VALLEY OF THE MOON STRTP PLAN OF OPERATIONS

May 18, 2023

A. PURPOSE AND GOALS
B. ADMINISTRATIVE ORGANIZATION
C. FACILITY SKETCHE (LIC 999)
D. STAFF PLAN
E. POLICIES REGARDING CHILD ABUSE/NEGLECT REPORTING
F. ADMINISTRATIVE POLICIES AND PROCEDURES
G. ADMISSION DETERMINATION PROCEDURES
H. INTAKE POLICES AND PROCEDURES
I. ADMISSION AGREEMENT
J. REMOVAL OR TRANSFER POLICIES AND PROCEDURES
K. RATE SETTING AND REFUNDS
L. HANDLING MONEY, PERSONAL PROPERTY, AND/OR VALUABLES
M. CONSULTANTS AND COMMUNITY RESOURCES TO BE UTALIZED
N. TRAUMA-INFORMED INTERVENTION AND DE-ESCALATION TECHNIQUES
O. PLAN FOR USE OF DELAYED EGRESS DEVICES
P. CONFLICT OF INTEREST MITIGATION PLAN
Q. CONTINUOUS QUALITY IMPROVEMENT (CQI)

A. PURPOSE AND GOALS

Vision and Mission

Vision: All children, youth, families, and staff are treated with dignity, equity, and respect and have the right to be safe, heathy, and resilient, in their own neighborhood and community. We believe that transparency, mutuality, cultural diversity, acceptance of all gender expression and sexual orientation, social justice, and racial equity drive innovation and best practices in child welfare. As an organization, we hold ourselves accountable for upholding the mission and working towards the vision.

Mission: The Sonoma County Family, Youth and Children's Division ensures the safety and well-being of children, youth, and families in our communities. We provide culturally sensitive, inclusive, and trauma informed services and resources with the goal of ensuring supportive placements, temporary shelter care, and permanency. By promoting diverse community collaboration and connections, we are committed to addressing the root causes of systemic racism, socio-economic oppression, and intergenerational trauma that may lead to child abuse and neglect and disproportionality within the child welfare system.

Program Purpose

Valley of the Moon Children's Center (VMCC), as part of the Sonoma County Human Services Department's Family, Youth & Children's Services Division, will operate a STRTP for Sonoma County youth who have significant experiences of trauma and are unable to safely live within a family or independent living environment. The STRTP will have the capacity for sixteen (16) children and youth, with four (4) short-term beds specifically designed for assessment and plan development and twelve (12) beds for treatment lasting three (3) to twelve (12) months. The goal of the program is to serve children and youth within Sonoma County and transition them back to a family or independent living environment as soon as they are able to safely manage their feelings, choices, and behaviors. The STRTP will be licensed and certified by California Department of Social Services, Community Care Licensing Division and the California Department of Health Care Services as well as Sonoma County Behavioral Health and Recovery Services. It will also be accredited by the Council on Accreditation (COA). It is scheduled to open in Winter 2022.

Program Philosophies

The purpose for the Valley of the Moon STRTP is to provide a nurturing setting for youth to begin their healing process from the trauma they have experienced by creating a safe and healing environment within their own community. The program will provide time-limited, high-quality intervention services and supports that are tailored to meet the specific needs of the individual children. The ultimate goal is to transition youth home to live with a parent, to permanent families, and/or prepare them for a successful transition into adulthood. For the STRTP, we will provide a trauma-informed milieu combined with formal clinical interventions through an interdisciplinary

team that supports growth, healing, and positive youth development for children and youth who have experienced complex trauma that affects their self-image and confidence; relationships and attachment; cognition and behavioral choices; and coping mechanisms and ability to self soothe. In doing so, the goal is to reduce the risk of lifelong impacts from depression, anxiety, Post Traumatic Stress Disorder (PTSD), substance use, and other health and mental health challenges and promote a healthy transition through adolescence and to adulthood for the children and youth we serve.

Program Methods and Goals

This will be accomplished by providing a coordinated trauma-informed, individualized, strengths-based treatment approach with a highly trained staff to address the immediate and underlying needs of each youth. The proposed STRTP will be located at VMCC and provide intensive treatment services to foster youth. Our goals include:

Serve Sonoma County youth within Sonoma County. We are committed to supporting our children and youth to maintain their family, friend, school, and community connections while participating in treatment at the STRTP as well as encouraging family participation in the program. We also believe that discharge planning will be most effective when services to support reunification or other permanency options can start before the child or youth leaves the facility. We are also considering the possibility of STRTP staff being available to provide some in-home supports during the transition to train the family as well as support the child or youth during this vulnerable time.

Provide trauma-informed care with embedded clinical services to promote healing. We have designed a therapeutic program to provide a trauma-informed environment throughout the program and milieu. We have also designed a staffing model that places clinical staff within the milieu in order to provide both formal and informal clinical interventions starting at admission and extending throughout their stay and beyond.

Support children and youth throughout their healing journey. In addition to the benefits of serving youth locally as it pertains to sustaining relationships and connections during treatment and discharge planning, we are also developing an aftercare program that would complement the wraparound and ISFC services. The aftercare program would allow children and youth to continue their healing journey with VMCC and continue with some of the therapeutic activities that might otherwise become unavailable (e.g., equine therapy) while simultaneously offering respite to the families (i.e., weekend retreats, day camps, etc.).

Provide variable lengths of stay to support individualized needs. As discussed in the preceding section, we have noted a need for stabilization services (i.e., 30-45 days) as well as intensive trauma-based treatment (i.e., 3-12 months), both of which will be provided under a STRTP license. As a result, we have designed a program that allows for a very short-term assessment

stay as well as a longer intensive treatment program. While some of the children and youth who receive assessment services at the STRTP may go on to the intensive treatment program, we anticipate that most will be able to stabilize and return to their current home or placement or step down to a family environment with ISFC or wraparound services. A smaller portion may move over to the intensive treatment program.

Maximize treatment opportunities with a formal afterschool program and onsite Therapeutic Behavioral Services (TBS) capabilities. While children and youth may remain in their home schools, attend the local school, or do independent study, all children and youth will participate in a formal afterschool treatment program. Our experience suggests that there are some youth who may require 1:1 services, even at the STRTP. We plan to maintain adequate staffing capacity to respond if and when a child or youth requires TBS support to safely participate in the program.

B. ADMINISTRATIVE ORGANIZATION (LIC 309)

B.2. Job Descriptions

Staff Title	Number of Staff	Job Classification
Human Services Section Manager (Licensee)	1	3087
Residential Clinical Manager (Head of Service)	1	3027
Program Administrator (VMCH Home Manager)	1	3026
Clinician/Therapist	2	2503
Social Worker	1	3006
Supervising Children's Residential Care Counselor (SCRCC)	6	3024
Children's Residential Care Counselor (CRCC I/II)	22	3020
Residential Services Worker	3	5370
Chef	1	6230
Volunteers	Approx. 50	
Peer Partners	Approx. 13	

See attached job descriptions

Volunteers

Volunteers play an important role at Valley of the Moon Children's Center (VMCC) by providing educational and recreational activities for children. Working in partnership with the staff, volunteers provide these services at VMCC, and through fieldtrips. Other volunteers support programs outside of the Center by maintaining emergency resource family supplies, providing childcare for resource families while in training, or helping sort donations. We average 50 active and ongoing volunteers on the VMCC campus with the potential to work with an estimated additional 75 each year for one-time volunteer opportunities. The process in which volunteers are screened and accepted to volunteer with our youth is attached.

Peer Partners

Valley of the Moon Children's Center has developed formal partnerships with multiple organizations that contribute to the healing work we do with our youth. These partnerships are with Verity, VOICES, Belos Cavalos, Seneca, Forget Me Not Farm, Habitat for Humanity, Alateen, Artstart, Early Learning Institute, CPI (Child Parent Institute), and numerous agencies within the County.

Meets Minimum Regulatory Authority

The STRTP ensures that all employees meet minimum regulatory authority. In addition to regulations affiliated with specific STRTP positions as seen in the job descriptions, VMCC staff meet age requirements, TB clearance, DOJ/FBI background clearance, CACI, and receive all necessary trainings such as CPR/First aid, Child Abuse Reporting, etc. All personnel files are housed at the Human Services' Administration Building. Files are available to CCL upon request.

Verification of Employment

Prior to beginning employment for any of the above positions, the Human Services Department's Human Resources team will provide a verification of employment to ensure proper licensure and certification to perform duties specified in applicable law.

B.3. Lines of Authority and Staff Responsibility

The Human Services Section Manger oversees both the STRTP and the TSCF shelter. The Clinical Director and Program Administrator are lateral positions that both report to the Section Manager. The Clinical Director has primary responsibility for the STRTP (75% STRTP, 25% Shelter) and oversees social work, clinical staff, and Supervising Children's Residential Care Counselors (SCRCC) assigned to the STRTP. The Program Administrator is split between the STRTP and the Shelter (50% STRTP, 50% TSCF) and will oversee Supervising Children's Residential Care Counselor (SCRCC) assigned to the TSCF, and along with the Clinical Director, support CRCC I/II positions and all operations of the STRTP. Supervising CRCCs oversee CRCC I/II positions.

B.4. Number of Hours Per Week Administrator Shall Spend Completing Required Duties

Number of Hours Per Week Administrator Will Spend

The Program Administrator and the alternate administrators are each scheduled to be on the grounds for 40 hours per week. These administrators are not responsible for any facility other than the STRTP and Shelter both located on the Valley of the Moon Children's Center campus, which allows them the ability to accomplish required duties. Current staffing allows the Program Administrator 20 hours at the STRTP. See attached at the end of section B a letter to the department requesting the Administrator be allowed to oversee both the STRTP and the Shelter.

B.5. Administrator Certification

STRTP Administrators will take an initial 40-hour course followed by a test. Once they have passed this test, they will submit for and receive their certification and become an approved and certified STRTP Administrator. Certificates shall be renewed every two years provided the

certificate holder has completed at least 40 classroom hours of continuing education during each two-year certification period

A group home administrator who possesses a valid group home certificate is exempt from completing the 40 hours of Initial Certification Training Program classroom instruction and passing the written exam, provided the individual has completed 12 hours of Department-approved courses as specified by ILS § 87064.2.

Statement of Duties Delegate to Administrator by the Board of Directors

Administrators' duties include but are not limited to the following;

- Plans, organizes, manages and coordinates the activities at VMCC, including responsibility for planning, developing, monitoring and evaluating programs to meet the health, welfare and safety needs of the residents; acts as liaison between assigned programs and similar and related functions within the department and County, and with other federal, state, county and community agencies as necessary.
- Assists in formulating, developing, and evaluating goals, policies, and procedures in order to provide clear direction and objectives.
- Supervises and participates in selection and recruitment of staff; trains, evaluates and makes recommendations on merit salary increases and employee discipline; ensures staff and contractors are in compliance with mandated program policies and procedures.
- Organizes and conducts regularly scheduled staff meetings to communicate new or revised policies, procedures, rules and regulations, and any changes regarding programmatic components and operational activities of the facility.
- Coordinates activities with other programs within the department and with other county departments that provide service to the residents.
- Identifies needs and makes initial recommendations on budget; plans for, makes recommendations and implements strategies to meet facility and service needs.
- Interprets and ensures compliance with new legislation affecting operations and programs.
- Provides through subordinate staff, child behavior summaries and/or incident reports regarding dependent youth for the case carrying social worker.
- Coordinates the services between the Mental Health Department, public health, probation employees and the VMCC.
- Review complaints made by youth or their authorized representative(s) according to VMCC's complain procedures policies and decide upon appropriate action to handle the complaint.

See attached Board of Directors Resolution.

B.6. Capacity Around Providing Culturally Appropriate Services

VMCC seeks to provide an inclusive work environment that leverages the unique contributions of diverse individuals. We employ a diverse workforce and continue to place a high priority on ensuring we have representative staff that reflects those we serve. We do have bi-lingual staff and continue to seek out opportunities to increase our recruitment and outreach to a diverse audience. Currently, 25% of the shelter staff are Spanish bi-lingual. We would aim to meet that percentage with the STRTP staffing. Valley of the Moon offers a bi-lingual pay premium as an incentive for bi-lingual community members to apply for open positions. This is available for all positions in the STRTP. Additionally, we have a contract with Language People to provide translations services (orally or written) in multiple language if needed.

B.7. Designated Administrator Substitute

The VMCC Section Manager or the Clinical Director can each serve as an alternate administrator when the Program Manager is absent. The STRTP will also employ six full time supervisors and who are trained as Facility Managers. There will be a facility manager scheduled to be on site 24 hours a day/7 days a week.

Corporate Structure

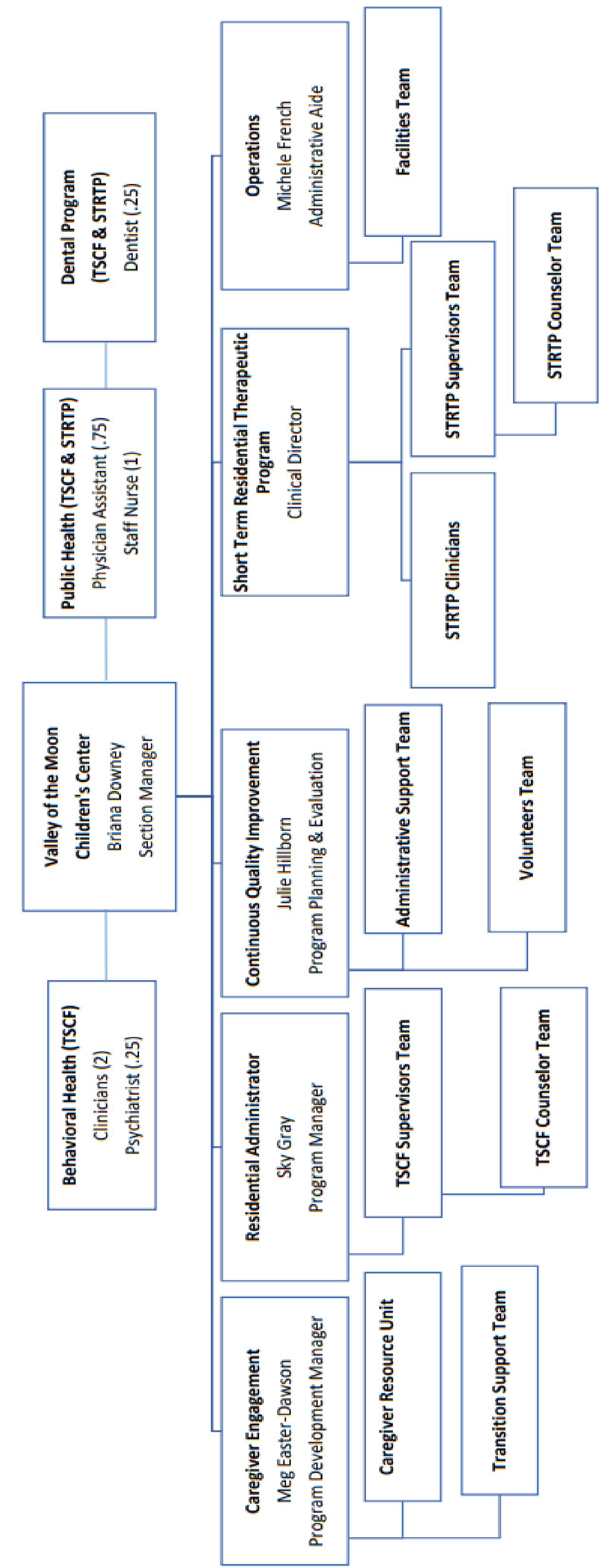
See attached LIC 309.

B.8. Organization Charts

Organization Chart: Family, Youth, & Children's Services Division

- FY&C Division Director
  - Initial Services Section Manager
    - Emergency Response (3 Units)
    - Intake Hotline
    - Redwood Children's Center (CAC)
  - Placement & Prevention Section Manager
    - Court Services (2 Units)
    - Family Preservation'
    - Continuing Services (2 Units)
    - Supervised Visitation
  - Permanency Section Manager
    - Continuing Services (2 Units)
    - Adoptions
    - Child Permanency Team
    - Community Engagement
  - Administration & Quality Improvement Section Manager
    - Case Review
    - Legal Support
    - ER/Intake Support
    - Administrative Services
    - Youth Support Services
    - Community Engagement Support
    - Eligibility
  - Valley of the Moon Children's Center Section Manager
    - Caregiver Resource Unit
    - Transition Support Unit
    - TSCF Shelter (6 Units)
    - STRTP (6 Units)

Organization Chart: Valley of the Moon Children's Center



Organization Chart: Licensed Residential Programs

Briana Downey
Section Manager/ Licensee

TSCF Shelter	STRTP
Sky Gray, Facility Administrator (50/50%)	STRTP Clinical Director (75/25%)
Supervising Children's Residential Care Counselors (6)	Supervising Children's Residential Care Counselors (6
Children's Residential Care Counselors I/II (17)	Children's Residential Care Counselors I/II (22)
Behavioral Health Clinician (2)	Psychiatrist (contract); Therapists (2)

Public Health (MOU)/ Dental (contract)

Chef (50/50%)

Residential Service Workers (50/50%)

Social Worker (50/50%)

*All staff will be employed by Sonoma County Human Services Department.

**Sonoma County Behavioral Health and Recovery Services will continue to provide clinical services at the TSCF shelter

B.9. Board of Directors

No more than 49% of the board of directors will be “interested persons” in the STRTP meaning either paid or having a familiar relationship

Human Services Department
COUNTY OF SONOMA

County of Sonoma
Human Services Department
(707) 565-5800

Angela Struckmann, Director
astruckmann@schsd.org

Oscar Chavez, Asst. Director
ochavez@schsd.org

Paula Glodowski-Valla, Asst. Director
pglodowskivalla@schsd.org

Gerardo Perez, Interim Finance Director
Finance & Operations
gperez1@schsd.org

Paul Dunaway, Division Director
Adult & Aging Division
(707) 565-5900
dunawp@schsd.org

Felisa Pinson, Division Director
Economic Assistance Division
(707) 565-3165
fpinson@schsd.org

Katie Greaves, Division Director
Employment & Training Division
(707) 565-8500
kgreaves@schsd.org

Donna Broadbent, Division Director
Family, Youth & Children Division
(707) 565-4300
dbroadbent@schsd.org

To Whom It May Concern: October 21, 2022

The Valley of the Moon STRTP requests permission for the Facility Administrator position to be a shared role with one other licensed facility (Valley of the Moon Children's Home, Temporary Shelter Care Facility, #496890002). Both licensed facilities are co-located on the same campus.

Mary Sky Gray is the certified Administrator for the TSCF and has obtained her STRTP Administrator certificate as well. Ms. Gray will be on the premises for both licensed programs 40 hours per week.

Ms. Gray will provide the administrative oversight for both programs ensuring each facility meets CCL regulations as well as each facility's policies and procedures. Ms. Gray will collaborate with the STRTP Head of Service regarding staff needs, incident reviews, and overall quality assurance. Both Ms. Gray and the STRTP Head of Service report directly to the Valley of the Moon Children's Center Section Manager. The Section Manager will provide support and guidance for each role, for both licensed programs, as well as provide budgetary oversight for each program.

It is the intention of the Valley of the Moon STRTP to ensure the Head of Service secures their STRTP Administrator certification within the first year of operation and take on that responsibility from then forward.

Sincerely,

Briana Downey
bdowney@schsd.org
707-565-4348

C.1. FACILITY SKETCHES

The following sketches of the Valley of the Moon facility and grounds are attached,

- A sketch of the grounds, including the STRTP and shelter buildings, showing driveways, fences, storage areas, recreation areas, and other space used by the populations served.
- A floor plan of the entire facility which includes both the shelter and the STRTP.
- A facility sketch of the STRTP wing.
- A facility sketch of the shelter wing.
- There will be no more than two children per bedroom. There are three designated areas for residents.

All bedrooms and bathrooms are wheelchair accessible. Non-ambulatory children will be assigned to an Emergency Foster Home designated for medically fragile children if possible.

In addition to the facility and site sketches, we have also included a supplemental plan for separation of the STRTP and shelter, along with a sketch illustrating the internal alarm monitoring and door release system in the dining hall.

AREA OF REFUGE #1

NEW FENCE TO SEPARATE YARDS FOR EACH PROGRAM

ADMINISTRATION BUILDING

VALLEY OF THE MOON CHILDREN'S CENTER

AREA OF REFUGE #2

119'-7"

194'-7"

117'-6"

LEGEND

- PROPERTY LINE
- EXISTING FENCE LINE
- NEW FENCE LINE
- CHILDREN OF THE MOON BUILDING
- HARD SCAPE: PATIO AND WALKWAYS
- LANDSCAPE
- E: ELECTRICAL SHUT OFF
- G: GAS SHUT OFF
- W: WATER SHUT OFF

NORTH

FACILITY SKETCH PLAN- SITE PLAN

VALLEY OF THE MOON CHILDREN'S CENTER
100 CHILDREN'S CIRCLE SANTA ROSA, CA

LEGEND

SHORT TERM RESIDENTIAL
FULL SECURED

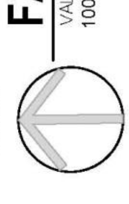
SHARED SERVICES

TEMPORARY SHELTER
NOT SECURED

FACILITY SKETCH PLAN- CHILDRENS CENTER

VALLEY OF THE MOON CHILDREN'S CENTER
100 CHILDREN'S CIRCLE SANTA ROSA, CA

NORTH



FACILITY SKETCH PLAN- SHORT TERM RESIDENTAL FLOOR PLAN

VALLEY OF THE MOON CHILDREN'S CENTER
100 CHILDREN'S CIRCLE SANTA ROSA, CA

NORTH

FENCE LINE

OFFICE 202 9'-6" X 14'-3"
MEDS 203 9'-3" X 14'-3"
OFFICE 204 9'-3" X 14'-3"
MENT. 205 9'-3" X 14'-3"
MENT 206 9'-10" X 14'-3"
DINING 201 27'-8" X 41'-0"
ELEC 201A
AED
LOCK 209 9'-7" X 10'-5"
SINGLE BED 125 8'-5" X 15'-0"
SINGLE BED 124
PNTS 207 7'-1" X 11'-0"
DATA 208 8'-4" X 11'-0"
SINGLE BED 325 8'-5" X 15'-0"
SINGLE BED 324 8'-6" X 15'-0"
SINGLE BED 323 8'-8" X 15'-0"
SINGLE BED 322 8'-6" X 15'-0"
SINGLE BED 321 8'-7" X 15'-0"
TOILET 210 7'-7" X 10'-0"
TOILET 126 8'-5" X 9'-7"
MECH 127
LOCK 212 7'-1" X 10'-0"
TOILET 213 7'-7" X 10'-0"
JAN. 211A 4'-2" X 4'-10"
STOR. 216 10'-0" X 11'-0"
MECH 214
KITCHEN 211 27'-3" X 34'-9"
OFFCIE 215 10'-0" X 10'-10"
TOILET 326 7'-2" X 10'-0"
STOR
MECH 27
TOILET 329 8'-7" X 9'-0"
LIVING ROOM 330 17'-1" X 22'-0"
PRGM 341 38'-0" X 38'-0"
SINGLE BED 311 8'-7" X 15'-0"
SINGLE BED 312 8'-6" X 15'-0"
SINGLE BED 313 8'-6" X 15'-0"
SINGLE BED 314 8'-8" X 15'-0"
TOILET 316 7'-2" X 10'-0"
STOR 318 7'-5" X 16'-0"
TOILET 319 9'-7" X 12'-0"
LIVING ROOM 320 17'-1" X 22'-0"
LIVING ROOM 310 17'-1" X 22'-0"
TOILET 309 7'-2" X 10'-0"
STOR 308 7'-5" X 16'-0"
TOILET 306
MECH 307
MECH 4'-6" X 4'-6"
ST.
STOR 4'-6" X 4'-6"
OFFICE 344 7'-1" X 10'-0"
CNSL 305 10'-8" X 15'-0"
SINGLE BED 304 8'-8" X 15'-0"
SINGLE BED 303 8'-6" X 15'-0"
SINGLE BED 302 8'-6" X 15'-0"
SINGLE BED 301 8'-7" X 15'-0"
LIVING ROOM 340 17'-1" X 22'-0"
TOILET 339 7'-2" X 10'-0"
STOR 338 7'-5" X 16'-0"
TOILET 336 9'-7" X 12'-0"
MECH 337
CNSL 335 10'-8" X 15'-0"
SINGLE BED 334 8'-8" X 15'-0"
SINGLE BED 333 8'-6" X 15'-0"
SINGLE BED 332 8'-6" X 15'-0"
SINGLE BED 331 8'-7" X 15'-0"

EXIT 7
EXIT 8
EXIT 9
EXIT 10
EXIT11
EXIT12
EXIT 13
EXIT 14
EXIT 15

KEY

Symbol	Meaning
EXIT #	FACILITY EMERGENCY EXIT LOCATIONS
(hatched)	EMERGENCY SUPPLIES
FE	FIRE EXTINGUISHER
PS	PULL STATION
(red cross)	FIRST AID
AED	AUTOMATED EXTERNAL DEFIBRILLATOR

FACILITY SKETCH PLAN- TEMPORARY SHELTER FLOOR PLAN

VALLEY OF THE MOON CHILDREN'S CENTER
100 CHILDREN'S CIRCLE SANTA ROSA, CA

NORTH

KEY

- EXIT # — FACILITY EMERGENCY EXIT LOCATIONS
- EMERGENCY SUPPLIES
- FE — FIRE EXTINGUISHER
- PS — PULL STATION
- FIRST AID
- AED — AUTOMATED EXTERNAL DEFIBRILLATOR

C.2. FACILITY SKETCHES (Supplemental Document)

Valley of the Moon Children's Center will house two co-located programs on site. One is the currently licensed, Temporary Shelter Care Facility (TSCF) and the second will be the Valley of the Moon STRTP.

