



RESOLUTION NO.

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO

Group Home Placement / Foster Family Agency Agreements

WHEREAS, the County of El Dorado Probation Department (Probation), and the Health and Human Services Agency (HHSA) are departments of the County of El Dorado and are overseen by the County of El Dorado Board of Supervisors; and

WHEREAS, in accordance with Child Welfare Services Manual Section 31-002 (15), a “child placing agency” means a county welfare or social services department, and a county probation department when subject to the provisions of Welfare and Institutions Code Section 202.5; and

WHEREAS, California Department of Social Services (CDSS) provides oversight and licensing to those Group Homes who meet the criteria set forth by CDSS; and

WHEREAS, in accordance with California Health and Safety Code Section 1502 (a) (13) Group Homes are a residential facility that provide structured, 24-hour nonmedical care and supervision to children; and

WHEREAS, County, as the Group Home placement agency, accesses licensed private Group Homes for the placement of children who require placement in a more restrictive out-of-home environments; and

WHEREAS, CDSS mandates that placement agencies use form “SOC 154” to place children in Group Homes; and

WHEREAS, the SOC 154 defines the roles and responsibilities of both the Group Home and the Placement Agency, and the SOC 154 can only be executed with those Group Homes who have met the CDSS requirements for a Group Home license; and

WHEREAS, Probation desires to enter into placement agreements with Group Homes using the SOC 154 boilerplate agreement called the “Agency-Group Home Agreement (SOC 154)” approved by the California Department of Social Services and County Counsel; and

WHEREAS, Foster Family Agencies are organized and operated on a non-profit basis and are engaged in: recruiting, certifying, and training foster parents, providing professional support to foster parents, and finding homes or other temporary or permanent placements; and

WHEREAS, California Department of Social Services (CDSS) provides oversight and licensing to those Foster Family Agencies who meet the criteria set forth by CDSS; and

WHEREAS, County, as the FFA placement agency, access licensed private FFAs for the placement of children who require more intensive care; and

WHEREAS, CDSS mandates that placement agencies use form “SOC 154A” to place children in FFAs; and

WHEREAS, the SOC 154A defines the roles and responsibilities of both the FFA and the Placement Agency, and the SOC 154A can only be executed with those FFAs who have met the CDSS requirements for an FFA license; and

WHEREAS, Probation desires to enter into placement agreements with FFAs using the SOC 154A boilerplate agreement called the "Placement Agency-Foster Family Agency Agreement (SOC 154A)" approved by the California Department of Social Services and County Counsel; and

NOW, THEREFORE, BE IT RESOLVED the Board of Supervisors of the County of El Dorado hereby authorize the Probation Department to use the State-mandated Group Home Agreement (SOC 154), and delegates authority to the Chief Probation Officer, or designee, to execute future Group Home boilerplate agreements, using the "Agency-Group Home Agreement" template attached hereto as Exhibit A; and

NOW, THEREFORE BE IT FURTHER RESOLVED that the Board of Supervisors of the County of El Dorado hereby authorize the Probation Department to use the State-mandated Placement Agency-Foster Family Agency Agreement (SOC 154A), and delegates authority to the Chief Probation Officer, or designee, to execute future Foster Family boilerplate agreements, using the "Placement Agency-Foster Family Agency Agreement template attached hereto as Exhibit B.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the _____ day of _____, 20___, by the following vote of said Board:

Attest:
James S. Mitrinin
Clerk of the Board of Supervisors

Ayes:
Noes:
Absent:

By: _____
Deputy Clerk

Ron Mikulaco, Chair, Board of Supervisors

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. Informed 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

ADDENDUM TO GROUP HOME AGREEMENT
SOC154

Name of Child	Birthdate of Child
Date Placed	Name of Group Home
Case Number	

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

Requesting Department Head Concurrence:

By: _____ Dated: _____
Brian Richart, Chief Probation Officer or successor
Probation Department

Or

By: _____ Dated: _____
_____, _____
Name, Title
Chief Probation Officer signature designee
Probation Department

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

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 subsequent payments to be made monthly.

PLACEMENT AGENCY AGREES TO

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 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 child and family team meetings to discuss the child's needs and services plan.
4. 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, and subsequent renewals.
5. 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 medical and transportation needs.
6. Maintain contact with the child monthly or as specified in the child's approved case plan.
7. 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.
8. Provide a MediCal 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.
9. Inform the FFA of its clothing allowance policy and provide the funding consistent with those policies or any revised policies.
10. Pay for medical costs incurred prior to the establishment of Medi-Cal eligibility.
11. Verify and remit/reconcile any underpayments within 45 days of FFA notification of such underpayments.
12. Notify the FFA within 12 months of suspected overpayments, in accordance with applicable laws and regulations.
13. Provide for arrangements for school of origin travel as appropriate.
14. Provide a contact telephone number for emergencies and after business hours:
Emergency # _____

FOSTER FAMILY AGENCY AGREES TO

1. Provide this child with foster parent(s) who have been certified 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 placing 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. 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 child and family teams whenever possible and cooperate with the reunification process.
5. 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.
6. Respect and keep confidential information given about this child and his/her family.
7. 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 the reverse side of this form, within 30 days of placement of the child. The needs and services plan shall be updated at least every six months.
8. Written progress reports shall be provided at least every six months or more frequently by mutual agreement.
9. Give placing agency 7 day notice of intent to discharge or move this child. Notify the placing agency of any intended move of this child between certified homes prior to the move. The FFA has the authority to move a child in the case of imminent risk to the child or family. The FFA shall notify the placing agency within 24 hours of such move.
10. 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 placing agency caseworker/probation officer on a flow basis every month as visits are completed.
11. Provide state and federal agencies access to records as provided by state and federal law.
12. 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.)
13. Follow any requirements associated with the county's clothing allowance policy and procedures.
14. Remit any overpayment in full to the county welfare department upon receipt of a notice of action or following the completion of due process.
15. Inform county upon discovery of any apparent overpayment.
16. Immediately notify the placing agency of any changes to the child's educational travel arrangements (if applicable) including a change in certified homes.

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 his 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 his parents in treatment 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.

CHILD'S PLACEMENT WORKER REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
COUNTY AND NAME OF AGENCY	TITLE	DATE	
FOSTER FAMILY AGENCY REPRESENTATIVE'S NAME		PHONE	
PRINT:	SIGNATURE:	()	
NAME OF AGENCY	TITLE	DATE	
FFA ADDRESS			

ADDENDUM TO FOSTER FAMILY AGENCY AGREEMENT
SOC154A

Name of Child	Birthdate of Child
Date Placed	Name of Foster Family Agency
Case Number	

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

Requesting Department Head Concurrence:

By: _____ Dated: _____
 Brian Richart, Chief Probation Officer or successor
 Probation Department

Or

By: _____ Dated: _____

 Name, Title
 Chief Probation Officer signature designee
 Probation Department