression (SOGIE) affirming services when needed.
6. Provide children/NMDs in placement access to nursing services 24 hours a day, 7 days a week as described in STRTP ILS section 87089.2.
7. Proactively support efforts so that a home-based caregiver is identified for transition and collaborate with placing agency to identify and engage prospective caregivers, if needed and consistent with applicable law, and to prepare the planned home-based caregiver for meeting this child's individual needs.
8. Provide access to mental health services to meet the child's individual needs. The STRTP shall maintain contact with the placing agency and the child's mental health service providers to confirm the child's emerging and/or evolving mental health needs are met.
9. Support access to gender affirming health care and gender affirming mental health care, as described in Welfare and Institutions code section 16010.2, and consistent with applicable laws.
10. Assist in maintaining the child's relationships with parents and other family members and to involve the child and parents in future planning, including opportunities for family participation in activities at the facility, unless prohibited by court order and consistent with applicable law.
11. Ensure that each child is accorded their personal rights consistent with Welfare and Institutions Code section 16001.9 and STRTP ILS sections 87072 and 87072.1, including but not limited to, posting a current listing of the rights of foster child/NMD in the facility and ensuring that the child has the ability to communicate privately with their attorney and/or with the Office of the State Foster Care Ombudsperson.
12. Not use corporal punishment, punishment before the group, deprivation of meals, monetary fines,

Short-Term Residential Therapeutic Program Agreements (Continued)

deprivation of visits from parents or home visits, threats of removal or any type of degrading or humiliating punishment. Employ constructive trauma-informed methods of child engagement and positive discipline.

13. Respect and keep confidential information given about the child and their family consistent with applicable laws.
14. Submit an initial diagnostic summary to the placing agency within 30 days from the date of child's arrival. This summary shall include information listed on the reverse side of this agreement form.
15. Submit ongoing written evaluations to the placing agency every 30 days. These evaluations shall include information listed on the reverse side of this agreement form.
16. Immediately notify the placing agency and the responsible county behavioral health agency of any significant changes in this child's health, behavior or location, including serious incidents or serious incidents involving law enforcement contact.
17. Provide the placing agency with the following information, to the extent permitted by law: any pertinent information such as school reports, medical reports and psychological/psychiatric reports as completed, the name and contact information for educational rights holder, information on school of origin, if school board contact is required, if they have an IEP or 504 plan, and current IEP and updates.
18. Provide placing agency prior notice of intent to remove or transfer this child, consistent with Welfare and Institutions Code section 16010.7. Any such removal or transfer must comply with section 87068.4 of the STRTP ILS.
19. Conform to all licensing requirements, including informing the child and authorized representative of the rights of the licensing agency to perform duties as authorized in STRTP ILS section 87044.
20. Retain in the child's file the original of the initial placement agreement and all subsequent modifications, the written determination of the Interagency Placement Committee, and the written qualified individual's assessment. The licensee shall provide a copy of these documents to the child and the child's authorized representative.
21. The licensee shall comply with all terms and conditions set forth in the placement agreement.

I have read the pages 1-6 of this agreement and agree with the terms of agreement. The terms of this agreement shall remain in force until changed by mutual agreement of both parties or this child is removed from the STRTP. This agreement shall be dated and signed, acknowledging the contents of the document, by the child's authorized representative and the licensee or the licensee's designated representative.

Signature of Child's Placement Worker:

Title:

Name of Agency:

Address:

Telephone Number:

Dates:

Signature of Child:

Address:

Telephone Number:

Dates:

Signature of Authorized STRTP Representative:

Title:

Name of Agency:

Address:

Telephone Number:

Dates:

Signature of IPC Representative:

Title:

Name of Agency:

Address:

Telephone Number:

Dates:

cc: STRTP, child's(ren) social service record.

Initial Diagnostic Summary shall include:

- A. Medical, dental, and mental health history if available, and assessed needs including current immunizations and medications., and physicians' orders for any medically necessary diets as specified in CCR, Title 22, Section 80076(a)(6).
- B. Psychological/psychiatric evaluations obtained.
- C. Initial crisis management assessment (STRTP ILS § 87068.1(d)).
- D. Educational assessment.
- E. Social factors including likes and dislikes, peer adjustment and relationship to family, and staff.
- F. Interests and activities.
- G. Behavioral strengths and challenges.
- H. Short-term treatment objectives (goals established for next 30 days).
- I. Long-term goals including anticipated duration of treatment and placement, and plan for transitioning child to a less restrictive environment.
- J. Tasks planned to reach objectives and goals and staff who will be performing these tasks, including agency service activity.
- K. Identification of unmet needs.
- L. Involvement of child and their family and community including parents, siblings, caregivers, other relatives and nonrelated extended family members in the treatment program

30-day evaluations, consistent with the child's Needs and Services Plan, shall include:

- A. Current status of child's physical and psychological health.
- B. Assessment of child's adjustment to the STRTP, program, peers, school, and staff.
- C. Progress toward short-term objectives and longer-range goals including tasks which have been performed to reach these objectives and goals.
- D. Assessment of unmet needs and efforts made to meet these needs.
- E. Modification of treatment plan, tasks to be performed, anticipated length of placement, and plan for transitioning child to a less restrictive environment or family setting.
- F. Involvement of child and their family and community including parents, siblings, caregivers, other relatives and nonrelated extended family members in treatment program.
- G. The requirements pursuant to STRTP ILS sections 87068.2, 87068.22 and 87068.3.

Please check any of the following applicable documents and attach to this agreement form:

- Qualified Individual (QI) Assessment Report
- Individualized Education Plan/504 Plan
- Regional Center Assessment
- Case Plan
- JV 220 Application for Psychotropic Medications
- Psychological Assessment
- Strength-Based Letters (e.g. CASA Worker, former treatment providers, schoolteachers, etc.)
- Individualized Program Plan/Individual Family Service Plan
- Neuro- developmental Assessment
- Child and Adolescent Needs and Strengths (CANS) Assessment Tool
- ACES (Adverse Childhood Experiences)
- ASQ-SE - (Ages and Stages Questionnaire: Social Emotional)
- Substance Use Disorder (SUD) Assessment
- Juvenile Probation Specific Assessments
- Any current court orders for visitation
- JV 535 Order Designating Educational Rights Holder
- Relevant Court Documents
- Relevant Medical Documents
- Historical information from past placements
- Other (Please list): _____

Addendum for Emergency Placement(s)

**ADDENDUM TO SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM
ADMISSION AGREEMENT**

Administrator: The County Officer or employee with responsibility for administering this Agreement is _____, or successor.
(Print Name and Title) Social Services Department

Requesting Contract Administrator Concurrence:

By: _____ Dated: _____
Name, Title
Health and Human Services Agency

Requesting Department Head Concurrence:

By: _____ Dated: _____
Name, Title
Health and Human Services Agency

Client and Facility Information:

Client Name Facility Name