To ensure the populations from both programs do not co-mingle and there is a separation between both programs, the entrances into the Dining Hall have been altered and a fence was built outside the dining hall.

Dining Hall

The Dining Hall at Valley of the Moon Children's Center is a central hall that has entrances/exits to two residential wings and to two outdoor courtyards (see Facility Sketch below).

As the Dining Hall is a central Hall with four entrances/exits, we consulted with the Santa Rosa Fire Inspector to determine if there was a way to meet emergency exit egress requirements and create a separation between both programs. The Fire Inspector recommended we utilize a locking mechanism system that locked two of the four doors of the Dining Hall, which would leave two doors unlocked at all times meeting the emergency exit egress requirement and create a wall between the programs with the two locked doors.

The locking mechanisms have been installed and are programmed into our alarm-monitoring & door release system so that when one program wants access to the Dining Hall, they can press a button for their side of the building to enter the Dining Hall (see diagram below), which would automatically unlock their doors and lock the opposite side's doors.

In practice, the east-side doors will remain locked with the west-side unlocked for egress. At the start of meal times for the STRTP, the west-side doors will be locked by staff and the east-side doors will be opened so youth can enter and exit on the east-side of the Dining Hall. Once the STRTP mealtime is over, the staff will alert the TSCF staff that the Dining Hall is cleared and the doors to the east-side will be locked and west-side will be opened.

The outcome of this locking mechanism is that the youth at the STRTP will never be able to enter the dining hall when the children from the shelter are using it for mealtime as the door will be locked, and the children from the shelter will not be able to access the dining hall when the youth at the STRTP are using it as the door from their wing to the dining hall will also be locked.

While constructing a dividing wall to create two separate dining hall areas was considered, it was determined to be impractical as it would prohibit access to the med room, and the space would no longer able to be used as a fully functional multipurpose room when needed.

Outdoor Areas

A fence was installed outside of the Dining Hall so that if youth at the STRTP are outside, their outside area is physically separated from the space that children at the shelter have access to. This ensures that the children and youth form the shelter also have no ability to co-mingle outside of the dining hall.

Supervision

In addition to these physical barriers, children at the shelter and youth at the STRTP will always be supervised by program staff, respectively. Meaning children at the shelter will always be supervised by shelter staff and youth at the STRTP will always be supervised by STRTP staff. Staff in both programs will receive training about the locking mechanisms as well as the importance of maintaining a separation between the program populations.

Internal Alarm Monitoring and Door Release System

Area 11 Off Premise

Area 11 Off Premise

TSCF Program

West side of Building

STRTP Program

East side of Building

Area 1 NW Yard

Area 3 NE Yard

Area 6 W Wing

Area 9 E Wing

Dining Area

Unlocked

Locked

Unlocked

Locked

Area 5 SW Yard

Area 4 SE Yard

The red circle shows the Dining Hall button that is pressed when the locking mechanism will be switched from the east-side of the Dining Hall to the west-side of the Dining Hall. The yellow circles show the doors that will remain locked between both programs and only released when the STRTP needs access to the space and the west-side doors are engaged to lock. The green circles show the doors that will remain unlocked on the west-side of the Dinig Hall and will only be engaged to lock when the STRTP needs access to the Dining Hall through the east-side doors.

D. STAFF PLAN

Hiring, Supervision, Evaluation, and Training Plan

Hiring: All applicants for open positions must meet the minimum requirements articulated in each position description to be considered. Applications are then scored by a team of reviewers. Applicants with the top scores are invited to be interviewed. A contingent offer is made to a selected candidate pending the passing of a series of background checks from the Federal Bureau of Investigation (FBI) and California Department of Justice (DOJ), Child Abuse Index (CACI) clearance, and Department of Motor Vehicles (DMV) clearance, Agilities & Abilities assessment, a physical exam, and a psychological evaluation (for SCRCC and CRCC positions). A final offer is made to a candidate once they pass the background check process and they are put on a 6-12-month probation period, dependent upon position, to ensure they are performing to standard.

Given that we are planning to start a STRTP that is adjacent to the temporary shelter program and that we expect that the shelter census may decline over the first 12-18 months of the program, we are planning to work with our existing shelter staff to determine which staff may be a good fit and interested to transfer over to the STRTP. We recognize that some staff may prefer to continue to work in the temporary shelter environment but also appreciate that many of our staff are excited about the opportunity to be able to work with the children and youth for a longer length of time and with additional resources. To this end, we expect that some staff will request to be considered for the STRTP program, and that this provides an opportunity for some staff to continue to develop their own professional experiences and skills.

Once we are ready to recruit, we will first open the program transfer process to all existing staff to determine who and how many of the existing staff would like to be considered for the STRTP assignment. We will interview each staff member and make determinations based on interview ranking and tenure. We will subsequently hire into the position classification using established County hiring processes and determine which program (shelter or STRTP) is the best fit for successful candidates.

VMCC does not anticipate using peer partners or volunteers as a part of the STRTP staffing. VMCC has existing relationships with a peer-led youth organization and other specialized service providers. The STRTP may refer or link STRTP residents to these organizations, and any services provided from peers or other providers would be as on behalf of their organizations.

Performance Monitoring: VMCC is committed to the ongoing professional development and supervision of our staff as evidenced by the intensive training efforts we have undertaken to become a truly trauma-informed organization. Regularly scheduled conferences provide a structure for communication between the supervisor and employee. Incorporating coaching and

mentoring into scheduled conferences is intended to motivate employees to thrive and grow in their work and is done in a positive, constructive manner and can include re-training if needed. We have adapted some of our conference forms to reflect trauma-informed principles and practices. Supervision with the Clinicians will occur weekly, with the Supervising Residential Care Counselors bi-weekly, and with the Children's Residential Care Counselors a minimum of once per month. In supervision the Clinical Manager and respectively the Supervising Residential Care Counselors will discuss best practices for addressing the permanence, well-being, and education needs of children, including children with disabilities. On-going coaching and mentoring in both scheduled supervisions as well as in the moment feedback, will contribute to our staffing becoming fully competent in trauma-informed principles and practices. The Administrator and Clinical Manager will be spending some portion of each day with the youth and staff to provide immediate feedback as well as gather observations for continued coaching.

Conferences and coaching tie directly to our County-wide performance management system, which includes supporting staff to implement trauma-informed, culturally relevant, evidence based practices that address the permanence, wellbeing, and educational needs of youth, including those with disabilities. Staff will receive a Performance Evaluation annually/bi-annually depending on the length of service. The performance evaluation will evaluate staff's competency in ensuring the provision of trauma-informed services to our youth and engagement with the child's family and community. The performance evaluation will also include competency markers on our staff's understanding of youth's behavior and the effects and impact of abuse, neglect, and trauma. Through the performance evaluation process as well as quarterly updates, training of employees will be tracked to ensure that staff are up to date both on required hours as well as trainings that will increase their ability to engage in a healing compacity with youth that engage in trauma related behaviors and how to engage in a way that reduced the risk of re-traumatization.

Additionally, the administrator and clinical director will spend some portion of each day engaged with the milieu in order to provide in-the-moment training and coaching as well as gather firsthand observations about the milieu and staff performance.

Staff Wellness and Resiliency

VMCC employs strong retention and resiliency strategies. We offer a competitive salary and benefit package. We have a robust onboarding process where new staff learn not only about their role, but also about our trauma-Informed culture. Our comprehensive staff training program is well rounded and includes a variety of professional development opportunities such as Adverse Childhood Events (ACEs), Trauma-Informed Care, experiential approaches, as well as staying current with pressing social issues e.g., implicit bias, that often times affect those with whom we serve. Additionally, we encourage work-life balance and self-care and offer professional development and wellness funds for each employee. There is a staff run appreciation campaign.

Furthermore, we engage staff to provide feedback through listening sessions, surveys, workgroups, and a Joint Labor Management Committee (JLMC) to influence and develop programming, strategies and staff supports.

Description of Training re: Trauma

All staff will participate in both an initial Trauma Informed Care training upon hire and, at minimum, one annual refresher. TIC 101A and 101B will help staff to gain knowledge and understanding of the complex trauma our youth have experienced. How trauma in childhood affects the development of their growing brain and expected outcomes without intervention and with early intervention. The training will focus on teaching staff to understand how trauma manifests itself in the youths' daily behaviors and how it bleeds into the different aspects of their daily life. The goal is to not only help staff understand trauma behavior, but how to work with youth with complex trauma, facilitate healing and reduce the risk of re-traumatization by implementing trauma informed practices. The training will also work with staff on the importance of understanding secondary trauma and how to recognize high stress levels, burn out, and the importance of a solid self-care plan.

All VMCC trainings are provided through a trauma-informed care lens and provide training that equips staff to work with children who are demonstrating the effects of abuse and neglect, starting with the STRTP Orientation that discusses the specific types of abuse and neglect that youth may have experienced and the facility's overarching program model for serving youth experience the effects and impacts of these traumatic experiences. All staff also receive training in Trauma Informed Care, Developmental Impacts of Trauma, and the Physical and Psychosocial Needs of Children, including adjustment to out of home care. These trainings help staff develop the skills to understand and safely respond to the ways in which trauma may manifest in each young person's behaviors and choices, including in their daily activities. This also includes how to provide care and supervision and healing experiences for the youth. All aspects of the program and training aim to reduce the risk of re-traumatization, including how to facilitate admission and intake, how to support youth in the milieu – including during moments when emergency intervention is required – and through the process of permanency planning and/or transition to independent living.

All new staff receive a training in trauma informed care as a part of their initial 8-hour orientation training. All new staff also receive training during their first 90 days that includes:

- Child abuse and neglect;
- Continuum of Care Reform;
- Personal rights;
- Recreation and socialization supports; and
- Physical and psychosocial needs of children, including adjustment to out of home care, ACES, permanence, wellbeing, and educational needs.

In their first year, new staff also receive training in:

- Working with families;
- Grief and loss,
- Secondary trauma, and
- Developmental impacts of trauma.

These trainings are in addition to the Therapeutic Crisis Intervention (TCI) training that provides didactic, experiential, and hands-on learning in crisis de-escalation and emergency interventions.

The focus of the TCI training is to equip staff to respond in advance of a crisis, increase the capacity of staff to respond verbally, and reduce the risk of emergency interventions. The training acknowledges the risks involved with physical interventions, including the risk of re-traumatization, and aims to increase the number of preventive and verbal interventions available to staff and reduce the risk of avoidable physical interventions.

On an ongoing basis, all staff receive training in TCI and secondary trauma as well as 22 hours of training based on their identified professional development goals, all of which are focused on advancing their capacity to serve youth who have experienced trauma.

Staff Training Plan

All new staff that work directly with youth are on a 6-12-month probation period, dependent upon position, where they must complete at least 136 hours of initial training.

Required County Orientation: Prior to beginning the initial STRTP training, all new employees will complete the 4 hour County Employee Orientation and the Human Services Department 8 hour Employee Orientation.

Initial 8 Hour Training: The required 8 hour training includes 2 hours of STRTP Orientation with the Facility Administrator, 2 hours of Trauma Informed Care with the Clinical Manager, and 4 hours of Job Shadowing with the CRCC II and Program Supervisor. VMCC's training plan includes an additional 60 hours of job shadowing, which exceeds state requirements, but will be completed as per VMCC's plan in advance of a new staff person providing direct care to any youth. Upon completion of this initial training, the Facility Administrator or designee will assess staff understanding of the training within 7 days and prior to allowing the staff to provide direct supervision to youth.

Initial 16 Hour Training: Staff will complete the required 16-hour training as well as a 6.5 hour First Aid/CPR/BBP class within their first 90 days of hire. The training includes Emergency Procedures; Medication and Universal Precautions; Child Abuse and Neglect Reporting Act; Child Welfare and Probation, Continuum of Care Reform, ICWA, Prudent Parenting and other related Standards; Personal Rights, House Agreements, Positive Discipline, and Self Esteem; Boundaries, Communication, and Teamwork; Recreation and Socialization Supports, including Somatic and Experiential activities; Cultural Competency, including Intersectionality and LGBT+; CSEC; Physical and Psychosocial Needs of Children, including Adjustment to Out of Home Care, ACES, Permanence, and Educational Needs; and Incident Reporting, Documentation, and HIPPA compliance. Upon completion of this initial training, the Facility Administrator or designee will assess staff understanding of the training within 30 days.

Annual Training: All new staff will complete forty hours of ongoing training in their first year, 24 hours of required training plus 16 hours of emergency intervention training (i.e., Therapeutic Crisis Intervention). For new staff, this 40 hours of training includes: Youth Mental Health First Aid, Suicide Prevention and Intervention, Therapeutic Crisis Intervention, Motivational Interviewing, Working with Families and Interdisciplinary Teams, Grief and Loss in Foster Care, Secondary Trauma and Self Care, and Developmental Impacts of Trauma. For ongoing staff, their 40 hours includes Therapeutic Crisis Intervention, Motivational Interviewing, and CPR/First Aid/BBP, as well as 32 hours of other classes as identified by individual staff development plans.

All staff that work directly with youth engage in annual mandatory training to refresh skills and educate on new concepts or programs. This will total 40 hours of training and staff can also elect to do additional training based on their personal and professional development plans. As County

employees, staff may be required to attend additional trainings as determined by the Human Services Department.

Facility Manager Training

Facility Managers, referred to as Program Supervisors, are designated by the Administrator and will remain current on all required on-going training. Their specific training includes all of the training required of direct care staff as well as an additional 56 hours of additional training about how to lead and supervise in a manner that is consistent with trauma-informed care, cultural relevance, and supportive of permanency, wellbeing, and educational needs of the youth being served. Their training also includes 80 hours of additional job shadowing with an experienced Facility Manager, Facility Administrator, or Clinical Manager.

Peer Partner and Volunteer Training

VMCC is not planning to use volunteers or peer partners.

Designated Training for Reasonable and Prudent Parenting Standard

All staff receive training in the prudent parenting standard and how to apply it as a part of their initial 16-hour training. Additionally, staff explicitly review and discuss this standard during case conferences and in other decision-making moments in order to ensure that youth in the program are able to have access to a reasonable and developmentally appropriate level of independence and autonomy similar to their peers.

Emergency Intervention Training Plan

Facility personnel are trained to use crisis interventions and physical restraints. All CRCCs and Supervising CRCCs will have a minimum of 12 hours of Therapeutic Crisis Intervention (TCI) training annually. All new staff will participate in, and pass, an initial 32-hour TCI course prior to being authorized to use emergency interventions. These trainings teach staff members both the verbal interventions and environment needed to help de-escalate a situation as well as the physical interventions which are used as a last resort if there is an immediate safety risk. Additionally, each staff participates in annual training to refresh and test competency with TCI verbal interventions and physical interventions. Further, individual or small group "boosters" of the TCI training are utilized whenever a supervisor, administrator, or head of service notes the training need. This may be identified through direct observation, individual supervision, or as a part of an emergency intervention debrief meeting.

Staff Training Detail

	Course Title and Subject Matter	Learning Objectives and Activities	No. Of Hours	Trainer/ Qualifications	Training Evaluation
Initial 8 hr Training	STRTP Orientation (Population, Program, Staffing, Facility)	Understand the population served in the STRTP. To have an overview of the facilities policies and procedures, including program philosophy, activities, and community resources. Understand the array of services offered by the STRTP. To understand the expectations of staff. Understand the facilities policy and procedures and the requirements to the Department as a mandated reporter. Direct Care Workers job descriptions, including roles and responsibilities. Understanding Direct Care Worker's self - awareness and appropriate boundaries for physical and verbal interactions with children who have a history of abuse. Knowledge of discipline policies and procedures, positive discipline, and the importance of self-esteem. To understand the role that Trauma Informed Care practices and philosophy have in the STRTP and in the work we do with our youth.	2	Facility Administrator	Program supervisor and/or facility administrator assess progress towards independent youth supervision which includes observation of performance, hands on competency and verbal post testing.
	Trauma Informed Care 101	Understand the impact of trauma on children's development. Learn how to respond to children's behavior caused or triggered by trauma and how to build relationships that help children feel safe. Observe experienced staff engage and intervene with youth in a trauma informed way that promotes healing. Observe and learn procedures of daily living and treatment plans/goals for each individual youth.	2	Trauma Informed Care; Dr. Christine Norton, LCSW, CTP, CCAT, CET Professor, Texas State University School of Social Work	Program supervisor and/or facility administrator assess & Sign Off for independent youth supervision which includes observation of performance, hands on competency and verbal post testing
	Job Shadowing		64	CRCC II & Supervisor	

		Knowledge of available resources, daily demands of the job, and necessary skills needed to be successful in the work			
Initial Training (16 hours + CPR/First Aid)	Emergency Procedures (Disaster, Medical, AWOL, Law Enforcement, Crisis Response)	Knowledge of Emergency Procedures to be able to respond appropriately as well as expectations on how to engage with youth, peers, and emergency personnel. This includes but Is not limited to evacuations, shelter in place, medical emergency response, emergency mental health crisis procedures, youth who leave without authorization, and documentation and notifications for the emergency response.	2	Facility Administrator	Program supervisor and/or facility administrator assess & Sign Off after observation of performance, and hands on competency including completion of all required trainings
	Medication and Universal Precautions	To learn how to protect themselves and others in the workplace from contact with potentially infectious bodily fluids To learn work place safety including OSHA standards. To have an overview of medications policies and procedures for youth in the STRP. To have an overview of CCL regulations regarding the rights of youth who take medications and the regulations regarding the passing and storing of medications.	2	Program Supervisor	
	Child Abuse and Neglect Reporting Act (CANRA)	To learn what the law requires of you as a mandated reporter To learn what is required of you by the Department. To learn how to spot indicators of possible child abuse or neglect. To learn how to talk to children after a disclosure. To learn how to make a report. To understand what happens after a report is made.	1	Social Worker	
	Child Welfare and Probation, Continuum of Care Reform, ICWA, Prudent Parenting and	To have knowledge of the Child Welfare System and its history. To understand the purpose of the Reform of Care Initiative. Understand the role of the child welfare system and its interactions with the court system.	2	Social Worker	

	other related Standards	Knowledge of the history of ICWA and services available to youth. A broad understanding of working effectively with tribal laws and traditions. A working knowledge of the goal of the Reasonable and Prudent Parent Standard and what that means for kids in out of home care. Understand when to use the prudent parent standard and CCL regulations.			
	Personal Rights, House Agreements, Positive Discipline, and Self Esteem	To understand the personal rights of youth in our care. How to help youth understand their rights. How to advocate for youth rights. To learn the policies and procedures governing our House Agreements, Positive Discipline and Self Esteem.	1	Facility Administrator	
	Boundaries, Communication, and Teamwork	To learn the importance of building relationships while maintaining appropriate professional boundaries with our youth. To understand the importance of communication with our youth, peers, and families. To understand the importance of teamwork with all members of the team and how that lends itself to a positive, healthy environment.	1	Clinical Manager	
	Recreation and Socialization Supports, including somatic and experiential activities	To understand the Importance of recreation and socialization supports for youth in treatment. To have knowledge of how the STRTP staff are to engage youth in actively participating in social and recreational activities including somatic and experiential activities planned.	1	Program Supervisor	
	Cultural Competency, including Intersectionality and LGBT+	To understand the importance of cultural competency and its role in positive outcomes for our youth. To be able to identify various goals in cultural competency. To understand “cultural humility”.	1	Clinical Manager/ Program Supervisor	

		To learn essential elements that contribute to becoming culturally competent. To learn how to foster inclusion in the workplace both with peers and youth.			
	CSEC	To be able to identify warning signs and indicators of CSEC involvement. To understand the extent of the problem, vulnerabilities, recruitment tactics, legal issues, and the role of providers once a CSEC youth has been identified. To learn how to use and understand the CSEC Toolkit. To learn to work with youth who have been identified as CSEC.	1	Redwood Children's Center	
	Physical and Psychosocial Needs of Children, including Adjustment to Out of Home Care, ACES, Permanence, Wellbeing, and Educational Needs	To understand the physical and psychosocial needs of children To learn about ACES and the effects that ACES has on all aspects of an individual's health and wellbeing To be able to identify opportunities to support permanency, wellbeing, and education	2	Clinical Manager	
	Incident Reporting, Documentation, and HIPPA Compliance	To have an overview of CCL requirements in documentation and Incident Reporting. To learn how to write appropriate documentation, report incidents, and what incidents need to be reported and to whom.	2	Facility Administrator	
	CPR/First Aid/ BBP	To learn the how to intervene in emergency situations to ensure safety, minimize further risk or danger until medical professionals arrive.	6.5[1]	American Red Cross	

[1] Not counted in hours requirement

		Understand blood borne pathogens. Understand how to protect youth and other staff members from blood borne pathogens. How to clean up and dispose of a spill. How to access protective devices and information about blood borne pathogens.			
Annual Training - New Hires 24 hours + Emergency Intervention Training	Youth Mental Health First Aid	To be able to recognize the potential risk factors and warning signs of a variety of mental health challenges. To learn how to apply mental health first aid when youth are experiencing acute crisis.	4	Behavioral Health and Recovery Services (BHRS)	Pre/post assessment Observed role play
	Suicide Prevention and Intervention (Safe Talk, ASIST, QPR)	To learn how to assist youth at risk for suicidal thinking, behavior, and attempts using the following approaches: Safe Talk ASIST QPR	4	BHRS	Pre/post assessment Observed role play
	Therapeutic Crisis Intervention	Through a Trauma Informed Care Approach assist staff in: • Preventing crisis from occurring • De-escalating potential crisis • Effectively managing acute crisis • Reduce potential and actual injury to children and staff • Learning constructive ways to handle stressful situations Learn to develop a learning circle within the organization	32	STRTP Trainer	Pre/post assessment Observed role play
	Motivational Interviewing	How to build on staff's understanding of the complex issues our youth are facing, and provide fundamental knowledge on how to best engage and support our youth.	4	Clinical Manager	Pre/post assessment Observed role play
	Working with Families and Interdisciplinary Teams	To understand the Importance of working with the families of our youth and teaming with all those involved in the treatment plan for each youth. To be able to work effectively with all person's involved in the treatment of our youth and the	2	Clinical Manager	Pre/post assessment

		importance of engagement with families to provide better outcomes.			
	Grief and Loss in Foster Care	To learn about ambiguous loss and complicated grief. To learn the unique challenges, foster youth face through the grieving process. To understand how grief and trauma can manifest in a young person's behavior. To learn strategies a young person can use to cope with ambiguous loss and/grief.	4	Therapist	Pre/post assessment
	Secondary Trauma and Self-Care	To increase understanding of the impact of vicarious trauma and how it negatively impacts care professionals. To apply resources to help self-check their own risk for burnout. To learn the importance of Self-Care and developing a self-care plan.	2	External Vendor	Pre/post assessment
	Developmental Impacts of Trauma	To learn the effects of trauma on the brain development of children. To be able to identify behaviors associated with trauma or attachment difficulties. To be able to explain the impact of trauma on attachment and child development. Learn effective intervention strategies with youth who have experienced trauma.	4	Clinical Manager	Pre/post assessment
40 Hour Annual Training - Ongoing	Therapeutic Crisis Intervention	Through a Trauma Informed Care Approach assist staff in: • Preventing crisis from occurring • De-escalating potential crisis • Effectively managing acute crisis • Reduce potential and actual injury to children and staff • Learning constructive ways to handle stressful situations Learn to develop a learning circle within the organization	12	STRTP Trainer	Pre/post assessment Observed role play

	Motivational Interviewing	How to build on staff's understanding of the complex issues our youth are facing, and provide fundamental knowledge on how to best engage and support our youth.	4	Clinical Director	Pre/post assessment Observed role play
	Secondary Trauma and Self-Care	To increase understanding of the impact of vicarious trauma and how it negatively impacts care professionals. To apply resources to help self-check their own risk for burnout. To learn the importance of Self-Care and developing a self-care plan.	4	External Vendor	
	CPR/First Aid/ BBP	To learn the how to intervene in emergency situations to ensure safety, minimize further risk or danger until medical professionals arrive. Understand blood borne pathogens. Understand how to protect youth and other staff members from blood borne pathogens. How to clean up and dispose of a spill. How to access protective devices and information about blood borne pathogens.	8[2]	American Red Cross	Competency Test Skills Demonstration

Facility Manager Training Detail

Course Title and Subject Matter	Learning Objectives and Activities	No. Of Hours	Trainer/ Qualifications	Training Evaluation
Therapeutic Crisis Intervention	16	Through a Trauma Informed Care Approach assist staff in: • Preventing crisis from occurring • De-escalating potential crisis • Effectively managing acute crisis • Reduce potential and actual injury to children and staff	TCI Trainers	*Each training session will include an evaluation of the trainer and

[2] Ibid.

		• Learning constructive ways to handle stressful situations Developing a learning circle within the organization		course content to determine if the course is meeting the needs of the staff and facility.
Orientation to the STRTP	4	To Understand Roles and responsibilities of a Supervisor/Facility Manager To have a working knowledge of how to interact with the Department, and Inspection Authority. To understand Licensee appeal rights. To understand how interact with placement agencies, neighbors, mental health agencies, law enforcement, medical/emergency personnel, children's family member and child teams. Laws and Regulations governing short-term residential therapeutic programs.	Clinical Manager	
Motivational Interviewing	2	How to build on staff's understanding of the complex issues our youth are facing, and provide fundamental knowledge on how to best engage and support our youth. To understand how to use Motivation Interviewing techniques to engage and support staff to continue to grow in the field.	Clinical Manager	
Job Shadowing	80	To shadow an experienced staff (Supervisor and/or Clinical Manager) in the supervisor/facility manager position. To gain knowledge of the following; • Mission Statement and goals • Observation of duties, staff schedules • Administrative Essentials • Security Procedures • Shift Change Procedures & planning • Staffing requirements & related policies and procedures • Medical Emergencies (staff and youth) • Disaster Response • Shift Management • Client Services • Medications (passing, storing, CCL Regulations) • Incident Reporting and Documentation • Visits/Passes • Mental Health Services • Groups and implementation of Treatment Goals	Clinical Manager/Supervisor	

		• Mandated Reporting requirements • Milieu Management/Incidents • Facility Issues and how to respond • Required Trainings • County Policies • Appointments and School for youth • County Disciplinary Steps • Required Meetings		
Secondary Trauma and Self-Care	2	To increase understanding of the impact of vicarious trauma and how it negatively impacts care professionals. To apply resources to help self-check their own risk for burnout. To learn the importance of Self-Care and developing a self-care plan. To understand how to coach and work with staff to maintain good self-care and understand how secondary trauma affects them and their work.	External Vendor	
Other classes as identified in individual staff development plans	20	As determined by individual development plans	UC Davis, Sonoma State, Child Trauma Academy, Bay Area Academy	
CPR/First Aid	8[3]	To learn the how to intervene in emergency situations to ensure safety, minimize further risk or danger until medical professionals arrive.	American Red Cross	
Title 22 Regulations	2	To understand CCL Regulations for the STRTP including legal and regulatory issues concerning the safe and effective operation of an STRTP.	Clinical Manager	
Needs & Services Plans/Treatment Goals	2	To understand how to implement the Needs and Service Plan and treatment goals identified. How to review documentation of service delivery.	Clinical Manager	
Total Hours	136			

[3] Ibid.

Peer Partner and Volunteer Training Plan

VMCC is not planning to use volunteers or peer partners.

Additional Training for Clinicians

Clinical staff will also receive the following trainings and orientations, in additional to the above expectations for all STRTP staff.

	Initial (32)	Annual Refresher	Trainer
Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	16	2	TF-CBT Trainer
Assessment and Plan Development	4	1	Clinical Director
Motivational Interviewing for Clinicians	4	1	Clinical Director
Early Intervention for Psychosis and Other Mental Health Diagnoses	1	1	Stanford University
Self-harm and Youth Suicide	1	1	Stanford University
Family Engagement and Therapy	2	1	Clinical Director
Medi-Cal Standards and Documentation	4	1	STRTP Analyst

Clinicians will also engage in a monthly consultation group which will include one hour of group supervision and one hour of didactic training.

Training Plan to Ensure Trauma-Informed and Appropriate Services

All VMCC trainings are provided through a trauma-informed care lens and provide training that equips staff to work with children who are demonstrating the effects of abuse and neglect, starting with the STRTP Orientation that discusses the specific types of abuse and neglect that youth may have experienced and the facility's overarching program model for serving youth experience the effects and impacts of these traumatic experiences. The initial training includes not only the training discussed in preceding sections about understanding and working with trauma, the training also includes how to support staff to care for, supervise, and promote youth healing and development. This includes training about motivational interviewing which focuses on supporting youth to make decisions that align with their overall goals and objectives, supporting recreation and socialization from a trauma informed care lens, and promoting positive discipline and self-esteem amongst youth.

VMCC is committed to the ongoing professional development and supervision of our staff as evidenced by the intensive training efforts we have undertaken to become a truly trauma-informed organization. Regularly scheduled conferences provide a structure for communication between the supervisor and employee. Incorporating coaching and mentoring into scheduled conferences is intended to motivate employees to thrive and grow in their work and is done in a positive, constructive manner and can include re-training if needed. Additionally, the Administrator and Clinical Manager will spend some portion of each day engaged with the milieu in order to provide in-the-moment training and coaching as well as gather firsthand observations about the milieu and staff performance.

Initial and Annual Training

New staff at the facility receive the initial 8 and 16-hour initial trainings and an additional 24 hours of ongoing training in the first year. CPR/First Aid is provided during the first 90 days but is not included in the 16 hours of initial training, and Therapeutic Crisis Intervention is an additional 32 hours of training provided in the first year that does not count towards the 24 hours of additional training. Existing staff collect 40 hours of training each year in addition to the required CPR/First Aid and Emergency Intervention Trainings. This includes Motivational Interviewing and Self Care and Secondary Trauma as well as 32 hours of individualized training by external vendors based on each staff person's individualized professional development plan.

Caregiver Supports

VMCC is committed to being a trauma-informed organization, which not only includes providing trauma-informed care to all children and youth, but also includes becoming a trauma-informed workplace for staff. Prevalence rates for trauma in the general community range from 40 to 80% depending on the definition and methodology. As a trauma-informed organization, we assume that all staff, visitors, volunteers, and youth may have experienced trauma and structure our approach and environment accordingly. Staff play a critical role in supporting our children and youth who have experienced trauma and are therefore at risk of experiencing secondary trauma. Additionally, staff support youth who may experience crisis, including the need for emergency interventions. When taken together, this may affect staff, their sense of well-being, and subsequent performance and retention. VMCC and its staff have identified that there are a number of aspects to working with children and youth who have experienced trauma that are rewarding as well as things that make it more difficult. Supporting children and youth to be successful, change their lives, and improve their sense of self-worth clearly enhance the sense of meaning and provide fulfillment to all involved. However, there are children and youth, who as a result of their trauma, exhibit behaviors and struggle with attachment issues that make it more challenging to gain a felt sense of accomplishment. It can also be painful to be in relationship with or bear witness to the trauma experienced by a child or youth. Strategies to support staff include:
Prioritize staff safety: Staff need to feel confident that they have the skills, resources, and tools to preserve safety for themselves, their colleagues, the children and youth, and anyone else on the unit. This includes:

- An environment that is free from hazards and conducive to safe program implementation
- Adequate staffing, including clinical staff in the milieu
- Clinical consultation, program response, and additional staff in times of crisis
- Programming that promotes shared accountability for safety

Maximize the moments of accomplishment: The STRTP will include a culture of celebrating small successes the youth experience, including recognition of how staff may have supported the youth with that success. Examples include sharing success that a youth achieved at each shift change and noting at least one thing that a staff member did that helped the youth achieve this gain, having each team share one success that a youth achieved along with the types of supports or interventions they provided to support the youth's progress, and discussing specific actions that staff took to support a youth to make progress in supervision meetings.

Foster peer and team-based support: The VMCC staff often rely on each other to manage challenging and potentially dangerous situations. They also work together closely and typically rely upon each other for support and feedback. It is important that there be time built into to shift

change and administrative schedules to allow for team-based meetings, debriefs, and celebrations and/or recognitions.

Support practical wellness strategies: Residential staff generally feel a sense of pride in their capacity to handle challenging situations and be a good team member to their colleagues. However, this is sometimes at the cost to the individual. To this end, it may be important for the leadership team and program supervisors to normalize experiences and observations of compassion fatigue and burnout and proactively offer or encourage the use of personal and sick time for self-care. This also requires maintaining a robust on-call, trained, relief staff pool so that staff feel that they can take a day for themselves and not worry that they are leaving their team members without adequate support.

Proactively support staff following a crisis: Children and youth to be admitted to the STRTP may have a history or current behavior that is dangerous to self, others, or the environment. While the staff receive training in crisis response and management, and physical restraints are only used as a last resort; VMCC staff may be placed in situations where they must physically intervene to protect a youth during times of crisis. When a child or youth experiences a large crisis episode, it is useful to consider how to proactively offer support, including offering additional staffing support during the crisis or to allow a staff member to take a break or "switch out"; asking the next shift to come in early to allow for the staff to deescalate, debrief, and provide moral support; proactively offering to schedule relief staff for the next shift to allow for any time off needed; and providing a debrief for learning a few days following the incident. Additionally, it will be useful to ensure that all VMCC staff, from leadership and supervisors through therapists and residential counselors, all participate in responding to crises, particularly when there is a cluster with a youth or group.

Invest in staff development: VMCC already invests in staff, and these should continue, including individual and group supervision, mentorship program, quarterly and annual performance coaching, monthly in-service training, annual training and re-certification, and ad hoc external trainings and professional development. Additionally, staff receive a Staff Development and Wellness Benefit that they can use annually for personal growth and self-care activities.

E. POLICIES REGARDING CHILD ABUSE/NEGLECT REPORTING

E2. Policies, procedures, or practices that the facility shall maintain to ensure Child Abuse and Neglect Reporting Act (CANRA)

VMCC employs a number of policies, procedures, or practices that the facility maintains to ensure that the facility and its employees and independent contractors do not violate the terms of the Child Abuse and Neglect Reporting Act (CANRA).

Training: All new staff, volunteers, and any contractors that work with youth at the Valley of the Moon STRTP receive a one-hour training which reviews mandatory reporting requirements in accordance with the Child Abuse and Neglect Reporting Act (CANRA). This training is provided during orientation and prior to providing services to youth. Additionally, staff, volunteers, and contractors will be provided periodic refresher training on CANRA, as needed, and will have access to staff onsite that can provide consultation, should there be questions about child abuse reporting or VMCC's policies and procedures.

During this training on the CANRA, staff, volunteers and independent contractors will be trained on the following:

- The specifics of reporting requirements including who is required to report abuse; when reporting abuse is required; timeframes for reporting; and the types of abuse that must be reported [i.e., physical abuse; sexual abuse; neglect].
- The importance of seeking medical attention.
- Who to contact in the event that medical attention is necessary (the VMCC clinic or 911). In addition, they will be guided on when a youth should be taken to the Primary Care Physician, Urgent Care, the Emergency Room, or when 911 should be called. This training will also include the protocols for calling in and sending the written abuse reports as well circumstances determine the need to conduct a Forensic Interview in cases of alleged sexual abuse for youth.
- The protections of immunity and confidentiality of the reporter and abuse reports, as well as the importance of notifying the youth's authorized representative (Social Worker, Probation Officer, or other authorized representative) regarding any suspected abuse or neglect as it relates to the youth's treatment plan so long as it does not jeopardize the safety and well-being of the youth.
- The penalties for failure to report abuse.

Additionally, they will be provided information that no supervisor or administrator can impede them from exercising their mandated reporting duty, punish or otherwise sanction them for making a report, or direct them to allow their supervisor to process a report on their behalf. Staff will receive training on how to escalate any concerns should they feel pressure to not exercise their mandated reporting duty.

Policies and Procedures to Ensure Accurate Reporting: VMCC policy ensures that the facility shall not sanction, punish, or discipline any person for making a report or complying with their duty as a mandated reporter or in any way violate the terms of the Child Abuse and Neglect Reporting Act (CANRA). VMCC policy states that, "the employee who has reason to suspect that a child is a victim of abuse shall immediately, by telephone or in person, report a summary of the circumstances (including name and location of the victim) to the appropriate law enforcement or Child Protective Services agency."

A supervisor or administrator shall not impede or inhibit reporting duties of a mandated reporter nor shall anyone in the facility direct an employee or independent contractor to allow their supervisor to file or process a mandated report on their behalf. Should any staff, volunteer and/or independent contractor feel pressure to not exercise their mandated reporting duty, they will be instructed to notify the STRTP administrator, the Compliance Officer, or a Human Resources Manager. Any supervisor or administrator that attempts to or impedes a staff, volunteer, or independent contractor from exercising their mandated reporting duty may face disciplinary action up to, and including, termination from employment. Staff, volunteers, and independent contractors acknowledge on orientation forms that they have received the training and understand their responsibilities as mandated reporters. A copy of this form will be maintained in the staff, volunteers, and independent contractors' file.

E3. STRTP's policies and procedures on mandated reporting

See Attached Policies

CHILD ABUSE REPORTING

I. Purpose

The purpose of this policy is to outline the responsibility of all Valley of the Moon Children's Home staff to report incidents of child abuse or to report reasonable suspicion that a child may have been abused. VMCH staff have an individual responsibility to report. It is not staff responsibility to interview the child for specific information, only to obtain enough information to determine whether or not abuse is suspected.

II. General

This child abuse reporting policy is applicable to all employees in the Department. It is pursuant to the expanded Child Abuse Reporting Law, which became effective on January 1, 1981. In summary, the law defines those agencies and agency staff who have responsibility to report child abuse. It makes it clear that child abuse reporting is an individual responsibility. It covers definitions of child abuse in the Penal Code.

Agencies Required to Report:

1. Child Care Custodian - defined as "Child care custodian can mean a teacher, administrative officer, supervisor of child welfare and attendance, or certified pupil personnel employee of any public or private school; an administrator of a public or private day camp; a facility licensed to care for children; Head Start teacher; public assistance worker; employee of a child care institution including personnel of residential care facilities, a social worker or a probation officer."
2. Child Protective Agency - defined as "child protective agency means a police or sheriff's department, a county probation department or a county welfare department."

B. Responsibility to Report

The reporting responsibility is an individual responsibility and the individual is liable under the law if s/he fails to report suspected abuse. It is clear that the mere

suspicion of abuse is reportable and that the duty to investigate is the responsibility of the "child protective agencies."

1. Section 11166(a), (d), and (e) of the Penal Code states:

   "(a) Any (…CPA person) who has knowledge of or observes a child whom he or she reasonably suspects has been a victim of child abuse must report such suspected instance of abuse to a child protective agency…"

   "(d) When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of child abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by such selected member of the reporting team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter make such report."

   "(e) The reporting duties under this section are individual, and no supervisor or administrator may impede or inhibit such reporting duties and no person making such report shall be subject to any action for making such report. However, internal procedures to facilitate reporting and apprise supervisors and administrators of reports may be established provided that they are not inconsistent with the provisions of this article."

2. Section 11166 (f) of the Penal Code States:

   "(f) A county probation or welfare department shall immediately or as soon as practically possible, report by telephone every instance of suspected child abuse as defined in Section 11165 reported to law enforcement and the agency having jurisdiction of cases under Section 300 of the Welfare and Institution Code, and shall send a written report thereof within 36 hours of receiving the information concerning the incident to the agency."

C. Definition of Child Abuse

1. For the purpose of the child abuse reporting law, it is defined as:
"a physical injury which is inflicted by other than accidental means on a child by another person. 'Child Abuse' also means sexual assault of a child or any act or omission proscribed by Section 273(a) (willful cruelty of unjustifiable punishment of a child) or 273(d) (corporal punishment or injury). 'Child Abuse' also means the neglect of a child or abuse in out-of-home care."

2. Abuse in out-of-home care means situations of suspected physical injury on a child which is inflicted by other than accidental means, or of sexual abuse or neglect or the willful cruelty or unjustifiable punishment of a child, as defined in this article, where the person responsible for the child's welfare is a foster home parent or the administrator or an employee of a public or private residential home, school, or other institution or agency.

III. Procedures

Procedures for Handling Child Abuse Allegations and Investigations That Occurred Outside of VMCH

A. Reporting Procedures

Note: It is not staff responsibility to interview the child for specific information, only to obtain enough information to determine whether or not abuse is suspected.

1. When child abuse is observed or suspected, the circumstances of that observation or suspicion shall be reported to Child Protective Services (CPS) with notification to the resident's social worker. If you should have any questions regarding what is and what is not child abuse, you should seek advice and counsel from

supervisors, administrators or social workers. Whether you seek advice or not, the final decision and responsibility to report is yours to make as an individual.

The employee who has reason to suspect that a child is a victim of abuse shall immediately, by telephone or in person, report a summary of the circumstances (including name and location of the victim) to the appropriate law enforcement or CPS agency.

If physical evidence is available (bruises, injury including any internal injuries or evidence of sexual molest), call the law enforcement agency in whose jurisdiction the alleged abuse occurred. Staff will notify the law enforcement agency and report in order to facilitate the gathering of evidence as part of law enforcement's investigation. Staff should follow medical procedures, and provide any medical care or counseling the child may need. Do not bathe or shower the child or launder until the resident has been examined at a hospital.

If the reported or suspected abuse is a situation that occurred in the past, you may choose to report immediately, by phone or in person to CPS.

Any suspected or observed abuse must be reported immediately regardless of the length of time (perhaps years) from actual occurrence to date of your reasonable suspicion.

2. Within 36 hours from the time the child abuse is reported, the employee shall complete and forward to CPS form #SS 8572 "Suspected Child Abuse Report" form (SCAR).

   During Business Hours

The person suspecting child abuse (or the person to whom the disclosure was made) must take the following steps:

- Fill out the SCAR completely
- Fax the SCAR with a fax cover to ATTN: INTAKE at extension 4399 (Copperhill). They will decide what to do next.
- Call the assigned social worker and CPS-Intake to report the information: 565-4301 (between 8:00 a.m. and 5:00 p.m., Monday through Friday. We can dial x4304.)
- Complete an IR before end of shift

After Business Hours

The person suspecting child abuse (or the person to whom the disclosure was made) must take the following steps:

- Fill out the SCAR completely
- Fax the SCAR with a fax cover to x4399 (Copperhill) ATTN: INTAKE
- Leave a telephone message for the assigned social worker, and call CPS-INTAKE to report the information: 1-800-870-7064 (after regular business hours, weekends and holidays)
- Complete an IR before end of shift

3. Reporting staff should follow internal procedures and write a concise, detailed Incident Report of the reported abuse. A copy of the Incident Report must go to the VMCH Program Manager. Any incident of child abuse that occurs within the facility involving minors or staff must be reported immediately to the Santa Rosa Police Department and the Program Manager. If the Program Manager is not immediately available, contact one of the other managers in the following order:
   a. VMCH Section Manager
   b. FY&C Placement Section Manager

c. Division Director, Family, Youth & Children's Services

Procedures for Handling Child Abuse Allegations and Investigations within VMCH

A. Reporting Procedures

Note: It is not staff responsibility to interview the child for specific information, only to obtain enough information to determine whether or not abuse is suspected.

B. Timely Investigation is important:

1. To protect children from abuse.
2. To comply with child abuse reporting laws.
3. To determine if the staff having responsibilities for the care of a child has caused or permitted the child to be placed in a situation that further endangers his or her health through willful cruelty or unjustifiable punishment.
4. To evaluate what immediate actions would be in the best interest of the child victim and the person alleged or suspected of misconduct.

C. Initiating Investigations

In the Valley of the Moon Children's Home, an investigation is initiated by the supervisor if any of the following factors exist:

1. You or your co-workers witness, suspect that, or become aware that a child is alleging he or she was subjected to physical, emotional, or sexual abuse or neglect.
2. A child exhibits a physical condition or injury, which reasonably appears to be the result of neglect or abuse.
3. You or you co-workers witness or suspect that agency policy or California law has been violated.

D. Direct Care Staff Responsibilities:

1. DCS must report any allegations of misconduct (abuse of a resident) to the supervisor of the shift.
2. You are to write an Incident Report describing the allegations, misconduct or incident, and submit it to your supervisor.
3. Supervisor will collect any physical evidence (contraband, magazines, weapons, etc.).
4. Supervisor will protect the witnesses from person accused of misconduct.
5. Request a written statement from any child making allegations, if possible. If the child is unable to write a statement because of age or lack of ability, receive a verbal description of what occurred. Make sure that the statements are specific enough to be able to fill out a SCAR, describing the where, why, what, and when details.
6. Allegations of sexual abuse are best handled in coordination with RCC in order to prevent multiple interviews of the child victim. Obtain only enough information to fill out a SCAR.
7. If you feel a child abuse report is necessary, you are to file one. Make a copy for the Program Manager, who will notify SRPD for the investigation.
8. Incidents involving allegations against Valley of the Moon staff are to be considered confidential. You should not give any information to any therapist, agency, etc., without first discussing the matter with your Supervisor/Manager. There **may** be occasions when you will be unable to contact your Supervisor prior to contact with law enforcement agencies. You will give them information if it is requested.

D. Shift Supervisor Responsibilities:

1. Notify Program Manager of possible instance of child abuse taking place

within VMCH.

2. The supervisor is to clarify any vague information.
3. The supervisor is to meet with child and assure them that a thorough investigation will be made.
4. The supervisor will review and evaluate the information provided.
5. The Supervisor will obtain statements from any witnesses or staff working with the accused at the time the incident was alleged to have occurred.
6. Collect and forward all documentation to the Program Manager or Section Manager.

E. Program Manager's Responsibilities:

1. Telephone the Santa Rosa Police Department and determine if there should be an investigation of the allegations.
2. Consult with the supervisor to evaluate the DCS current work assignment and determine if the staff should continue with their duties.
3. Determine what necessary disciplinary steps are taken, if any.
4. Discuss with VMCH Section Manager and Division Director.

F. STATEMENT OF ADMISSION POLICIES AND PROCEDURES

Acceptance/Admission Policies and Procedures

Pre-admission Process

Any child or youth who is at risk of being placed in a STRTP will be discussed at the Interagency Placement Committee, entitled PARC.

Placement, Assessment, and Review Committee (PARC): Included participants are FY&C Section Managers, Behavioral Health Manager, Seneca – Life Long Connections, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor, and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed and action items are identified for next steps.

If the PARC determines that the STRTP at VMCC may be an appropriate placement, the case-carrying social worker will complete the Qualified Individual Assessment referral. If the QI Assessment determines a STRTP is an appropriate level of care, the case-carrying social worker will submit a referral to the Valley of the Moon STRTP.

Referral: For any youth that may require placement in the STRTP, the case-carrying Social Worker will complete a pre-admission form that includes:

- The youth's current situation
- Factors contributing to the need for STRTP placement
- STRTP eligibility (i.e. Medi-Cal eligible, Sonoma County child/youth, medical necessity for specialty mental health services (SMHS))
- Current mental health status, including date of last assessment
- Risk and needs assessment
- QI Assessment
- Other interventions tried and results (WRAP, ISFC, etc)
- Date of last CFT and TDM meetings and results
- Name and contact information of the youth's authorized representative
- Name and contact information of the youth's parent/guardian(s)
- Name and contact information of all medical, dental, and behavioral health providers
- Any other relevant information

Pre-admission Screening: The STRTP Mental Health Head of Service (HOS), Social Worker, and Facility Administrator will meet to review the referral, determine initial eligibility, consider goodness of fit for this STRTP program and the existing milieu, and determine if the STRTP can safely meet the unique needs of the child or youth. As a part of this process, the HOS will also gather collateral information from the case carrying social worker, any existing mental health

providers, and the current caregiver. If appropriate and feasible, the HOS will also interview the referred youth to gather their feedback as a part of the pre-placement process.

The pre-admission screening also includes next steps towards placement or recommendations for CFT consideration.

Intake

Intakes are generally scheduled during business hours Monday through Friday, with the possibility of alternate arrangements to accommodate urgent situations, travel arrangements if returning from an out-of-county placement, or parent and family schedules.

The intake process serves administrative and evaluative functions. During the intake, the child or youth's authorized representative completes and signs the intake forms, including:

- Admission Agreement
- Releases of Information
- Consent for Treatment
- Removal and Transfer Policies and Procedures
- Discipline Policies and Procedures
- Complaint and Grievance Procedures
- Initial Needs and Service Plan
- Authorized Contact List
- House Rules and Personal Rights
- Name and contact information of all adults with whom the youth was living immediately prior to placement
- Educational records
- Dental and medical records, including immunization records and any current physician's orders
- Medical, psychiatric, and psychological reports that identify any special needs
- Medical and dental insurance coverage information
- Court status and copy of any custody orders
- Copy of court order or parental authorization for psychotropic medication, if applicable
- Other Forms, as indicated

While not required, STRTP staff will also seek to obtain assent for treatment from the youth, as well. The youth will also be given a welcome packet, which includes required information (i.e. house rules, personal rights, grievance procedures) as well as helpful information such as the menu and activity schedule, STRTP map, how to obtain various supplies, etc.

Once the requisite paperwork is completed, the child or youth will be given a tour of the facility if they did not receive one during the pre-placement process. At this point, the child or youth will be introduced to the Residential Counselors who will be working with them that day. The assigned Residential Counselor will show them to their room, help them get settled, and introduce them to

the other youth in their hallway. The Residential Counselor will also offer a snack or beverage and help the youth to settle in.

List of Staff Positions Responsible for Intake

Either the HOS, Facility Administrator, or STRTP social worker can facilitate the intake process on the day of admission. If the STRTP accepts an emergency placement, which would be rare given that emergency placements will be diverted to the co-located temporary shelter, the Program Supervisor or STRTP therapist can complete the intake process, if necessary. The Residential Counselors are responsible for supporting the child or youth as they transition into the STRTP milieu.

Evaluation and Assessment Criteria

The HOS and Facility Administrator have shared responsibility for determining eligibility and placement acceptance based on information from the referral as well as follow-up collateral interviews. The criteria that the STRTP leadership will consider includes:

- Needs and strengths of the youth
- Likelihood that the youth will benefit from the program
- The extent to which the youth's needs align with the existing milieu
- The extent to which the program believes that they can safely serve the youth based on their needs and behaviors, including:
    - Frequent runaways
    - Gang involvement
    - Fire starting
    - Sexually assaultive behaviors
    - CSEC
    - Substance use

The pre-admission screening will result in the following decision-making:

- We do not believe this youth meets criteria for an STRTP placement

- We believe this youth meets STRTP placement, but we do not believe that we are the most appropriate placement because:
  _____ This youth has needs that exceed our capacity to safely serve them
  _____ This youth has specialized needs and may be better served out of county (CSEC, gang involvement, etc)
  _____ This youth does not fit within our existing milieu (age, gender, need)

- We believe this youth could be safely served at the STRTP, and we anticipate a vacancy for this youth _____ now or _____ days/weeks/months.

The BHRS Director and/or FYCS Director may request an elevated review of the case. In this elevated review the BHRS and FYCS Directors or designees may present additional documentation, justification, support, or rationale for placement at the STRTP.

Assessment Process

Based on the information gathered through the pre-admission process, the STRTP will complete the standard appraisal and create an initial Needs and Services plan that can be in place in advance of intake.

In this phase, entitled "Getting to Know You," the STRTP team works with the youth and their team to assess and develop an explicit and shared understanding of the youth's presentation and what may be most helpful for the youth in order to transition back into a family environment.

Immediately following admission, the STRTP will complete the following assessments:

- Basic Needs Assessment
    - Assess for any needed clothing or other items
    - Check for lice or any other observable health conditions
    - Provide opportunity for a snack and shower, if desired

- Initial Safety Assessment- This assessment takes place during the welcoming process for a youth. This assessment includes:
    - Thoughts of hurting self or others
    - History of violence towards family or others
    - History of violence towards property
    - Access to weapons
    - Reports of Physical Abuse
    - Does youth have a counselor/therapist
    - Has the youth been in a psychiatric hospital and, if so, when
    - Self-Harm – history of thoughts/attempts or current thoughts
    - Suicidal Ideation – history of thoughts or history of attempts
    - Drug and Alcohol use
    - Runaway Behaviors – how often and what are the triggers
    - Periods of Escalation – what upsets the youth and what helps that youth when upset
    - Any concerning behaviors being observed

The safety assessment will result in a crisis management plan that includes:

- A youth's advance directive regarding de-escalation or behavioral restraints.
- Identification of early warning signs, triggers, and precipitants that cause a youth to escalate, and identification of the earliest precipitant of aggression for youth with a known or suspected history of aggressiveness, or youth who are currently aggressive.
- Techniques, methods, or tools that would help the youth control their behavior.

- Pre-existing medical conditions or any physical disabilities or limitations that would place the child at greater risk during restraint or seclusion.
- Any trauma history, including any history of sexual or physical abuse that the youth feels is relevant.

During the assessment phase, the child or youth will participate in the structured daily activities, which includes individual and group meetings with the STRTP therapists and Residential Counselors while completing the following assessments.

All children and youth and/or their caregivers will participate in the IP-CANS and the CSEC screening tool.

- IP-CANS (Child and Adolescent Needs and Strengths) - The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for youth's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services

- CSEC Tool- The Valley of the Moon STRTP uses a screening tool for all youth 10 years old and above that are welcomed into the program to identify those that may be at risk of being exploited or are already a victim of commercially sexual exploitation. Should a youth score in the "Clear Concern" band of the Commercially Sexually Exploited Identification Tool (CSE-IT), a Suspected Child Abuse Report is submitted to our county's Child Abuse Hotline following the County-wide CSEC Protocol, if it has not already been reported. If it is suspected that a youth has been a victim of sexual assault and /or human trafficking, an advocate will be provided to work with the youth through this difficult process.

Based on assessed needs and presenting issues, the STRTP therapists may also implement the following tools to support the assessment phase and possible diagnosis based on the young person's symptoms, including:

- PHQ-9 - The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression

- UCLA-PTSD-RI (Post-Traumatic Stress Disorder Reaction Index) - The UCLA PTSD Reaction Index for DSM-5 provides a structure for making a comprehensive evaluation of trauma history and an assessment of the full range of DSM-5 posttraumatic stress symptoms among school-age children and adolescents

- C-SSRS (Columbia Suicide Severity Rating Scale) - C-SSRS is the only screening tool that assesses the full range of evidence-based ideation and behavior items, with criteria for next steps (e.g. referral to mental health professionals)

- Beck Youth Inventories: BYI-2 BDI-Depression; BAI-Anxiety; BSC-Self Concept - The BYI is a 100-item self-report measure comprising five self-report inventories that can be used

separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behavior, and self-concept.

Additionally, children and youth who have an unmet need for physical and/or dental care or where there may be a need to rule out or understand any physical conditions that contribute to a presenting issue will have access to the following onsite clinics:

- Physical Exam (Onsite Clinic) – VMCC has an on-site medical clinic. A Physician Assistant conducts a health screening and CHDP exam of all youth welcomed to the STRTP. Additionally, VMCC has a Registered Nurse to provide medical assistance when needed.

- Dental Exam (Onsite Clinic) – VMCC has on on-site dental clinic. The Dentist provides dental screenings, treatment plans, emergency and preventative dental care services, restorative dental care services and oral hygiene education to all youth.

The primary therapist will gather all assessment results, incorporate feedback and observations from the child and Residential Counselors as well as their own feedback, and develop a needs and services plan and mental health treatment plan that can be shared with the child and their family team within the first 30 days. Once agreed upon, this will serve as the initial needs and services as well as treatment plan.

All assessments/evaluations are documented to monitor progress towards timely completion. This document is monitored by the Transitional Support Supervisor to support timely coordination of step-down and Aftercare planning.

A Multi-Disciplinary Team Meeting (MDT) is held weekly to evaluate each of the youth's individual needs as well as program needs. Youth behaviors, social supports, education needs, placement updates and coordination of services are discussed during this meeting. The CANS assessment tools aid in determining commonality of needs on both an individual basis and for youth welcomed overall and help to determine what other assessments and services may be needed for that youth's individualized program plan.

Coordination with Placing Agency and Mental Health Plan

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children Services Division (FY&C) of Sonoma County's Human Services Department. Sonoma County Behavioral Health and Recovery Services (BHRS) is the sole mental health plan which has responsibility for the provision of SMHS to a youth placed in a facility. FY&C and VMCC have existing partnerships with BHRS, including clinical staff co-located at the temporary shelter and participation on the Interagency Placement Committee (PARC) and other teams. Specifically, the STRTP, FY&C social worker, and MHP will collaborate in the following ways to ensure eligibility:

- The FY&C case-carrying social worker will determine that the individual has Sonoma County Medi-Cal and is eligible for specialty mental health services through Sonoma County Behavioral Health and Recovery Services (BHRS).

- The Placement, Assessment, and Review Committee (PARC) will also review the case to approve STRTP placement, which includes representatives from the MHP who will confirm eligibility for SMHS.

- The MHP will accept the referral for a Qualified Individual Assessment at the PARC meeting and ensure a designated Behavioral Health clinician will conduct the QI assessment to determine if the STRTP setting will meet the youth's needs.

- The case-carrying social worker will ensure that the individual already has a mental health assessment that establishes eligibility for STRTP placement with the MHP. If the child or youth does not currently have a mental health assessment, the social worker will arrange for a mental health assessment to take place prior to placement. If placed at the STRTP on an emergency basis, the STRTP clinical staff will complete the mental health assessment within 7 days of placement to establish initial eligibility. The STRTP clinical staff will coordinate with the case-carrying Social Worker and Qualified Individual to ensure the QI assessment is conducted within 30 days of emergency placement.

- Following admission, the STRTP clinician will open a STRTP episode in Avatar to allow for authorization within 7 days of placement to allow for authorization, documentation, and billing.

Engagement and Collaboration with Interagency Placement Committee and Child Family Team

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children Services Division (FY&C) of Sonoma County's Human Services Department. Given that VMCC will only be accepting referrals from FY&C, close coordination will occur through existing mechanisms.

Placement and Review Committee (PARC): Included participants are FY&C Section Managers, Behavioral Health Manager, Seneca – Life Long Connections, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed and action items are identified for next steps.

PARC +: Included participants are the FY&C Division Director, Section Manager, assigned Social Worker, Placement Social Worker, TST and Behavioral Health. This meeting takes place once a month. This meeting is held for youth that have been difficult to place. Barriers are discussed

and innovative, “outside of the box” ideas are generated and action steps are elevated to the Director level to expedite solutions.

Team Decision Making Meeting (TDM): Included participants are family members, natural supports, Placement or assigned Social Worker, community service providers, and the TST. The purpose of the TDM is to develop a placement plan or safety plan with the collaboration of the child’s family, the child when possible, and other stakeholders. The social worker’s priorities are to keep the youth safe in the least intrusive manner, whenever possible, and to develop an Action Safety Plan that supports the placement decision.

TEAM Meeting (Together, Engage, Act, Motivate): Included participants are the social worker, youth, family and natural supports. The TEAM supports case-carrying social workers and their clients in making full use of programs and services that are available and to individualize service objectives. The purpose of the TEAM is to engage and involve parents and youth in case planning and to assist the family in overcoming the barriers to achieving their case plan goals.

Referral Timeline

The STRTP will provide a referral receipt within 24 hours of receiving a referral notifying the referring social worker as to whether or not the information is complete or if additional information is required. Once the STRTP receives all of the required information, the STRTP will respond with a placement decision within 7 days. This response will include either an acceptance, a follow-up request for additional information, or a denial with the reasons why the youth was refused admission.

NMD Pre-Placement Criteria

Not applicable.

Medical Assessment/Physical Exam, including TB

It is likely that the majority of youth will enter the facility with a recent health screening and TB clearance. If so, these will be documented and copies included in the youths file. However, if these are needed services, VMCC has on on-site medical and dental clinic. A Physician Assistant can conduct a health screening and CHDP, if needed, within the first 72 hours.

Emergency Placement Procedures

The STRTP does not anticipate accepting emergency placements. The VMCC temporary shelter is co-located with the STRTP, and all emergency placements will be diverted to the shelter and be considered for STRTP placement through the typical admission process. If there is need, the admission process can be expedited.

Anti-Discrimination Policy, including LGBT+ community

VMCC has an explicit commitment to equity and anti-discrimination. This includes ensuring equitable access to necessary services, such as the STRTP, as well as reducing the overrepresentation of communities of color and the LGBT+ community in out-of-home care. To this end, FY&C works to preserve families, where possible, as well as recruit resource families who are safe, accepting, and representative of youth in care. VMCC will regularly review demographics of STRTP referrals and admissions to ensure equitable access and treatment.

Special Services Procedures

VMCC works with other service providers to arrange for special services, such as the Regional Center of the North Bay. For any youth who appears to need special services or has these services in place, the STRTP will consult with the other service provider to coordinate services, including participation in any CFT meetings.

G. ADMISSION DETERMINATION PROCEDURES

G.2. Admission Determination Procedures

Admission Determination Policies and Procedures

Pre-admission Process

Any child or youth who is at risk of being placed in a STRTP will be discussed at the Interagency Placement Committee, entitled PARC.

Placement, Assessment, and Review Committee (PARC): Included participants are FY&C Section Managers, Behavioral Health Manager, Seneca – Lifelong Connections, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor, and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed, and action items are identified for next steps.

If the PARC determines that the STRTP at VMCC may be an appropriate placement, the case-carrying social worker will complete the Qualified Individual Assessment referral. If the QI Assessment determines a STRTP is an appropriate level of care, the case-carrying social worker will submit a referral to the Valley of the Moon STRTP.

Referral: For any youth that may require placement in the STRTP, the case-carrying Social Worker will complete a pre-admission form that includes:

- The youth's current situation
- Factors contributing to the need for STRTP placement
- STRTP eligibility (i.e., Medi-Cal eligible, Sonoma County child/youth, medical necessity for specialty mental health services (SMHS))
- Current mental health status, including date of last assessment
- Risk and needs assessment
- QI Assessment
- Other interventions tried and results (WRAP, ISFC, etc.)
- Date of last CFT and TDM meetings and results
- Name and contact information of the youth's authorized representative
- Name and contact information of the youth's parent/guardian(s)
- Name and contact information of all medical, dental, and behavioral health providers
- Any other relevant information

Pre-admission Screening: The STRTP Mental Health Head of Service (HOS), Social Worker, and Facility Administrator will meet to review the referral, determine initial eligibility, consider goodness of fit for this STRTP program and the existing milieu, and determine if the STRTP can safely meet the unique needs of the child or youth. As a part of this process, the HOS will also gather collateral information from the case carrying social worker, any existing mental health providers, and the current caregiver. If appropriate and feasible, the HOS will also interview the referred youth to gather their feedback as a part of the pre-placement process. The pre-admission

screening also includes next steps towards placement or recommendations for CFT consideration.

Coordination with Placing Agency and Mental Health Plan

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children Services Division (FY&C) of Sonoma County's Human Services Department. Sonoma County Behavioral Health and Recovery Services (BHRS) is the sole mental health plan which has responsibility for the provision of SMHS to a youth placed in a facility. FY&C and VMCC have existing partnerships with BHRS, including clinical staff co-located at the temporary shelter and participation on the Interagency Placement Committee (PARC) and other teams. Specifically, the STRTP, FY&C social worker, and MHP will collaborate in the following ways to ensure eligibility:

- The FY&C case-carrying social worker will determine that the individual has Sonoma County Medi-Cal and is eligible for specialty mental health services through Sonoma County Behavioral Health and Recovery Services (BHRS).

- The Placement, Assessment, and Review Committee (PARC) will also review the case to approve STRTP placement, which includes representatives from the MHP who will confirm eligibility for SMHS.

- The MHP will accept the referral for a Qualified Individual Assessment at the PARC meeting and ensure a designated Behavioral Health clinician will conduct the QI assessment to determine if the STRTP setting will meet the youth's needs.

- The case-carrying social worker will ensure that the individual already has a mental health assessment that establishes eligibility for STRTP placement with the MHP. If the child or youth does not currently have a mental health assessment, the social worker will arrange for a mental health assessment to take place prior to placement. If placed at the STRTP on an emergency basis, the STRTP clinical staff will complete the mental health assessment within 5 days of placement to establish initial eligibility. The STRTP clinical staff will coordinate with the case-carrying Social Worker and Qualified Individual to ensure the QI assessment is conducted within 30 days of emergency placement.

- Following admission, the STRTP clinician will open a STRTP episode in Avatar to allow for authorization within 5 days of placement to allow for authorization, documentation, and billing.

Engagement and Collaboration with Interagency Placement Committee and Child Family Team

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children Services Division (FY&C) of Sonoma County's Human Services Department. Given that VMCC will only be accepting referrals from FY&C, close coordination will occur through existing mechanisms.

Placement and Review Committee (PARC): Included participants are FY&C Section Managers, Behavioral Health Manager, Seneca – Lifelong Connections, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed, and action items are identified for next steps.

PARC +: Included participants are the FY&C Division Director, Section Manager, assigned Social Worker, Placement Social Worker, TST and Behavioral Health. This meeting takes place once a month. This meeting is held for youth that have been difficult to place. Barriers are discussed and innovative, "outside of the box" ideas are generated, and action steps are elevated to the Director level to expedite solutions.

Team Decision Making Meeting (TDM): Included participants are family members, natural supports, Placement or assigned Social Worker, community service providers, and the TST. The purpose of the TDM is to develop a placement plan or safety plan with the collaboration of the child's family, the child when possible, and other stakeholders. The social worker's priorities are to keep the youth safe in the least intrusive manner, whenever possible, and to develop an Action Safety Plan that supports the placement decision.

TEAM Meeting (Together, Engage, Act, Motivate): Included participants are the social worker, youth, family and natural supports. The TEAM supports case-carrying social workers and their clients in making full use of programs and services that are available and to individualize service objectives. The purpose of the TEAM is to engage and involve parents and youth in case planning and to assist the family in overcoming the barriers to achieving their case plan goals.

G.3. Capacity and Willingness for Individualized Placement Decisions

The STRTP will consider each referral based on the information provided and solicit any additional information required in order to make a placement decision before making a final determination. The STRTP is designed to serve all Sonoma County youth that require an STRTP placement, unless the youth has needs that exceed the program's capacity to safely serve them, the youth has specialized needs and may be better served out of county, or the youth does not fit within the existing milieu (age, gender, need). Given that all youth will be from Sonoma County and many, if not all, will have also been served in the emergency shelter, the admission determination team will consult with the individuals who have direct knowledge of this youth's service and support needs in order to make the admission determination.

G.4. Admission Determination Considerations

Evaluation and Assessment Criteria

The HOS and Facility Administrator have shared responsibility for determining eligibility and placement acceptance based on information from the referral as well as follow-up collateral interviews. The criteria that the STRTP leadership will consider includes:

- Needs and strengths of the youth
- Likelihood that the youth will benefit from the program
- The extent to which the youth's needs align with the existing milieu
- The extent to which the program believes that they can safely serve the youth.

The Administrator and HOS will apply the following framework for individualized decision-making:

1. Can we meet their needs for safety and wellbeing, care and supervision, and healing within the program?
    a. If no, are there services and/or supports that we could include that would allow us to meet their needs for safety and wellbeing, care and supervision, and healing within the program?
2. Are there needs that the youth has that would exceed the program's capacity to safely care for and attend to their current needs?
    a. Would this youth be better served in a different program that is better equipped to meet that need, would they be eligible for admission to that program, and is that program likely to have an opening within a reasonable timeframe? If the "ideal setting" is not available, could the youth be safely served here with additional services and supports?
3. How do the needs of this youth align or conflict with the youth currently at the facility?

G. 5. Determination Procedures re: Specific Behaviors and Characteristics

As a part of the admission determination process, the STRTP will consider the following specific information from the referral that may discuss their history and current presentation, including:

- The youth's current situation
- Factors contributing to the need for STRTP placement
- STRTP eligibility (i.e., Medi-Cal eligible, Sonoma County child/youth, medical necessity for specialty mental health services (SMHS))
- Current mental health status, including date of last assessment
- Risk and needs assessment
- QI Assessment
- Other interventions tried and results (WRAP, ISFC, etc)
- Date of last CFT and TDM meetings and results

The risk and needs assessment specifically requests information about unsafe and/or problematic behaviors, including:

- Frequent runaways
- Gang involvement
- Fire starting
- Sexually assaultive behaviors
- CSEC
- Substance use

None of these behaviors are immediate disqualifications, and the STRTP will request additional information, as needed, in order to consider:

- The circumstances under which these behaviors may have occurred,
- The frequency, intensity, and duration of these behaviors
- What the current risk is for the youth as well as for other youth in the program,
- What interventions have been tried and the results
- The youth's perspective about these behaviors
- Any youth, staff, or family member insights into these behaviors that may help the program assess risk and need,
- Whether or not these behaviors are likely to occur in the program, and
- The level of risk that these behaviors may present to the youth, other STRTP youth, STRTP staff, and the facility overall if the youth were to exhibit them at the STRTP.

In determining whether the STRTP can safely serve the youth within the existing milieu, the program will consider the following additional questions:

- Are there skills and strengths that the youth possess that could be further developed in order to allow the youth to be accepted into the program?
- Are there agreements that the program could enter into with the youth that would allow for them to be accepted into the program?

G. 6 Determination Procedure Timeframe and Manner of Response

Preliminary Admission Determination: The pre-admission screening will result in the following decision-making within 5 days of referral receipt:

- We believe this youth could be safely served at the STRTP, and we anticipate a vacancy for this youth _____ now or _____ days/weeks/months.

- We believe this youth meets STRTP placement, but we do not believe that we are the most appropriate placement because:
  - _____ This youth has needs that exceed our capacity to safely serve them
  - _____ This youth has specialized needs and may be better served out of county (CSEC, gang involvement, etc)
  - _____ This youth does not fit within our existing milieu (age, gender, need)

- We would like to request the following information in order to further assess the youth's appropriateness for placement, including: ______________________________________
- We do not believe this youth meets criteria for an STRTP placement

Final Admission Determination: The final determination will include:

- We believe this youth could be safely served at the STRTP, and we anticipate a vacancy for this youth _____ now or _____ days/weeks/months

- We believe this youth meets STRTP placement, but we do not believe that we are the most appropriate placement because:
  - _____ This youth has needs that exceed our capacity to safely serve them
  - _____ This youth has specialized needs and may be better served out of county (CSEC, gang involvement, etc)
  - _____ This youth does not fit within our existing milieu (age, gender, need)

- We do not believe this youth meets criteria for an STRTP placement

- If you would like to request an elevated review of this referral, please contact us within 5 business days.

Referral Timeline: The STRTP will provide a referral receipt within 24 hours of receiving a referral notifying the referring social worker as to whether the information is complete or if additional information is required. Once the STRTP receives all the required information, the STRTP will respond with a preliminary placement decision within 5 days. This response will include either an acceptance, a follow-up request for additional information, or a denial with the reasons why the youth was refused admission. If the preliminary decision results in a request for additional information or an elevated review, the STRTP will make a final determination within an additional five (5) days following receipt of the additional information or request for elevated review.

Minimum Information Required for Placement Consideration: All of the information included in the referral must be provided at the time of referral. Given that this information is also required to be reviewed by the PARC in advance of the STRTP referral being made, all youth referred will be Sonoma County youth and many will have been previously served at the shelter, and we do not plan on taking emergency placements, we believe that it is reasonable to require a complete referral in order to consider admission.

G.7. Elevated Review Procedures

Elevated Review: The FY&C Director may request an elevated review of the case. In this elevated review the FY&C Director, or designee, may present additional documentation, justification, support, or rationale for placement at the STRTP.

If the STRTP determines that the program is not capable of meeting the child's needs without additional services and/or supports, the program shall request that the case carrying social worker partner with the STRTP in order to design the additional service approach and identify a service provider that is capable of providing that additional support. If the STRTP determines that the program is not capable of meeting the child's needs, even with additional services and/or supports, or if the identified services and supports are not available, the STRTP shall document this denial, including the reason for denial.

Youth may be denied admission because the program has determined that the youth has needs that exceed the STRTP's capacity to safely serve them, the youth has specialized needs that may be better served in another facility, or the youth does not fit within the existing milieu. Please see G.4. Admission Determination Considerations and G.5. Determination Procedures re: Specific Behaviors and Characteristics for a discussion of why the STRTP may determine that they are unable to safely serve a youth or meet their specific needs.

H. INTAKE POLICIES AND PROCEDURES

H.2. Intake Policies and Procedures

Intake

Intakes are generally scheduled during business hours Monday through Friday, with the possibility of alternate arrangements to accommodate urgent situations, travel arrangements if returning from an out-of-county placement, or parent and family schedules.

The intake process serves administrative and evaluative functions. During the intake, the child or youth's authorized representative completes and signs the intake forms, including:

- Admission Agreement
- Releases of Information
- Consent for Treatment
- Removal and Transfer Policies and Procedures
- Discipline Policies and Procedures
- Complaint and Grievance Procedures
- Initial Needs and Service Plan
- Authorized Contact List
- House Rules and Personal Rights
- Name and contact information of all adults with whom the youth was living immediately prior to placement
- Educational records
- Dental and medical records, including immunization records and any current physician's orders
- Medical, psychiatric, and psychological reports that identify any special needs
- Medical and dental insurance coverage information
- Court status and copy of any custody orders
- Copy of court order or parental authorization for psychotropic medication, if applicable
- Other Forms, as indicated

While not required, STRTP staff will also seek to obtain assent for treatment from the youth, as well. The youth will also be given a welcome packet, which includes required information (i.e. house rules, personal rights, grievance procedures) as well as helpful information such as the menu and activity schedule, STRTP map, how to obtain various supplies, etc.

Once the requisite paperwork is completed, the child or youth will be given a tour of the facility if they did not receive one during the pre-placement process. At this point, the child or youth will be introduced to the Residential Counselors who will be working with them that day. The assigned Residential Counselor will show them to their room, help them get settled, and introduce them to the other youth in their hallway. The Residential Counselor will also offer a snack or beverage and help the youth to settle in.

List of Staff Positions Responsible for Intake

Either the HOS, Facility Administrator, or STRTP social worker can facilitate the intake process on the day of admission. If the STRTP accepts an emergency placement, which would be rare

given that emergency placements will be diverted to the co-located temporary shelter, the Program Supervisor or STRTP therapist can complete the intake process, if necessary. The Residential Counselors are responsible for supporting the child or youth as they transition into the STRTP milieu.

Assessment Process

Based on the information gathered through the pre-admission process, the STRTP will complete the standard appraisal and create an initial Needs and Services plan that can be in place in advance of intake.

In this phase, entitled “Getting to Know You,” the STRTP team works with the youth and their team to assess and develop an explicit and shared understanding of the youth’s presentation and what may be most helpful for the youth in order to transition back into a family environment.

Immediately following admission, the STRTP will complete the following assessments:

- Basic Needs Assessment
    - Assess for any needed clothing or other items
    - Check for lice or any other observable health conditions
    - Provide opportunity for a snack and shower, if desired

- Initial Safety Assessment- This assessment takes place during the welcoming process for a youth. This assessment includes:
    - Thoughts of hurting self or others
    - History of violence towards family or others
    - History of violence towards property
    - Access to weapons
    - Reports of Physical Abuse
    - Does youth have a counselor/therapist
    - Has the youth been in a psychiatric hospital and, if so, when
    - Self-Harm – history of thoughts/attempts or current thoughts
    - Suicidal Ideation – history of thoughts or history of attempts
    - Drug and Alcohol use
    - Runaway Behaviors – how often and what are the triggers
    - Periods of Escalation – what upsets the youth and what helps that youth when upset
    - Any concerning behaviors being observed

The safety assessment will result in a crisis management plan that includes:

- A youth’s advance directive regarding de-escalation or behavioral restraints.
- Identification of early warning signs, triggers, and precipitants that cause a youth to escalate, and identification of the earliest precipitant of aggression for youth with a known or suspected history of aggressiveness, or youth who are currently aggressive.

- Techniques, methods, or tools that would help the youth control their behavior.
- Pre-existing medical conditions or any physical disabilities or limitations that would place the child at greater risk during restraint or seclusion.
- Any trauma history, including any history of sexual or physical abuse that the youth feels is relevant.

During the assessment phase, the child or youth will participate in the structured daily activities, which includes individual and group meetings with the STRTP therapists and Residential Counselors while completing the following assessments.

All children and youth and/or their caregivers will participate in the IP-CANS and the CSEC screening tool.

- IP-CANS (Child and Adolescent Needs and Strengths) - The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for youth's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services

- CSEC Tool- The Valley of the Moon STRTP uses a screening tool for all youth 10 years old and above that are welcomed into the program to identify those that may be at risk of being exploited or are already a victim of commercially sexual exploitation. Should a youth score in the "Clear Concern" band of the Commercially Sexually Exploited Identification Tool (CSE-IT), a Suspected Child Abuse Report is submitted to our county's Child Abuse Hotline following the County-wide CSEC Protocol, if it has not already been reported. If it is suspected that a youth has been a victim of sexual assault and /or human trafficking, an advocate will be provided to work with the youth through this difficult process.

Based on assessed needs and presenting issues, the STRTP therapists may also implement the following tools to support the assessment phase and possible diagnosis based on the young person's symptoms, including:

- PHQ-9 - The PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression

- UCLA-PTSD-RI (Post-Traumatic Stress Disorder Reaction Index) - The UCLA PTSD Reaction Index for DSM-5 provides a structure for making a comprehensive evaluation of trauma history and an assessment of the full range of DSM-5 posttraumatic stress symptoms among school-age children and adolescents

- C-SSRS (Columbia Suicide Severity Rating Scale) - C-SSRS is the only screening tool that assesses the full range of evidence-based ideation and behavior items, with criteria for next steps (e.g. referral to mental health professionals)

- Beck Youth Inventories: BYI-2 BDI-Depression; BAI-Anxiety; BSC-Self Concept - The BYI is a 100-item self-report measure comprising five self-report inventories that can be used separately or in combination to assess symptoms of depression, anxiety, anger, disruptive behavior, and self-concept.

Additionally, children and youth who have an unmet need for physical and/or dental care or where there may be a need to rule out or understand any physical conditions that contribute to a presenting issue will have access to the following onsite clinics:

- Physical Exam (Onsite Clinic) – VMCC has an on-site medical clinic. A Physician Assistant conducts a health screening and CHDP exam of all youth welcomed to the STRTP. Additionally, VMCC has a Registered Nurse to provide medical assistance when needed.

- Dental Exam (Onsite Clinic) – VMCC has on on-site dental clinic. The Dentist provides dental screenings, treatment plans, emergency and preventative dental care services, restorative dental care services and oral hygiene education to all youth.

The primary therapist will gather all assessment results, incorporate feedback and observations from the child and Residential Counselors as well as their own feedback, and develop a needs and services plan and mental health treatment plan that can be shared with the child and their family team within the first 30 days. Once agreed upon, this will serve as the initial needs and services as well as treatment plan.

All assessments/evaluations are documented to monitor progress towards timely completion. This document is monitored by the Transitional Support Supervisor to support timely coordination of step-down and Aftercare planning.

A Multi-Disciplinary Team Meeting (MDT) is held weekly to evaluate each of the youth's individual needs as well as program needs. Youth behaviors, social supports, education needs, placement updates and coordination of services are discussed during this meeting. The CANS assessment tools aid in determining commonality of needs on both an individual basis and for youth welcomed overall and help to determine what other assessments and services may be needed for that youth's individualized program plan.

D.3. Initial Crisis Assessment

The Initial Safety Assessment takes place during the welcoming process for a youth. This assessment includes:

- Thoughts of hurting self or others
- History of violence towards family or others
- History of violence towards property
- Access to weapons
- Reports of Physical Abuse
- Does youth have a counselor/therapist
- Has the youth been in a psychiatric hospital and, if so, when
- Self-Harm – history of thoughts/attempts or current thoughts
- Suicidal Ideation – history of thoughts or history of attempts
- Drug and Alcohol use
- Runaway Behaviors – how often and what are the triggers
- Periods of Escalation – what upsets the youth and what helps that youth when upset
- Any concerning behaviors being observed

The specific battery of tools that comprise the safety assessment are listed in the preceding section H.2. Intake Policies and Procedures. The assessments will be informed by all of the administrative documentation and other information provided during the referral process in order to minimize the number of times that a youth or their family may have to repeat the same or similar information throughout the preadmission, admission, and intake process. All assessments are administered conversationally by staff in order to increase youth comfort as well as accessibility of the information. Information will be gathered through a semi-structured interview with staff rather than reading each item question by question, except where the specific tools require a reading items verbatim (e.g., PHQ-9). This conversational approach to information gathering is intended to help a youth participate with increased ease and minimize the distress that may be associated with answering formal questions about their experiences.

In this way, the program is applying trauma-informed practices by establishing their trustworthiness with the youth as well as demonstrating that they will include the youth in all aspects of their care, supervision, and treatment and minimize the potential for re-traumatization.

The safety assessment will result in a crisis management plan that includes:

- A youth's advance directive regarding de-escalation or behavioral restraints.
- Identification of early warning signs, triggers, and precipitants that cause a youth to escalate, and identification of the earliest precipitant of aggression for youth with a known or suspected history of aggressiveness, or youth who are currently aggressive.
- Techniques, methods, or tools that would help the youth control their behavior.
- Pre-existing medical conditions or any physical disabilities or limitations that would place the child at greater risk during restraint or seclusion.

- Any trauma history, including any history of sexual or physical abuse that the youth feels is relevant.

The safety assessment will also include information directly from the youth in terms of any triggers and/or early warning signs that they are aware of, supports from staff that can be provided in advance of the crisis, things that tend to make it worse or harder for the youth to self-regulate, how the youth would like and would not like to be supported if the situation becomes unsafe, and how they would and would not like to be supported after a crisis.

D. 4. Interventions and De-escalation techniques that Promote Safety

Interventions and De-escalation techniques that Promote Safety: There is a continuum of emergency interventions from least restrictive to most restrictive that may be implemented at different stages in the crisis. Staff will utilize the verbal interventions, behavior support techniques, and manage the environment before considering physical interventions. Staff will also utilize Trauma-Informed Care and motivational interviewing techniques, and any other strategies taught by the County of Sonoma or an approved trainer prior to initiating a physical intervention. The following interventions and techniques are a part of the VMCC emergency intervention policy and include interventions and techniques intended to promote and re-establish safety, as needed.

1. **Verbal Crisis Intervention**: All emergency interventions will begin with verbal crisis intervention. Techniques such as re-direction, active listening, prompting and clear directives are examples of verbal intervention. In a situation where a youth continues to escalate despite verbal intervention, staff can utilize other non-physical interventions.
2. **Taking Space or Time Away**: When a youth escalates in crisis, Counselors may instruct the youth to "Take Space" or "Time Away". Taking Space is utilized to remove a youth from an environment that may be escalating the crisis. Taking Space is a specified area of the facility (such as the youth's bedroom) and documented by Counselors. The youth can also initiate Taking Space if the youth believes that voluntary removal from the program will de-escalate his/her/their behavior.
3. **Separate Program**: Youth who have been identified by the treatment team as escalating because of other youth at the shelter and/or are exhibiting behaviors that are unsafe may be temporarily placed into a separate program. The youth will work with the assigned Counselor using Trauma-Informed Interventions with the goal of being able to safely and appropriately join the main program/milieu.
4. **Body Position**: Staff can use body position to prevent an escalated youth from engaging in dangerous behaviors. Examples of escalated behaviors include verbal and physical altercations, attempts to destroy property or to prevent a youth from entering what could potentially be a dangerous situation or area (i.e. chemicals, sharp objects, tools, etc.). Positioning will not include hands-on, physical grasping of the youth. Staff will utilize evasion to escape attack.
5. **Evasion**: Evasion techniques are in accordance with the philosophy and techniques utilized in TCI. Such techniques may involve brief physical contact, but only for protection or as a means of escape.
6. **Physical Transport:** Staff will utilize a physical transport to remove a youth from an unsafe area where a perceived danger exists. Staff may utilize one of two transports, as long as the transports are not excluded on the youth's Individual Crisis Management Plan (ICMP). TCI options include: Team Transport and Small Child Transport.
7. **Physical Restraint:** Staff will utilize a physical restraint when the youth is an immediate danger to themselves or others who cannot get away safely. TCI options include: Standing Restraint, Seated/Wall Restraint, Small Child Restraint, Seated/Wall Small Child Restraint, Team Restraint, and Supine Restraint.

H. 5. Medical Assessment/Physical Exam, including TB

Medical Assessment/Physical Exam, including TB

It is likely that most of the youth will enter the facility with a recent health screening and TB clearance as these services are routinely facilitated by the shelter program. These will be documented at the time of admission, and copies will be included in the youth's file. If a young person needs a health screening or TB test, this will be noted at the time of admission through the admission checklist. VMCC has on on-site medical and dental clinic, and a Physician Assistant can conduct a health screening and TB test onsite, if needed, within the first 72 hours post admission.

H.6. Emergency Placement Procedures

Emergency Placement Procedures

The STRTP does not anticipate accepting emergency placements. The VMCC temporary shelter is co-located with the STRTP, and all emergency placements will be diverted to the shelter and be considered for STRTP placement through the typical admission process.

H.7. NMD Intake Procedures

NMD Intake Procedures

The STRTP does not serve NMDs, and all youth will be transitioned out of the STRTP before their 18th birthday.

G. ADMISSION AGREEMENT

Admission Agreement

Facility Name: Valley of the Moon STRTP
Type of Facility: Short Term Residential Treatment Program
Facility Address: 112 Children's Circle, Santa Rosa, CA 95409
Phone: 707-565-6350

Client Name: ______________________________ Date of Birth: ________________

The Program will ensure that services for each resident is carried out in accordance with the goals and objectives set forth in the Individualized Needs and Services Plan.

STRTP Services

Basic Services

- Lodging.
- Three nutritious meals daily and between meals nourishment or snack. Special diets will be provided if prescribed by a doctor.
- Assistance in arranging for transportation to local functions, such as: church, medical and dental appointments and appointments for possible funding within the immediate area.
- Clean linen weekly or more, if necessary.
- A self-service laundry area.
- Access to local telephone calls.
- A planned activity program including arrangements for utilization of available community resources.
- Notification to family and other appropriate person/agency of client's needs.
- Assistance with bathing and personal needs, as required.
- A healthy home environment which, in part, is assured by:
    - Routine room checks done for cleanliness and safety, including safety checks throughout the night.

Specialty Mental Health Services: Specialty mental health services will be provided through individual, group, and family interventions and collateral consultation with other involved parties. Services will include therapeutic interventions provided by licensed and/or waivered clinicians and rehabilitative activities will be provided by Residential Counselors who meet criteria for a Mental Health Rehabilitation Specialist.[1] The types of services and procedures included are:

- Assessment and Plan Development

---

[1] CCR, Title IX, Section 630

- Individual, Family, and Group Therapy
- Individual and Group Rehabilitation
- Medication Support Services
- Targeted Case Management
- Intensive Care Coordination
- Collateral Consultation
- Intensive In-Home Support Services
- Therapeutic Behavioral Services

Child Welfare Services: The STRTP social worker will provide a number of child welfare services. During the initial phases of the program, the social worker will assist in the assessment process by gathering information about their history, previous child welfare involvement, existing reports and assessments, and anything that supports understanding how the youth came to be at the STRTP. They will also identify transition services at the beginning and work to either preserve the existing family placement, recruit a new family environment that could provide permanency, or identify an independent living environment post-discharge. For youth who are aging out, the social worker will also ensure that the youth has access to additional transitional services that would prepare them for adulthood. For any youth with tribal affiliation or who otherwise meets criteria under the Indian Child Welfare Act (ICWA), the social worker will work with the tribe throughout the process to ensure that the youth maintains connection with and is returned to their tribe as soon as is safe and mutually agreeable.

Education: Children and youth who are referred to and accepted into the Valley of the Moon STRTP, like many children and youth in the foster care system, may be behind in school and/or educational credits. They may also struggle with the same feelings, choices, and behaviors in a school environment that led to their placement at the STRTP. For this reason, VMCC has elected to individualize educational programming according to the following:

1. If a child or youth is able to safely continue at their local school of origin, then that child will be supported to continue at their same school. STRTP staff will either provide transportation or coordinate transportation with the school district.
2. If a child or youth is able to safely continue in a public-school environment but length of time commuting to their school of origin would represent a significant barrier to participating in the STRTP programming, VMCC will work with the County Office of Education, current school district, Sonoma Valley Unified School District, and educational rights holder to determine the educational plan that is in the best interests of the youth. This may include enrolling the student in the local school within Sonoma Valley Unified School District as well as considering other educational environments which would best support the child's learning and educational needs.
3. If a child or youth is unable to safely continue in a public-school environment, VMCC will work with the County Office of Education and educational rights holder to determine the

educational plan that is in the best interests of the child. This will likely include consideration of any alternative school or independent study. For some children and youth, independent study allows them the opportunity to catch up on credits while going at their own pace.

It is important to note that the Valley of the Moon STRTP staff are not teachers and do not have specialized training in education. If there is a significant number of children or youth who are working on independent study during the day at VMCC, the STRTP will consult with the County Office of Education to determine if there are any additional resources available, which could include software, curriculum, or staffing support, to ensure that STRTP children and youth have access to high quality education while concurrently completing the STRTP program.

Physical: The STRTP will provide for all of the physical needs a child or youth may have from basic needs including healthy and nutritious meals and snacks, age-appropriate clothing, and an enriched home environment. The STRTP will also ensure access to medical and dental care. VMCC has an on-site medical clinic staffed by a Physician Assistant with lab capabilities and an on-site dental clinic, which has proven critical for children who have longstanding unmet dental needs and require dental intervention.

Behavioral: The STRTP will provide 24/7 staffing support from Residential Counselors who are trained in trauma-informed care, motivational interviewing, and Therapeutic Crisis Intervention,. They are able to work with children and youth to prevent most crises through communication, co-regulation, and crisis management techniques. They are also equipped to use limited physical interventions as a last resort to protect the child and those in the immediate environment. They see all behavior as communication and/or an attempt to meet an unmet need and work with children and youth to find safe and adaptive ways to effectively meet their needs.

Extracurricular Supports: The STRTP has designed a program, as described in the proceeding section, that includes a number of extracurricular activities to meet the social, recreational, and other developmental needs of children at the STRTP. The daily schedule includes an activity group, self-care and/or expressive group, and support group, as well as leisure time. The weekends include onsite and community-based independent living skills and recreational activities.

Available Optional Services

There are no optional services planned. Any optional services will be negotiated on a case-by-case basis through the CFT process. No optional services will be provided without express written permission from the authorized representative.

Payment Provisions

The monthly rate for basic services is $__________ and is funded by FY&C. Specialty mental health services will be funded through the youth's Medi-Cal health insurance and will be available at no cost to the child, their authorized representative, or family. Payment is due on a monthly basis, in arrears, by the 5th of the following month.

The total monthly rate set forth in the admission agreement will be prorated on a daily basis upon the client's admission to or departure from the facility during the month.

For clients whose care is funded at rates prescribed by government funded programs, they may have the basic rate change effective on the operative date of any rate change made in that program without notice. Any other rate changes will include a 30-day advance written notice prior to the client, authorized representative, and funding source, if any, prior to implementation.

VMCC will refund any funds due departing from the facility within ten (10) days following the client's departure.

Other Provisions

Modifications to this agreement shall be made whenever circumstances covered in this agreement change and must be signed by both parties in advance of its implementation, unless otherwise specified. All rate changes, other than those prescribed by government funded programs, require a 30-day advance notice.

The facility will maintain a Telecommunications Device Notification form (LIC 9158, 5/97) for any client whose pre-admission appraisal or medical assessment indicates he/she is deaf, hard of hearing, hearing impaired, or otherwise disabled.

Community Care Licensing has the right to perform its duties authorized in Section 80044(b) and (c).

This agreement shall be automatically terminated by the death of the client and no liability or debt shall occur after death.

Termination Conditions

If the STRTP becomes concerned that they are no longer able to meet the needs of the youth, the licensee will notify the authorized representative of the concern as well as communicate that internally to the other program within FY&C. This notice will include a statement from the youth's therapist or Mental Health HOS that explains why the facility cannot meet the needs of the youth. The therapist or HOS will also communicate this to the child or youth in a manner that is developmentally appropriate. Prior to this notice, the HOS will convene a clinical staff meeting with the STRTP staff to determine if there are other methods or mechanisms of support that would help the youth continue to participate in the STRTP. Upon receipt of this notice, the case-carrying

social worker will convene a CFT meeting to develop a placement preservation strategy, if possible. The STRTP HOS and primary therapist will attend the meeting to participate in brainstorming any additional ideas to preserve the placement. If a placement preservation strategy cannot be safely developed or if the placement preservation strategy is not effective, the STRTP social worker will send written notice of placement change to the parent/guardian, caregiver, attorney, and child/youth.

Emergency removal procedures: If it is determined that the child or youth cannot be safely served at the STRTP because of imminent risk to the youth or another youth in the program, the STRTP social worker and case-carrying social worker may bypass the CFT and placement preservation strategy and transfer the child or youth to an environment that better meets their needs. This could include more intensive mental health or substance abuse treatment, another STRTP, or placement at the co-located temporary shelter pending a CFT meeting to determine a more suitable placement.

Family Visitation

Valley of the Moon Children's Center (VMCC) provides designated space for visits to take place in the administrative building on the Children's Center campus. There are four private visiting areas for youth and their family/friends as well as a designated outdoor play area. Visits can also be scheduled to take place at the other two FY&C locations in the county as well as at the Child Parent Institute, contracted community service provider. Supervised visits can take place at any of these locations and transportation will be provided by a social worker or VMCC Counselors. Those who wish to schedule a visit can do so by calling the social worker, and/or Valley of the Moon Children's Center Staff. A visit can be scheduled according to the parameters given by the case-carrying social worker for each youth.

All appointments must be made at least 24 hours in advance and should fall within normal visiting hours. If a same-day appointment is necessary, it must be approved by the Supervisor on duty. Scheduler must include initials when modifying visit information in Atlas.

Emergency Interventions

The STRTP employs positive, gentle, boundary-based, and emotional coaching approaches to discipline as well as natural and logical consequences, where necessary. These approaches rely solely on verbal intervention.

Positive discipline is based on praise and encouragement and uses problem-solving as a teaching mechanism. Efforts are focused on helping the child and youth figure out how they can meet a behavioral expectation or make an appropriate choice. *Gentle discipline* focuses on preventing issues before they occur. Redirection towards positive choices, including distracting with humor, are primary techniques, in order to support the child or youth to stay on track. *Boundary-based discipline* encourages children and youth to make choices that are aligned with explicit rules and/or expectations. This requires that rules and expectations are clear in advance of any misbehavior. With this approach, STRTP staff remind the child or youth of the expectation and

any limits or natural consequences that have already been established. *Emotional Coaching* uses observation and recognition of a child or youth's feelings that may be contributing to their choices or behaviors. It includes labeling and expressing empathy for any feelings the child or youth might be experiencing as well as encouraging the use of coping mechanisms to manage their emotions and get back on track with their choices and behaviors. *Natural & Logical Consequences* are applied when the

- Natural consequences should teach youth to make better choices in the future, not to make amends for the mistakes they have already made. A natural consequence is something that occurs naturally and consistently.
- Natural consequences should only be used when it is safe to do so. When there is a potential safety issue, staff should intervene before a youth makes a mistake that puts themselves or others in danger.
- Logical consequences should be closely tied to the behavior and gives the youth a chance to learn what happens when they don't behave in the way that is expected.
- Logical consequences should be delivered in a calm environment with an offer of youth choice in the consequence.
- Both natural and logical consequences separate the behavior from the youth; consequences are not meant to shame or punish the youth.
- Both natural and logical consequences focus on the present and future in an effort to help the youth learn to be responsible for their own actions.

The STRTP's approach to discipline will be applied at all times. In our model, the focus is on preventing and addressing issues before they arise or as early as possible in order to prevent escalation and maximize teaching. Natural and logical consequences will only be employed when all verbal interventions to support the child or youth to correct the issue have been exhausted.

- No consequence will violate a youth's personal rights including, access to personal belongings, right to communication with their social worker, right to visitation and unrestricted phone calls unless there is a court order, and the right to file a complaint about the facility.
- Separation from the group and any other physical interventions will never be used as discipline or punishment. These are emergency interventions that are only implemented during a crisis in order to promote safety when there is a clear risk of harm if not used.
- All other forms of punishment, including corporal punishment, are prohibited at the STRTP.

Continuum of Emergency Interventions:

DE-ESCATLATION

Counselors employ the following de-escalation techniques with youth;

- Verbal Crisis Intervention
    - All emergency interventions will begin with verbal crisis intervention. Such techniques as re-direction, active listening, prompting and clear directives are examples of verbal intervention. In a situation where a youth continues to escalate despite verbal intervention, staff can utilize other non-physical interventions.
- "Taking Space" or "Time Away" from Program
    - When a youth escalates in crisis, Counselors may instruct the youth to "Take Space" or "Time Away". Taking Space is utilized to remove a youth from an environment that may be escalating the crisis. Taking Space is in a specified area of the facility (such as the youth's bedroom) and documented by Counselors. The youth can also initiate Taking Space if the youth believes that voluntary removal from the program will de-escalate his/her behavior.
- Specialized Program
    - Youth who have been identified by the treatment team as escalating because of other youth at the STRTP and/or are exhibiting behaviors that are unsafe may be temporarily placed into a specialized program. The youth will work with the assigned Counselor using Trauma-Informed-Interventions with the goal of being able to safely and appropriately join the main program/milieu.

Counselors will use body position to prevent an escalated youth from engaging in dangerous behaviors. Examples of escalated behaviors include verbal and physical altercations, attempts to destroy property or to prevent a youth from entering what could potentially be a dangerous situation or area (i.e. chemicals, sharp objects, tools, etc.). Positioning will not include hands-on, physical grasping of the youth. Counselors will utilize evasion to escape attack. Evasion techniques are in accordance with the philosophy and techniques utilized in TCI. Such techniques may involve physical contact but only for protection or as a means of escape.

RESTRAINT

Counselors will utilize manual restraints only to prevent a youth or others from being injured. All restraints are to be used is in accordance with TCI principles and training. All verbal, paraverbal and nonverbal interventions must be attempted <u>first</u> to avoid the containment. Paraverbal means not the words themselves, but how the words are spoken, including tone, cadence, and volume. There must be a perceived immediate danger for Counselors to move from a verbal, paraverbal and nonverbal intervention to a physical intervention.

Techniques:

- Transport: 2 staff members face the youth and hold the forearms of the youth holding the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion and transports the youth to a safe area.
- Small Child Transport: 1 staff member is behind the youth and guides the youth's arms in front of the youth's body and places one of the youth's elbow over their other elbow and secures the youths arm's and transports the youth to a safe area.
- Small Child Hold: 1 staff member is behind the youth and guides the youth's arms in front of the youth's body and places one of the youth's elbow over their other elbow and secures the youths arm's. At this junction the staff can choose to 1. Kneel on the floor guiding the youth to a sitting position while the staff is kneeling behind the youth, or 2. Slide down a wall with the youth and staff seated and the staff's legs on either side of the youth. The Small Child Hold is only utilized on youth that are half the Counselor's body-weight or size. Typically, one Counselor will physically contain the youth in the Small Child Hold to maintain the youth in a safe position.
- Standing Restraint: 2 staff members face the youth and hold the forearms of the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion. The staff then turn and move behind the youth still holding the arms. The staff are hip to hip behind the youth with the youth's arms in a seat belt position across the staff's bodies. All are standing.
- Seated Restraint: 2 staff members face the youth and hold the forearms of the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion. The staff then turn and move behind the youth still holding the arms. The staff are hip to hip behind the youth with the youth's arms in a seat belt position across the staff's bodies. Staff then back up against a wall and slide down the wall so that now all are seated. The staff's shoulders are together behind the youth. The youth is seated between the two staff. Staff then can put their closest leg over the youth's closest leg to secure it, or have a third staff cover and secure the youth's legs by wrapping their arms under the youth while laying on their own side and across the youth's lower legs.
- Prone Restraint (Team): 2 staff members face the youth and hold the forearms of the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion. The staff lower the youth to the ground. The team leader hands one arm to the assistant. They roll the youth over so that the youth is now face down. The team leader is sitting on their hip and places one hand over the back of the youth on to the floor and secures their own shoulder (not putting weight on the back of the youth, this is reaching over) and the assistant lays on their side across the thighs of the youth holding on to the youth's arms
- Prone Restraint (w/third person): 2 staff members face the youth and hold the forearms of the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion. The staff lower the youth to the ground. The team leader hands one arm to the assistant. They roll the youth over so that the youth is now face down. The team leader is sitting on their hip and places one hand over the back of the youth on to the floor and secures

their own shoulder (not putting weight on the back of the youth, this is reaching over) and the assistant lays on their side across the thighs of the youth holding on to the youth's arms. A third staff may help in this restraint by joining the team leader at the top of the youth's body and mirroring the team leader's position.

- Supine: 2 staff members face the youth and hold the forearms of the youth's arms outward and places the other arm under the youth's armpit area in a yoke fashion. The staff lower the youth to the ground. The two staff hold that position until a third staff come in, lay on their own side and secure the youth by placing both arms under the youth's thighs. Then the two staff holding the arms bend the arms at the elbows and place one of their knees near the armpit of the youth and the other knee outside the youth's forearm.

Circumstances and the types of behaviors that may require the use of emergency interventions that involve containments:

- The containment is reasonably applied to prevent a youth exhibiting assaultive behavior from exposure to immediate injury or danger to himself/herself or others; and
- The force used does not exceed that reasonably necessary to avert the injury or danger; and
- The youth receiving the restraint **does not have any known medical or physical condition due to which there is reason to believe that the use of restraint would endanger the youth**; and
- The danger of the force applied does not exceed the danger being averted; and
- The **duration of the containment ceases as soon as the danger of harm has been averted**.

Valley of the Moon STRTP uses a continuum of interventions, starting with the least restrictive intervention. More restrictive interventions may be justified when less restrictive techniques have been attempted and were not effective and the youth continues to present an imminent danger for injuring or endangering themselves or others. Emergency interventions are only used when the technique will not violate the personal rights of the youth and the expected outcome of using the intervention is deemed better than the outcome should VMCC staff not use the intervention.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ OR HAVE HAD EXPLAINED TO ME THE PROVISIONS OF THIS AGREEMENT.

VMCC WILL COMPLY WITH ALL THE TERMS AND CONDITIONS SET FORTH IN THIS ADMISSION AGREEMENT.

VMCC HAS THE RIGHT TO ASK CLIENTS TO LEAVE FOR FAILURE TO ADHERE TO ANY OF THESE ITEMS AGREED ABOVE.

Client or Authorized Representative ______________________ Date ______________

Facility Representative ______________________ ______________

Procedures between Placing Agency and STRTP

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children Services Division (FY&C) of Sonoma County's Human Services Department. Given that VMCC will only be accepting referrals FY&C, close coordination will occur through existing mechanisms.

All youth who may be considered for placement at the STRTP will be reviewed at the Placement and Review Committee (PARC). If the PARC and the QI Assessment determines that the youth should be referred to the STRTP, the case-carrying Social Worker will complete a pre-admission form that includes:

- The youth's current situation
- Factors contributing to the need for STRTP placement
- STRTP eligibility (i.e. Medi-Cal eligible, Sonoma County child/youth, medical necessity for specialty mental health services (SMHS))
- Current mental health status, including date of last assessment
- Risk and needs assessment
- QI Assessment
- Other interventions tried and results (WRAP, ISFC, etc.)
- Date of last CFT and TDM meetings and results
- Name and contact information of the youth's authorized representative
- Name and contact information of the youth's parent(s)
- Name and contact information of all medical, dental, and behavioral health providers
- Any other relevant information

The STRTP Mental Health Head of Service (HOS), Social Worker, and Facility Administrator will meet to review the referral, determine initial eligibility, consider goodness of fit for this STRTP program and the existing milieu, and determine if the STRTP can safely meet the unique needs of the child or youth. As a part of this process, the HOS will also gather collateral information from the case carrying social worker, any existing mental health providers, and the current caregiver. If appropriate and feasible, the HOS will also interview the referred youth to gather their feedback as a part of the pre-placement process. The pre-admission screening also includes next steps towards placement or recommendations for CFT consideration.

The STRTP will provide a referral receipt within 24 hours of receiving a referral notifying the referring social worker as to whether or not the information is complete or if additional information is required. Once the STRTP receives all of the required information, the STRTP will respond with a placement decision within 7 days. This response will include either an acceptance, a follow-up request for additional information, or a denial with the reasons why the child was refused admission.

Simultaneously, the case-carrying social worker will determine that the individual has Sonoma County Medi-Cal and is eligible for specialty mental health services through Sonoma County Behavioral Health and Recovery Services (BHRS). The case-carrying social worker will ensure

that the individual already has a mental health assessment that establishes eligibility for STRTP placement with the MHP. If the child or youth does not currently have a mental health assessment, the social worker will arrange for a mental health assessment to take place prior to placement.

If the youth is accepted into the STRTP, the STRTP and case-carrying social worker will schedule an intake appointment for the youth to be admitted to the facility and include their family, where possible and appropriate. Intakes are generally scheduled during business hours Monday through Friday, with the possibility of alternate arrangements to accommodate urgent situations, travel arrangements if returning from an out-of-county placement, or parent and family schedules.

Admission Agreements for NMDs

This section is not applicable as the facility does not plan to admit non minor dependents.

LIC 9158 for Deaf, HoH, or otherwise disabled

The Valley of the Moon STRTP is not yet open, and there are no residents. The STRTP will complete this form if and when a youth who is deaf, hard of hearing, or otherwise disabled is admitted to the facility.

Private Placement

The Valley of the Moon STRTP will only be accepting children and youth are involved with the child welfare system and does not intend to accept other referrals for children and youth or any private placements.

J. REMOVAL OR TRANSFER POLICIES AND PROCEDURES

J.2. Removal or Transfer Policies and Procedures

Facilities policies and procedures to develop individualized transition plan for each child/NMD, upon entry, with well-defined permanency goals and continuity of care

The Valley of the Moon STRTP will develop an individualized transition plan for each child or youth as a part of a CFT meeting during the first phase of treatment, "Getting to Know You." The purpose is to identify the most likely family or homelike environment to where the youth will discharge in order to promote a sense of safety and permanency during treatment. This also provides opportunities for the family, related or non-relative, to participate in the STRTP journey with the child or youth, including family therapy with the youth as well as and caregiver support and education groups. If the child or youth does not have an existing family placement that they can return to, the STRTP social worker will work with the case-carrying social worker to identify potential family placements through the following existing mechanisms:

> Matching Meeting: Included participants are the local Foster Family Agencies, the County Foster Family Homes Coordinator, Resource Family Approval (RFA) unit and Transition Support Team (TST). The Foster Family Homes Coordinator will present homes that are available so that a determination of which home will best match each youth's needs can be made.
>
> Placement, Assessment, and Review Committee (PARC): Included participants are FY&C Section Managers, Behavioral Health Manager, Seneca – Life Long Connections, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor, and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed and action items are identified for next steps.
>
> PARC +: Included participants are the FY&C Division Director, Section Manager, assigned Social Worker, Placement Social Worker, TST and Behavioral Health. This meeting takes place once a month. This meeting is held for youth that have been difficult to place. Barriers are discussed and innovative, "outside of the box" ideas are generated and action steps are elevated to the Director level to expedite solutions.

Once the transition plan has been collaboratively developed, the identified placement will be invited to participate in family therapy and family support services throughout the subsequent phases of the program.

The transition plan will also include the initial plan for transitioning once the youth's goals have been reached and include:

- Goals to be accomplished and observable indicators of success,
- Transition approach, including increasing levels of independence and time with their next placement, and
- Services to support post-discharge, including six months of wraparound aftercare as required

Post discharge services include variety of services to help youth transition out of the STRTP and sustain the gains achieved while in the program as well as support the family or identified placement to support permanency. This includes at lease six months of wraparound services as well as any other identified services, such as academic, social, recreational, or other types of supports.

This plan is preliminary and will be updated on a quarterly basis to provide a current reflection of the youth's progress and likely discharge location. Once it is determined that the youth has achieved their goals and the program is no longer needed, the team will update the transition plan and move into an active transition phase.

If concerns develop that the program is no longer meeting the needs of the youth or if it is determined that continued placement may be detrimental to the youth or others in the facility, the STRTP will first meet internally with the administrator, therapist, head of service, social worker, and any other staff that are determined to have applicable perspectives and/or information. During this case conference, the team will explore why this may be occurring, what has changed or evolved for the youth, and whether or not there are any strategies, interventions, or additional services that may support the youth to remain at the STRTP. If the team remains concerned that the program is no longer meeting the needs of the youth or if it is determined that continued placement may be detrimental to the youth or others in the facility, the STRTP will request an emergency CFT meeting to determine if there is a viable placement preservation strategy that could be achieved, either through a program modification, additional services or supports, or other interventions. If there is a viable placement preservation strategy, the program will implement the strategy and review progress at agreed upon intervals in the plan. If the CFT cannot develop a viable placement preservation strategy or if the placement preservation strategy is unsuccessful, the STRTP will reconvene the CFT to develop a reasonable transition plan.

Policies and procedures to coordinate with interagency placement committee and child and family team

The STRTP Social Worker attends the full range of meetings to support placement, transition, and discharge, including the matching meetings when an STRTP youth is being presented, the PARC, and the PARC+.

J.3. Mitigation Plan

If and when the STRTP determines that the program is no longer meeting the needs of the youth or if it is determined that continued placement may be detrimental to the youth or others in the facility and the placement preservation strategy or strategies have been unsuccessful, the STRTP will request a CFT meeting to update the transition plan. The transition plan will include the services and supports to be provided by the STRTP during the transition as well as the services to be provided by other agencies. In order to ensure that there is a smooth transition into other services, the STRTP will:

- Meet with the next placement to share any and all information that may be useful to support the youth during and after the transition;
- Allow other providers to observe and interact with the youth while at the STRTP to establish rapport and gain an understanding of their routines, interactions, needs, and current services; and
- Be available for a period of 12 months to provide consultation to the receiving placement about the youth.

In order to prevent gaps in service, the STRTP will engage with the receiving service provider early in the transition process to ensure that the youth can begin services before or by the time of discharge. Given that the wraparound services are contracted by the same department that operates the shelter and this STRTP, they are able to direct resources to ensure that youth do not experience any gaps in care. Additionally, the STRTP can remain involved post discharge if there are unforeseen circumstances that result in a gap in post-discharge service connection (i.e., pandemic, wildfire, etc.).

During the transition period, staff will continue to apply trauma-informed practices, including:

- Providing as much information as is developmentally appropriate about the transition plan and future placement
- Engaging in discussions with the youth to ensure that they understand that while the need for transitioning might be based on some of their choices or actions, that they are not "bad."
- Exploring with youth what they learned at the STRTP, what they're taking with them, and what they plan to do differently at their next placement
- Discussing their hopes and fears are for their next placement, and what strategies they might use to achieve their goals and manage their fears, concerns, or other anxieties.

J.4. Communication with Child and Authorized Representative

Policies and procedures to ensure that each youth and their AOR are informed of removal and transfer policies in an age and developmentally appropriate manner

During the intake process, the youth and their authorized representative are informed of the removal and transfer policies in an age and developmentally appropriate manner. This includes that a youth will be able to stay at the STRTP until:

- They achieve their goals and no longer require STRTP services
- STRTP program services are proven to be ineffective
- Continued placement at the facility is detrimental to the youth or others at the STRTP

During this discussion, the STRTP will also engage with the youth and their authorized representative about the services that they will receive at the STRTP in order to help them achieve their goals on an ongoing basis as well as what happens when a youth starts to experience difficulty and the help that is available. Engaging with the youth openly and honestly about their participation at the STRTP, how long they may stay, what the program expects of them as well as how the program will support them, and the signs that indicate when they may be ready to discharge are a part of the trauma-informed lens of the program. These conversations are facilitated by staff in an age and developmentally appropriate manner using language and examples that match age and developmental level. During these conversations, youth also have the opportunity to ask questions if they don't understand something or would like to know more. This helps to ensure that youth have received the information as intended, and staff also check for understanding following the discussion. These conversations are documented in the youth's case file.

J.5. Written Removal or Transfer Record

Policies and procedures ensuring social work staff to develop and maintain a written removal or transfer record as specified in the ILS

A placement plan and/or change of placement plan will be documented in both the youth's record as well as in the CWS/CMS system.

J.6. Written Approval from Authorized Representative

Policy for written approval from the child's authorized representative prior to transferring child/NMD

The STRTP will obtain written approval from the youth's authorized representative prior to transferring the youth, unless there is an imminent risk which would preclude obtaining signatures in advance of the transfer.

J.7. Emergency Removal Procedures

Emergency removal procedures

If it is determined that the child or youth cannot be safely served at the STRTP because of imminent risk to the youth or another youth in the program, the STRTP social worker and case-carrying social worker may bypass the CFT and placement preservation strategy and transfer the child or youth to an environment that better meets their needs. This could include more intensive mental health or substance abuse treatment, another STRTP, or placement at the co-located temporary shelter pending a CFT or TDM meeting to determine a more suitable placement.

J.8. Procedures when STRTP can no longer meet a child/NMD's needs

Procedures when STRTP can no longer meet a child/NMD's needs

If the STRTP becomes concerned that they are no longer able to meet the needs of the youth, the licensee will notify the authorized representative of the concern as well as communicate that internally to the case-carrying social worker and PARC meeting participants within FY&C. This notice will include a statement from the youth's therapist or Mental Health HOS that explains why the facility cannot meet the needs of the youth. The therapist or HOS will also communicate this to the child or youth in a manner that is developmentally appropriate. Prior to this notice, the HOS will convene a clinical staff meeting with the STRTP staff to determine if there are other methods or mechanisms of support that would help the youth continue to participate in the STRTP.

Upon receipt of this notice, the case-carrying social worker will convene a CFT meeting to develop a placement preservation strategy, if possible. The STRTP HOS and primary therapist will attend the meeting to participate in brainstorming any additional ideas to preserve the placement. If a placement preservation strategy cannot be safely developed or if the placement preservation strategy is not effective, the STRTP social worker will send written notice of placement change to the parent/guardian, caregiver, attorney, and child/youth.

J.9. Procedures for a NMD to transfer from an STRTP

Procedures for a NMD to transfer from an STRTP

This is not applicable as the facility does not serve NMDs. However, when a youth is approaching their 18th birthday, the facility will follow their transition policies and procedures to ensure that the youth is able to transition in a planful way in advance of their 18th birthday. This includes the initial transition plan that is updated on an ongoing basis as well as convening a CFT meeting in advance of the youth's 18th birthday to update and implement the agreed upon transition plan that sets forth their discharge location, all of the services and supports required and who will be providing them, and six months of wraparound aftercare services.

I. RATE SETTING AND REFUNDS

Rate Setting and Refunds

The Valley of the Moon STRTP will only be accepting children and youth that are involved with the child welfare system and does not intend to accept other referrals for children and youth or any private placements. As such, there are no additional rates or refunds associated with private funding. All children and youth will be funded through public benefits.

L. HANDLING MONEY, PERSONAL PROPERTY, AND VALUABLES POLICIES

L.2. Handling Money, Personal Property and Valuables Statement

Theft and Loss Policy

When a youth is welcomed to the Valley of the Moon STRTP, staff will make an inventory of the youth's cash resources, personal property, and valuables entrusted to the program utilizing form LIC 405 for cash resources and LIC 621 for personal property (see attached forms). The youth signs the completed forms and receives a copy. In the event that loss occurs, the Valley of the Moon STRTP will assume responsibility to replace all items that are stolen, lost or damaged if the loss is due to negligence on the part of the facility management or staff. Personal property inventory will be completed for all new purchases, acquisitions, or changes. Damaged or torn clothing will be noted on the form, valuables such as electronics, mobile devices, etc. will be listed with serial numbers, when possible.

When individuals are discharged from the Valley of the Moon STRTP his/her personal belongings and valuables will be returned to the individual or authorized representative in exchange for a signed receipt (inventory form).

In case of a death of an individual, personal clothing and valuables will be inventoried and given to the authorized representative in exchange for a signed receipt. Immediate written notice to the public administrator of the county upon the death of an individual whose heirs are unable or unwilling to claim the property as specified in Chapter 20 (commencing with Section 1140) of Division 3 of the Probate Code.

Assistance with Cash Resources

Staff will assist individuals with handling cash resources, such as Personal and Incidental (P&I) monies, and monetary gifts.

A Cash Ledger envelope will be started for each youth that arrives with cash and or gift cards. Only cash and gift cards will be kept in the Cash Ledger envelope.

- The cash ledger will include the youth's name, date and amount of deposit.
- The staff and the youth will count the money and confirm the amount.
    - If the money is being delivered by an outside agency, the staff and the transporting agency will count the money with the youth to ensure it is accounted for.
- Gift cards will be accounted for and placed in the envelope.
- Although we cannot verify the amounts, it will be noted when the youth deposits the card for safeguarding or when the youth withdraws it.
- The youth's name will be written onto the gift card.
- The envelope will be given to the Supervisor to verify the contents.
- The Supervisor will initial the ledger next to the entry.

- The Supervisor will maintain the custody of the envelope and place the envelope in the safe, in alphabetical order, in the appropriate ledger container.
- The youth may withdraw money to be taken with the youth on a pass, visits, and/or school.

No employee will make expenditures from individual's cash resources for any basic services identified in the contract/admission agreement. Any cash resource belonging to an individual will be kept separate from general facility funds or petty cash, and used for personal incidentals only. Individuals' funds and or valuables will never be commingled with facility funds or other facility funds operated by the same licensee.

Documentation of all transactions, including the individual's initials or mark, will be maintained in the facility and an accurate record (form LIC 405) will be kept with the cash property. Supporting receipts for purchases will be collected and filed in chronological order. Original receipts for all purchases will be provided to the individual's parent/and or authorized representative (if applicable) upon request. Records of individuals' cash resources maintained as a drawing account, which includes a current ledger accounting, with column for income, disbursements and balance for each individual. All records will be readily available for review by the individual or his/her authorized representative or California's Department of Social Services as needed.

Personal Possession Inventory

Each individual's personal possessions will be inventoried upon admission, using form LIC 405. Each individual will have access to his/her personal property, including items entrusted to the program and/ or those items maintained in personal storage areas.

Each youth is provided a locker with a combination lock that they are able to put items in. Youth may also send valuables to their social worker for safe keeping, and/or store items in our storage shed located on the property. Small items can also be stored in a locked drawer in which only the Supervisor has access to if a youth wishes.

(Title 22 80026) Except where provided for in approved continuing care agreements, no licensee or employee of a licensee shall:

1. Accept appointment as a guardian or conservator of the person and/or estate of any individual;
2. Accept any general or special power of attorney except for Medi-Cal or Medicare claims for any individual;
3. Become the substitute payee for any payments made to any individual. (Unless the licensee is appointed by the Social Security Administration as representative payee for the individual).
4. Become the joint tenant on any account specified in Section 80026(i) with an individual.

Cash resources, personal property, and valuables of individuals handled by the licensee shall be free from any liability the licensee incurs.

Cash resources, personal property, and valuables of individuals shall be separate and intact, and shall not be commingled with facility funds or petty cash.

The licensee or employee of a licensee shall not make expenditures from individuals' cash resources for any basic services in these regulations, or for any basic services identified in a contract/admission agreement between the individual and the licensee.

The licensee shall not commingle cash resources and valuables of individuals with those of another community care facility of a different license number regardless of joint ownership.

Each licensee shall maintain accurate records of accounts of cash resources, personal property and valuables entrusted to his/ her care including but not limited to the following:

1. Records of individuals' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each individual. Supporting receipts for purchases shall be filed in chronological order.
    a. Receipts for cash provided to any individual from his/her account(s) shall include the individual's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows:
        i. "(full signature of individual) accepts (dollar amount) (amount written in cursive), this date (date), from (payee)."
    b. The store receipt shall constitute the receipt for purchases made for the individual from his/her account.
    c. Representative, if any, otherwise to the individual. The original receipt for cash resources, personal property or valuables entrusted to the licensee shall be provided to the individual's authorized

Bank records for transactions of cash resources deposited in and drawn from the account below. Immediately upon admission of an individual, all of his/her cash resources entrusted to the licensee and not kept in the licensed facility shall be deposited in any type of bank, savings and loan, or credit union account meeting the following requirements:

. The account shall be maintained as a trust account separate from the personal or business accounts of the licensee.

a. The account title shall clearly note that the account contains individual cash resources.

b. The licensee shall provide access to the cash resources upon demand by the individual or his/her authorized representative.

c. The account shall be maintained in a local bank, savings and loan or credit union authorized to do business in California, the deposits of which are insured by a branch of the Federal Government.

A local public agency shall have the authority to deposit such cash resources with the public treasurer.

Cash resources entrusted to the licensee and kept on the facility premises shall be kept in a locked and secure location.

Upon discharge of an individual, all cash resources, personal property, and valuables of that individual which have been entrusted to the licensee shall be surrendered to the individual, or his/her parent or authorized representative.

1. The licensee shall obtain and retain a receipt signed by the individual or his/her authorized representative (if applicable).

Upon the death of an individual, all cash resources, personal property and valuables of that individual shall immediately be safeguarded in accordance with the following requirements:

1. All cash resources shall be placed in an account as specified above.
2. The executor of the administrator of the estate shall be notified by the licensee of the individual's death, and the cash resources, personal property, and valuables shall be surrendered to say party in exchange for a signed, itemized receipt.
3. If no executor or administrator has been appointed, the parent or authorized representative, if any, shall be notified by the licensee of the individual's death, and the cash resources, personal property, and valuables shall be surrendered to said person in exchange for a signed, itemized receipt.
4. If the licensee is unable to notify a responsible party as specified in (2) or (3) above, the licensee shall five immediate written notice of the individual's death to the public administrator of the county as provided in Section 7600.5 of the California Probate Code.

The following requirements shall be met whenever there is a proposed change of licensee:

1. The licensee shall notify the licensing agency of any pending change of licensee and shall provide the licensing agency an accounting of each individual's cash resources, personal property and valuables entrusted to his/her care.
    a. Such accounting shall be made on a form provided or approved by the licensing agency.
2. Provided the licensing agency approves the application for the new licensee, the form listed in (1) (a) above shall be updated, signed by both the former and new licensee and forwarded to the licensing agency.

The licensee shall maintain a record of all monetary gifts and of any other gift exceeding an estimated value of $100, provided by or on behalf of an individual to the licensee, administrator or staff.

1. The record shall be attached to the account(s) if the individual's cash resources, personal property or valuables have been entrusted to the licensee.
2. Monetary gifts or valuables given by the friends or relatives of a deceased individual shall not be subject to the requirement above.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

RECORD OF CLIENT'S/RESIDENT'S SAFEGUARDED CASH RESOURCES

Client/resident: Your signature below indicates you have received the following amount of money from the facility on the date indicated.

Facilities that handle client's/resident's cash resources must maintain accurate records of all money received and disbursed.

INSTRUCTIONS:

1) *The date of the transaction shall be noted under Date.*
2) *Use a separate line for each transaction.*
3) *Supporting receipts for purchases shall be filed in order of dates of purchases.*
4) *The client's/resident's (or client's/resident's representative) signature on this form may serve as a receipt for cash distribution to the client/resident. (Sec. 80026(h)(1)(A) and 87227(g)(1)(A).*
5) *The facility representative's signature is necessary to be able to verify a cash transaction.*

NAME OF CLIENT/RESIDENT:	FACILITY NUMBER:	YEAR

DATE	DESCRIPTION	AMOUNT RECEIVED	AMOUNT SPENT OR WITHDRAWN	BALANCE	SIGNATURE FOR CASH TRANSACTIONS	
					FACILITY REPRESENTATIVE	CLIENT/RESIDENT OR REPRESENTATIVE

LIC 405 (8/01)

Human Services Department
COUNTY OF SONOMA
"Empower, Support, Protect"

CLIENT/RESIDENT PERSONAL PROPERTY AND VALUABLES

Facilities must safeguard client's/resident's personal property/valuables entrusted to the facility. Licensee/Administrator is responsible for maintaining a record of personal property/valuables entrusted to and removed from the facility. Under "Number", enter the quantity of items entrusted. Under "Description", describe the item (marking articles by names or numbers may aid identification.). Under "Location", enter where items are stored. Licensee/Administrator and client/resident must sign each entry. Explain why, if client/resident does not sign. Provide a copy to the client/resident and maintain a copy in client's/resident's file. As property/valuable is removed, explain the reason for removal, enter the removal date, and ensure form is signed by all required persons specified above.

The reverse side of this form may be completed and retained in Residential Care Facilities for the Elderly to meet the notice requirements of Health and Safety Code Section 1569.153(k).

Name of Client/Resident	Social Security No.

A. PERSONAL PROPERTY/VALUABLES ENTRUSTED TO FACILITY

Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain) / Signature of Licensee/Administrator

B. PERSONAL PROPERTY/VALUABLES REMOVED

Number	Description	Date	Location	Signature of Client/Resident (or if "None" explain) / Signature of Licensee/Administrator

L.3. Allowances

All youth earn three dollars per week while enrolled at the STRTP. Youth can earn up to an additional five dollars per week for completing additional chores, participating in a community service activity, exemplifying a positive choice (i.e., standing up to bullying, helping another youth). This money is deposited, and an entry is made to the Allowance Ledger envelope recording the transaction. The Allowance Ledger envelope is placed in the safe that can only be accessed by Supervisors. When youth go on a pass, outing, and/or school, they may withdraw allowance money and take it with them. An entry is made on the Allowance Ledger envelope. The Allowance Ledger envelope will include the youth's name, date and amount of deposit. The Supervisor and the youth will count the money and confirm the amount when money is deposited or withdrawn. Both Supervisor and youth must sign the ledger recording each transaction, the date and the balance forward. The supervisor will maintain the custody of the envelope and place the envelope in the safe, in alphabetical order, in the appropriate ledger container.

L.4. Fines and Punishment

Valley of the Moon STRTP does not take possession of youth's cash resources for fines or punishments. Additionally, they do not require that youth pay restitution and do not allow the imposition of restitution.

M. CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED

Consultants

Valley of the Moon Children's Center (VMCC) is a learning organization committed to the ongoing professional development and supervision of our staff as evidenced by the intensive training efforts we have undertaken to become a truly trauma-informed organization. VMCC regularly uses experts in the field to provide consultation and learning opportunities for management, program leadership, clinical and direct care staff. The external resources and expertise VMCC uses assist us in improving our services as well as providing training, coaching and other supports for staff. Below are external consultants VMCC uses to bring in expertise for the VMCC Shelter, which can be brought in for the Valley of the Moon STRTP:

- **Dr. Norton**, Trauma Informed Care for Organizations; Reflective Supervision
- **RISEQUITY & Kirwan Institute,** Implicit Bias, Equity, & Inclusion

In addition, VMCC works closely with the Staff Development team of the Sonoma County Human Services Department and the **Bay Area Academy** to obtain specialized consultation and training. Both groups provide training, coaching and implementation support.

The Valley of the Moon STRTP will be working with these organizations to provide training and support around Child Welfare, Grief and Loss, Attachment Issues, Gang Prevention, CSEC/Human Trafficking, and Suicide Prevention including QPR (Question, Persuade, Refer).

Community Resources and Partners

The VMCC has a wide network of community resources and partners that we will engage, coordinate, and contract with to ensure we have a large array of resources and support to meet the needs of our youth at the Valley of the Moon STRTP. Our partners include numerous community agencies, law enforcement, schools, courts/attorneys, tribal partners, and mental health providers.

Below are community resources and partners we will engage for the STRTP:

Verity: Verity is an organization that works in partnership with the community to eliminate all forms of violence, with a special focus on sexual assault and abuse. Verity provides counseling, advocacy, intervention, and education for victims and families. If it is suspected that a youth has been a victim of sexual assault and /or human trafficking, an advocate will be provided to work with the youth through this difficult process. Verity also leads a Girls Circle at the VMCC Shelter once a week with activities that are based on positive connections, self-esteem, resiliency, as well as personal and collective strengths. As Verity is a contracted partner with VMCC, confidentiality is covered in the contract.

VOICES: VOICES is an organization that provides services for transitional-aged foster youth providing access to comprehensive housing, education, employment, and wellness services. This organization blends youth engagement with support services that young people need as they leave systems of care. Youth are active leaders in coaching their peers, guiding the evolving vision of program delivery, and advocating for youth through leadership opportunities. VOICES already works with our youth at the VMCC Shelter by providing a Youth Advocate each week to check in with youth and discuss services and support that VOICES can provide them. Youth in our care attend monthly BBQ's at the VOICES office to promote connections with other foster youth and learn about resources available to them. In addition, VOICES coordinates and implements the **Independent Living Program** for the County of Sonoma. We expect the VOICES program will continue to work with us as we implement the Valley of the Moon STRTP; as VOICES is a contracted partner with VMCC, confidentiality is covered in the contract.

Belos Cavalos, Therapeutic Experiential Equine Program: VMCC partners with Belos Cavalos allowing our youth to participate in a Therapeutic Experiential Equine Program. Belos Cavalos provides a concrete psycho-educational program in order to maximize opportunities for reparative learning. Youth at the VMCC Shelter participate in a weekly program at Belos, working on building a foundation of trust and understanding of physical and emotional safety. Youth are able to interact with horses using specific equine experiential techniques to promote empathy, self-regulation, resiliency, and connection to support.

Seneca: Seneca works in close partnership with VMCC to provide a comprehensive continuum of school, community-based and family-focused treatment services for children and families experiencing high levels of trauma that are at risk for family disruption or institutional care for children. Our Transition Support Team works closely with Seneca to identify those youth and families who would benefit from wraparound services to keep youth in a safe and therapeutic home environment. The VMCC Shelter now has Seneca workers on site two days a week in order to coordinate services, provide immediate crisis support, as well as provide support during transition. Seneca provides counselors that are available 24 hours a day/7 days a week for those youth participating in Expedited Wraparound (EWrap) services. We will continue to work with Seneca to provide services for the Valley of the Moon STRTP.

Sonoma Al-Anon/Alateen: We will be working with local Al-Anon and Alateen to bring programming to the Valley of the Moon STRTP for young people who have been affected by family addictions to share experiences with other adolescents and addiction specialists.

Forget Me Not Farm: The Forget Me Not Farm is a program of the Sonoma Humane Society. The Farm offers animal-assisted and horticultural therapeutic activities that provide a haven for children, animals, and plants to interact, bond, learn, and heal. The VMCC Shelter collaborates with the farm to bring groups of children to the farm for hour-long sessions and will continue to collaborate with the Valley of the Moon STRTP

Habitat for Humanity: While Habitat for Humanity's (H4H) primary purpose is working with families in needs to build homes, this organization volunteers on community projects as well. The VMCC has partnered with Habitat for Humanity on projects such as providing volunteers to work in our garden and build a new arbor in our outdoor wellness space. We have become one of the local host sites for H4H services groups to continue to maintain the garden and wellness space. This organization does not directly work with or interact with our youth, but instead provides support behind the scenes to improve spaces utilized by youth that to support their quality of care.

Artstart: Artstart is a local education arts organization serving all of Sonoma County. Artstart will be taking part in volunteer service days in the garden as well as working to create a large mural in the garden and wellness space for youth to enjoy. This organization does not directly work with or interact with our youth, but instead provides support behind the scenes to improve spaces utilized by youth that to support their quality of care.

Public Health (Psychiatrist, Physician's Assistant, Psychiatric Nurse): VMCC contracts with Public Health and has an on-site medical clinic. A Physician Assistant will conduct a health screening and CHDP exams of all children and youth welcomed to the VMCC STRTP. Additionally, we have a Registered Nurse to provide medical assistance as needed. We have a part time Psychiatrist to conduct psychiatric assessments, including evaluation or any need for psychotropic medication. Qualifications and background checks are conducted by Sonoma County Public Health.

VMCC Dental Clinic: VMCC has on onsite Dental Clinic that will be accessible to STRTP youth. The Dentist provides dental screenings, treatment plans, emergency and preventative dental care services, restorative dental care services and oral hygiene education plan to all youth.

Sonoma Office of Education (SCOE): SCOE currently works with the VMCC Shelter to provide volunteer tutors to help youth with Homework. Homework Tutors are credentialed teachers that work with the youth on site twice per week. Qualification and background checks are conducted by the Sonoma County Office of Education. Moving forward, we will work closely with SCOE to provide services for VMCC STRTP youth who need individualized learning support, or alternative placements to ensure their ability to participate in therapeutic programming.

Sonoma County Behavioral Health and Recovery Services (BHRS): VMCC will work closely with BHRS in the operation of the STRTP, and we have already been coordinating with BHRS as part of program planning. BHRS will provide specialty mental health revenue that will allow the Valley of the Moon STRTP to provide an array of clinical services. BHRS staff will also provide training and support on topics such as Youth Mental Health First Aid. Additionally, VMCC will continue to contract with Behavioral Health through our Shelter, where there will continue to be two on-site licensed Behavioral Health clinicians to provide mental health assessment and crisis counseling. These clinicians will be conducting evidenced-based assessments to assess the level of mental health service that is needed either as offered in the community or in a residential

setting. Qualifications and background checks are conducted by Sonoma County Behavioral Health. The Valley of the Moon STRTP Clinical Director, which has a 25/75 split between the Shelter and the STRTP will be the primary contact with BHRS.

CPI (Child Parent Institute): Family, Youth, and Children's Services contracts with CPI to provide pre-service training for all families going through the resource approval process. The trainings include a series of 5 required modules that are offered monthly in English and Bi-Monthly in Spanish. In addition, they provide ongoing training for approved Foster and Resource Parents on a quarterly basis on topics including, but not limited to, drug exposed infants, psychotropic medications. They host a monthly Father's Support Group for foster and resource parents. CPI also hosts a series of parenting classes (e.g., Positive Discipline, Supporting Children through Trauma) to the community and offers these at no charge to all foster and resource parents. While CPI will not provide services directly to Valley of the Moon STRTP youth, they will be involved in support for staff and resource families who may work with STRTP youth.

Sonoma County Inter-Tribal ICWA Roundtable: An ICWA Protocol has been established by the Sonoma County Inter-Tribal ICWA Roundtable to assist social workers in engaging in the collaboration necessary to meet both the ICWA Act's requirements and the child and family needs. It is also recognition of the mutual concern for our communities' children and the benefit of coordinating resources and expertise to meet the needs of at-risk tribal families. In addition, this protocol supports the Department's efforts and obligations under federal and state laws to ensure the safety of Native children and the preservation of Native families.

Coordination and Contracting

VMCC is well connected and has good long-standing relationships to non-profits and service providers in the Sonoma County area that are trauma-informed and can ensure the safety and well-being of our specialized populations. We will take a number of steps in order to ensure we are meeting the safety needs of youth and our providers are prepared to deal with the needs of youth in a trauma-informed way. First, VMCC already contracts with community partners in a variety of ways to meet the training needs of staff and to support the needs and well-being of youth in care at the VMCC Shelter and youth in foster care. This will allow us to seamlessly create new contracts with providers to serve the Valley of the Moon STRTP in addition to the Shelter. Working with trusted organizations that are already affiliated with VMCC will assist our transition. Second, we will ensure that any organization that has direct access to youth has all of the necessary skills, training, licensing (when applicable), and confidentiality agreements in place to support our youth's safety. Finally, we will specialize our contracts to meet the specific needs of the Valley of the Moon STRTP. These partnerships can include contracts with individuals or organizations to provide specific services such as training for staff and caregivers; referrals to organizations for involvement in programs; programming that brings youth for offsite services such as the Belos Cavalos, Therapeutic Experiential Equine Program; and a variety of onsite resources and services on site such as girls circle or tutors, and Alateen.

N. TRAUMA-INFORMED INTERVENTION AND DE-ESCALATION TECHNIQUES

N.1. A description of trauma-informed and evidence-based intervention and de-escalation techniques that will be used to promote the safety of all individuals in the facility, including but not limited to children or NMDs who have a propensity for behaviors that result in harm to self or others.

Trauma-Informed Milieu: The STRTP is designed to provide a safe, healing space that is trauma informed and culturally responsive for children and youth to begin to heal from their experiences, address the issues that interfere with living in a family or independent living environment, and prepare to transition back to their family or independent living program. In order to do this, the STRTP has developed a program and program milieu grounded in the tenets of trauma-informed care, including safety; trustworthiness and transparency; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues. The program includes the creation of a supportive therapeutic environment where all work together to achieve a sense of safety and self-awareness.[1] The program is milieu-based where all staff, children, and youth contribute to and benefit from the milieu in structured and ad hoc ways. Regardless of role, all staff work alongside the children, youth, and each other in support of individual and program goals. To this end, everyone in the program is expected and supported to engage in safety planning, including identification of stressors, physiological cues, and strategies to proactively respond. Throughout the program, everyone has goals and objectives they hope to accomplish, and thoughts and behaviors that undermine their goals and objectives. The milieu is the mechanism by which staff role model and coach children and youth to expand their repertoire of feelings, choices, and behaviors that more closely align to their inherent potential and stated hopes and dreams. The program also supports building confidence and mastery for their expanded and more adaptive perspectives of themselves, each other, and the future. Additionally, family members and other caregivers are invited and encouraged to participate in family therapy with the youth and family and friends are invited to the facility on weekends for special events, such as barbecues and other gatherings. Friends and family are also welcome to visit with youth at the facility, as specified in the visitation policy.

Therapeutic Practices and Interventions: Clinical staff work as part of the interdisciplinary residential team, and clinical services are a mixture of formal individual and group sessions and informal interventions that arise within the milieu. Therapeutic activities include a mix of individual, group and family-based interventions. Planned groups are a range of process, psychoeducation, skill building, experiential, and expressive modalities that can be both exploratory or supportive based on the child or family needs, sense of safety, and clinical progress. The VMCC STRTP model is based on a number of evidence-based[2] and promising practices that respond to an

---

[1] Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[2] Evidence based practices are refer to programs and interventions that are demonstrated to be effective through empirical research.

integrated view of trauma and are appropriate for a diversity of populations including Black. Indigenous, and Other People of Color (BIPOC) as well as the LGBT+ population:

Comprehensive Assessment: The foundation of the program is a comprehensive assessment to understand the child's history and developmental implications, build an understanding of the current presentation and what are the underlying factors and dynamics, and co-create a treatment plan that will support the child to more fully understand themselves and how their experiences affect them, gain relief from any resulting pain and/or distress, and develop the skills and perspectives that allow them to realize their hopes and inherent potential. The results of this assessment will form the basis for the treatment plan that will detail the child's goals and objectives, what steps the child will take, and what services and supports the STRTP will provide. This assessment and plan will also include a crisis plan that identifies the early warning signs of crisis, how the child would like to be supported before and during times of difficulty, and how staff will respond to prevent and/or intervene in a crisis.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a short-term treatment model for children and youth that have experienced trauma. It is focused on improving the affective, cognitive, and behavioral consequences of trauma. TF-CBT also includes a parent component in order to reduce the caregiver's distress and improve caregiver skills and ability to be supportive.[3] TF-CBT is effective for diverse, multiple and complex trauma experiences, for children and youth of different developmental levels, and across different cultures.[4] TF-CBT will be supplemented with expressive, somatic, experiential, and other adjunct therapeutic activities and interventions.

Dialectical Behavioral Therapy (DBT): DBT may also be considered as a part of the cognitive behavioral programming if there is a group of adolescents who could benefit from DBT who have enough shared overlap in their lengths of stay to support participating in this modality. DBT is a specific form of CBT that was designed to support individuals who have a pattern of intense reactions within their relationships. It is based on the concept that some individuals, particularly those with a history of significant trauma, may become more emotionally stimulated more quickly for longer amounts of time than their peers. DBT combines group and individual psychotherapy to address 1) interpersonal effectiveness, 2) distress tolerance/reality acceptance skills, 3) emotional regulation, and 4) mindfulness skills. While DBT was initially developed for adults with borderline personality disorder, it has since demonstrated efficacy for adolescents with a high risk

[3] Dorsey, S, Pullman, MD, Berliner, L, Koschmann, E, McKay, & Deblinger, E (2014). Engaging foster parents in treatment: A randomized trial of supplementing Trauma-focused Cognitive Behavioral Therapy with evidence-based engagement strategies. Child Abuse & Neglect, 38, 1508-1520.
[4] Jensen, TK, Holt, T, Ormhaug, SM, Egeland, K, Granly, L, Hoaas, LC, Hukkelberg, SS, Indregard, T, & Stormyern SD (2014). A randomized effectiveness study comparing trauma-focused cognitive behavioral therapy with therapy as usual for youth. Journal of Clinical Child & Adolescent Psychology, 43, 356-369.

of self-harm and/or suicidality.[5]

Somatic, Sensory, and Experiential Interventions: Recognizing that trauma has a pervasive effect across all areas of childhood development and that trauma is stored not only in the mind but also in the body, the STRTP includes mind-body based approaches. This includes activities that provide a nonverbal healing experience, including interventions based on mindfulness and other somatic experiences, a sensory room using KINNECT, therapeutic experiential equine therapy, and other outdoor and ecotherapy experiences. These approaches are theorized to provide reparative neurodevelopmental experiences, build self-esteem and self-confidence, promote trust in and connect with self and others, and learn mindfulness and other coping skills to support healing and trauma processing. Additionally, Eye Movement Desensitization and Reprocessing (EMDR) may be made available from an external trauma therapist when clinically indicated.

Therapeutic Crisis Intervention (TCI): The TCI system, developed at Cornell University, is a crisis prevention and intervention model for youth residential environments. TCI provides tools that enable staff and youth to better understand their experience of crisis, how to prevent it, and how to intervene when a crisis happens. TCI has demonstrated efficacy in decreasing physical restraint episodes, fighting, physical assault, runaways, and verbal threats and has been used very effectively at the co-located Valley of the Moon Emergency Shelter since it was introduced.[6]

Motivational Interviewing: Motivational interviewing is a client-centered, directive, collaborative, and practical counseling approach where the counselor and client work together to discover the client's goals and build motivation and readiness for change. It assumes that change is hard and that readiness for change occurs on a continuum. The spirit of motivational interviewing includes partnership with the client, acceptance of the client, compassion, and evocation that helps bring forward what is needed from the client. Motivational interviewing works to build intrinsic motivation for change with a series of stage-wise interventions. It has demonstrated efficacy with adolescent behavior change and interacts well with adolescents' competing attentional demands, developing identities, and desire to assert independence.[7,8]

Medication[9]: Children and youth who are admitted to the STRTP may currently be prescribed or

---

[5] Jill H. Rathus, Michele S. Berk, Alec L. Miller, Rebekah Halpert, Chapter 8 - Dialectical behavior therapy for adolescents: a review of the research. Editor(s): Jamie Bedics. The Handbook of Dialectical Behavior Therapy, Academic Press, 2020, Pages 175-208.
[6] Nunno, M. A., Smith, E. G., Martin, W. R., & Butcher, S. (2017). Benefits of embedding research into practice: An agency-university collaboration. Child Welfare, 94(3), 113-133.
[7] Brown RA, Ramsey SE, Strong DR et al. Effects of motivational interviewing on smoking cessation in adolescents with psychiatric disorders. Tobacco Control 2003;12:iv3- iv10
[8] Berg-Smith SMStevens VJBrown KM et al. A brief motivational intervention to improve dietary adherence in adolescents. Health Educ Res 1999;14399- 410
[9] California Department of Social Services. Psychotropic Medication in Foster Care: Trainee Guide. Version 1.0. April, 2017. Retreived from:
https://calswec.berkeley.edu/sites/default/files/pm_trainee_guide_april_2017.pdf

in need of psychotropic medication. It is our experience that the external presentation of trauma may mimic mental health disorders, and that the need for medication may decrease as the trauma is addressed. The program is also committed to reducing unnecessary and/or excessive use of medication that are sometimes prescribed for Children and youth in the foster care system, specifically those with challenging behaviors. However, we also recognize that a child or youth in the STRTP may have an emerging mental health disorder, given the typical adolescent onset, and that psychotropic medication is neuro-protective in these situations. As such, every child admitted to the STRTP will receive a psychiatric review, and any child being prescribed psychoactive medication will receive a second opinion from another psychiatrist.

Crisis Management Approach: The STRTP makes all efforts to engage with youth in advance of a crisis in order to gather information directly from the youth in terms of any triggers and/or early warning signs that they are aware of, supports from staff that can be provided in advance of the crisis, things that tend to make it worse or harder for the youth to self-regulate, how the youth would like and would not like to be supported if the situation becomes unsafe, and how they would and would not like to be supported after a crisis.

In our model, the focus is on preventing and addressing issues before they arise or as early as possible in order to prevent escalation and maximize teaching. Our expectations are simple:

- All youth and adults should respect self, space and others.
- Ask an adult before using an item that is not yours.
- You are not allowed to lend or borrow personal belonging to or from another youth.

If a youth does experience a crisis requiring an emergency intervention, the staff and therapist will debrief with the youth following the event in order to process what happened and update the individual crisis plan with any new insight and or feedback from the youth. During this meeting, the therapist and staff will work with the youth to ensure that they have the opportunity to learn from the event as well as update their preferences. This approach serves to promote healing and reduce the risk of re-traumatization.

Interventions and De-escalation techniques that Promote Safety: There is a continuum of emergency interventions from least restrictive to most restrictive that may be implemented at different stages in the crisis. Staff will utilize the verbal interventions, behavior support techniques, and manage the environment before considering physical interventions. Staff will also utilize Trauma-Informed Care and motivational interviewing techniques, and any other strategies taught by the County of Sonoma or an approved trainer prior to initiating a physical intervention. The following interventions and techniques are a part of the VMCC emergency intervention policy and include interventions and techniques intended to promote and re-establish safety, as needed.

1. **Verbal Crisis Intervention**: All emergency interventions will begin with verbal crisis intervention. Techniques such as re-direction, active listening, prompting and clear

directives are examples of verbal intervention. In a situation where a youth continues to escalate despite verbal intervention, staff can utilize other non-physical interventions.

2. **Taking Space or Time Away**: When a youth escalates in crisis, Counselors may instruct the youth to "Take Space" or "Time Away". Taking Space is utilized to remove a youth from an environment that may be escalating the crisis. Taking Space is a specified area of the facility (such as the youth's bedroom) and documented by Counselors. The youth can also initiate Taking Space if the youth believes that voluntary removal from the program will de-escalate his/her/their behavior.
3. **Separate Program**: Youth who have been identified by the treatment team as escalating because of other youth at the shelter and/or are exhibiting behaviors that are unsafe may be temporarily placed into a separate program. The youth will work with the assigned Counselor using Trauma-Informed Interventions with the goal of being able to safely and appropriately join the main program/milieu.
4. **Body Position**: Staff can use body position to prevent an escalated youth from engaging in dangerous behaviors. Examples of escalated behaviors include verbal and physical altercations, attempts to destroy property or to prevent a youth from entering what could potentially be a dangerous situation or area (i.e. chemicals, sharp objects, tools, etc.). Positioning will not include hands-on, physical grasping of the youth. Staff will utilize evasion to escape attack.
5. **Evasion**: Evasion techniques are in accordance with the philosophy and techniques utilized in TCI. Such techniques may involve brief physical contact, but only for protection or as a means of escape.
6. **Physical Transport:** Staff will utilize a physical transport to remove a youth from an unsafe area where a perceived danger exists. Staff may utilize one of two transports, as long as the transports are not excluded on the youth's Individual Crisis Management Plan (ICMP). TCI options include: Team Transport and Small Child Transport.
7. **Physical Restraint:** Staff will utilize a physical restraint when the youth is an immediate danger to themselves or others who cannot get away safely. TCI options include: Standing Restraint, Seated/Wall Restraint, Small Child Restraint, Seated/Wall Small Child Restraint, Team Restraint, and Supine Restraint.

O. PLAN FOR USE OF DELAYED EGRESS DEVICES

PLAN FOR USE OF DELAYED EGRESS DEVICES

Section O is not applicable; the facility will not use delayed egress devices.

P. CONFLICT OF INTEREST MITIGATION PLANS

P2. Conflict of Interest Mitigation Plan

As a program within Sonoma County Family, Youth & Children's Services, the Valley of the Moon STRTP is committed to ensuring there is a robust Conflict of Interest Mitigation Plan that is in accordance with Welfare and Institutions Code 11462.02(g).

Decision to Place a Youth in a County-Operated Facility

VMCC has a robust, multidisciplinary plan to ensure that youth are only placed in a STRTP if they meet that level of care, and there are practices in place to ensure the decision to place youth in our county-operated facility, when alternative appropriate placement options exist, is in the best interests of the youth and free from any conflicts of interest.

- **Determining STRTP Level of Care:** The County uses a Placement, Assessment, and Review Committee (PARC) that is a multidisciplinary team that includes FY&C Section Managers, Behavioral Health Manager, Seneca – Life Long Connections & Wraparound, Sonoma County Office of Education (SCOE) Liaison, Juvenile Probation Supervisor, and the Transition Support Team Supervisor. This committee meets weekly to discuss youth who need a higher level of care (STRTPs), youth that may be ready to step down from a STRTP and youth who have been at the VMCC TSCF shelter longer than 10 days. Each youth's needs and progress are discussed, and action items are identified for next steps. The multidisciplinary PARC team, with representation outside of FY&C Services, looks at whether a youth might benefit from a less restrictive setting and ensures that only youth that need STRTP level of care are referred for services.

- **Determining Whether a Youth in the VMCC Shelter Should be Referred to the County-run Valley of the Moon STRTP:** The Transition Support Team (TST) is responsible for working with County social workers to admit youth to the county-run VMCC Shelter and transition them from the Shelter. FY&C recognizes that when there is a youth that is currently placed in the VMCC Shelter that meets the need for STRTP level of care, there may be a conflict of interest about whether to refer and ultimately place that youth in the County-run STRTP on the same site. In order to mitigate any issues, the Transition Support Team (TST) will follow established protocols for a Best Interest Review for the child. This includes working with the placement social worker to determine the needs for the youth.

    - Is it in the best interest of the youth to be placed in a local STRTP? A goal of the County-run Valley of the Moon STRTP is to be able to place youth locally whenever possible, however the TST and case-carrying social worker will consider whether there are specialized needs or circumstances, such as gang involvement or CSEC, that may warrant placement in an out of area STRTP. VMCC is currently creating guidance with considerations to determine whether a youth should be served locally.

    - Where should a referral be made, if it is determined that a youth should be placed locally? The TST and case-carrying social worker will contact the County-run Valley of

the Moon STRTP and the other three local STRTPs to determine where there is availability and whether to make a referral. One motivation for developing the Valley of the Moon STRTP is to create local capacity for youth that currently does not exist within the County. However, if there are other local STRTPs that have capacity and interest, the TST and case-carrying social worker will send packets to any available local STRTP.

- **Determining whether a youth who has been referred to the County-run STRTP should be admitted:** The intention of the Valley of the Moon STRTP is to add capacity within the community and serve local youth, who are often not admitted to local STRTPs, so that youth can remain in their community and stay connected to their family and support networks. It is the intent of the Valley of the Moon STRTP to try, whenever possible, to accept youth that are referred to the STRTP. However, to ensure the placement is in the best interest of the youth and appropriate given the current composition of youth in the STRTP, there will be a team within the STRTP including the Clinical Director and STRTP clinicians that will review each referral and determine whether it is an appropriate placement given the youth's needs and the health and safety of the youth and staff within the current milieu. In order to avoid any conflict of interest, VMCC will ensure that the team that determines whether a youth is admitted to the Valley of the Moon STRTP will be separate staff from the PARC and VMCC Shelter.

Investigating Health/Safety Concerns, Suspected Child Abuse/Neglect, and Reporting Fatalities

As a County-run program, the Valley of the Moon STRTP will enact policies and procedures to ensure there are no conflicts of interest with regard to reporting health and safety concerns, suspected child abuse and neglect, and disclosure of fatalities. Any serious concerns of this nature will go through an internal case review process.

Case Review

The purpose of the Valley of the Moon STRTP case review is to:

- Identify errors in the system, which created, led to, or did not mitigate problems.
- Identify areas where policy and/or procedure were not clear, so that they may be clarified.
- Identify issues of practice where staff may need training.

While the purpose of this review is not to assign blame to any individual, if the review reveals gross negligence or improper conduct by any person or individual, the Department may take necessary disciplinary action.

For any Valley of the Moon STRTP Case Review, the Division Director will assign the review to one supervisor and two social workers or a representative from another child welfare

agency. The social workers must have general knowledge of the STRTP program and have never worked on the VMCC campus.

- Together, the reviewers will thoroughly examine the critical incident to identify successful procedures and potential solutions for problems experienced.
- The reviewers will review all past referrals and current case status to determine if division policies were followed.
- The reviewers should determine if there are areas, in which the policy should be amended or clarified.
- The reviewers should determine if or how any aspects of the incident could or should be managed differently in the future.
- The reviewers should identify areas that need improvement and provide recommended solutions.
- The reviewers will summarize their findings and submit a written report to the Division Director.

Health and Safety Concerns: STRTP staff and youth will be informed of their rights to report observed noncompliant conditions or health and safety concerns in the STRTP. In addition to reporting to VMCC staff and others in the FY&C Division, staff will be instructed to report to Community Care Licensing (CCL) any Health and Safety concerns. Additionally, any environmental or structural conditions of a facility where youth are placed or detained, which requires evacuation or relocation, or otherwise affects their safety or welfare will be considered a serious incident meriting a Case Review that may involve other counties.

Child Abuse and Neglect: For any referrals involving suspected abuse or neglect within the STRTP, a SCAR will be filed. If the SCAR involves a FY&C staff person, then a neighboring county will be sent the SCAR and asked to conduct the investigation. In addition to reporting to the Intake Hotline, there will be a cross report to Community Care Licensing and to the police, if necessary.

Disclosure of Fatalities: The Valley of the Moon STRTP has created policies and procedures for disclosure of fatalities and near fatalities of youth placed in county-operated short-term residential therapeutic programs.

Any child welfare case with a serious incident or near fatality at the STRTP will go through a case review process. A near fatality is a severe childhood injury or condition which results in the youth receiving critical care for at least 24 hours following the youth's admission to a critical care unit.

Additionally, any child fatality within the County is reviewed by the Countywide Child Death Committee, composed of the District Attorney, Public Health Nursing, California Children's Services, Pediatricians from Sutter Medical Center and Kaiser, Human Services (FY&C), Sonoma County Sheriff's Office, Coroner, Santa Rosa Police Department (other police jurisdictions attend

sporadically). One of the Family, Youth and Children's supervisors is a member of this committee. The Committee meets bi-monthly and is governed by procedures developed by the state and held at the District Attorney's Office. There is no need for a standing Child Death Committee within the FY&C Division because of the small number of child deaths cases handled by the Division.

Reporting a fatality within the Division and the Department.

1. Staff shall immediately notify their supervisor, and the supervisor will immediately make an oral report to the Section Manager, whenever a child fatality occurs.
2. The Section Manager, upon receiving the oral report shall immediately notify the Family, Youth and Children's Services Division Director.
3. The Division Director shall immediately notify the Department Director.
4. The Department Director shall notify the County Administrator's Office and the Board of Supervisors.
5. In the absence of the Division Director:
   a. The Section Manager shall report directly to the Department Director.
   b. In the absence of all the Section Managers, the supervisor will make an oral report directly to the Division Director.
6. In the absence of all management staff within the Division, the supervisor will report directly to the Department Director.

Q. CONTINUOUS QUALITY IMPROVEMENT (CQI)

Q2. Written Policies, Procedures, and Practices Concerning Continuous Quality Improvement

At the Valley of the Moon Children's Center (VMCC), there are a number of policies, procedures, and practices already in place on our campus that will be incorporated into the Valley of the Moon STRTP to ensure there is a robust Continuous Quality Improvement (CQI) process that is reflective of the Mission, Vision, Values; supports active inclusion of staff and youth; incorporates data and CQI practices; and ensures trauma-informed, culturally relevant services. The VMCC team has existing written policies and procedures for collecting and reviewing data on an ongoing basis and a staff person who is responsible for ensuring data and evaluation activities are completed at VMCC.

Q3. How CQI is based on Overall Mission, Vision, and Values

Facility Mission, Vision, and Values

The Mission of Sonoma County Family, Youth and Children's Division is to "ensure the safety and well-being of children, youth, and families in our communities. We provide culturally sensitive, inclusive, and trauma informed services and resources with the goal of ensuring supportive placements, temporary shelter care, and permanency." One way we align our Mission to CQI is through the Child and Family Team (CFT) meetings. The youth and their family are given voice and choice in defining their treatment plan in the meeting. Our team approach is to create plans that meet the unique needs of the youth with identified goals and action items that address permanency, safety, and well-being. The team will prioritize the voice of the youth and family through all parts of the CFT process so that all case planning in grounded in family members' perspective and expertise of their own experience. In order to ensure we are aligning our practice with our Mission, VMCC tracks and monitors youth progress to ensure adherence to best practices on an individual, programmatic, and system-wide basis, with specific emphasis on permanency, safety, well-being, and client satisfaction. The primary measure of success in the Valley of the Moon STRTP is a successful transition to a lower level of care, ideally family-based care, or to a setting that meets the youth's needs. Feedback through CFT meetings monitors that we are evaluating our services and outcomes as being culturally relevant as defined by the youth and family. Additionally, the CFT meeting, which reviews the youth's treatment plan, serves as a continual assessment of whether the youth is receiving age-appropriate, trauma-informed services; whether those services need to be modified; and whether they are associated with positive outcomes as defined by reductions in incidents, increased prosocial behaviors, improvements on the Integrated Practice Child and Adolescent Needs and Strengths (IP-CANS) assessment tool; and ultimately placement in a lower level of care.

Q4. CQI Incorporation of Active Inclusion and Participation of Staff, Youth, Families, and Community

Active Inclusion and Participation of Staff, Youth, Families, and Community in CQI

The Valley of the Moon STRTP will actively involve youth, staff, families, service providers and other supports in CQI through the CFT. In each CFT, the facilitator is eliciting feedback from the Child and Family Team on areas in which we could provide greater support for the youth, their family, or other community partners. We use the IP-CANS to support our team in guiding discussion with the child and family as partners; maintaining a strength's focused approach; and developing an action-oriented, youth-focused case plan. All relevant team members provide input into the completion of the IP-CANS, which informs the youth's individualized plan. Over time, the CFT reviews data from the IP-CANS assessing improvement in mental health and functioning status of the youth.

We seek feedback on areas where we can improve our supports and services. In this way, we are constantly assessing and refining our services to ensure that they are meeting the individualized and unique needs of the youth we serve in trauma informed, culturally relevant ways by making adjustments to treatment when cultural implications impacting treatment arise. Two ways that we plan to solicit feedback is through a STRTP Youth Council and CFT Participant Survey. The Youth Council will meet monthly to provide feedback and surveys will be handed to CFT participants after meetings to solicit information on the process and ask for suggestions.

Q5. Adoption of Outcomes, Indicators, and Practice Standards

The STRTP has adopted a series of outcomes, indicators, and practice standards, including those that are associated with trauma-informed and culturally relevant services. This includes qualitative data gathered from CFT meetings and data from the IP-CANS, and a number of indicators in other areas from our data system. The VMCC Shelter has developed a customized database that holds electronic files for each youth we serve. It also holds documentation for facility notes, shift notes and progress notes for each youth. Additionally, all Incident Reports are recorded in the database and can be reviewed and exported by individual child, incident type or date range. These data will be collected for the Valley of the Moon STRTP as well.

Q6. Collection of Data

Data Collection

In addition to qualitative data gathered from CFT meetings and data from the IP-CANS, the STRTP collects a number of indicators in other areas from our data system. The VMCC Shelter has developed a customized database that holds electronic files for each youth we serve. It also holds documentation for facility notes, shift notes and progress notes for each youth. Additionally, all Incident Reports are recorded in the database and can be reviewed and exported by individual child, incident type or date range. These data will be collected for the Valley of the Moon STRTP as well.

Here are data VMCC regularly tracks:

- **The number of reported incidents**: Notifications are sent to Supervisors and Managers when an incident occurs. The notifications have a daily count reminder for the Supervisor and Manager to review and sign off on the reports to ensure all incident reports are submitted timely and accurately. Automated monthly reports are sent out to all Supervisors and Managers to summarize incident types to ensure regular review and critical analysis.

- **The number of reported law enforcement contacts:** VMCC's database houses all incident report types. Any incident type that involves Law Enforcement contact is recorded for each individual incident. Automated monthly reports are sent out to all Supervisors and Managers to summarize the Law Enforcement Contacts to ensure regular review and critical analysis.

- **The number of children prescribed psychotropic medication:** VMCC has a built-in medication tracking system in our database that tracks all authorizations for medications, medication prescriptions, and medications passed to each youth. There is a dedicated fulltime Psychiatric Nurse that works with the on-site psychiatrist to ensure all psychotropic medications are tracked and monitored regularly and accurately.

- **The number of children absent without leave:** Unauthorized Absences are recorded for each individual incident.

Q7. How STRTP will Review, Analyze, and Interpret Data

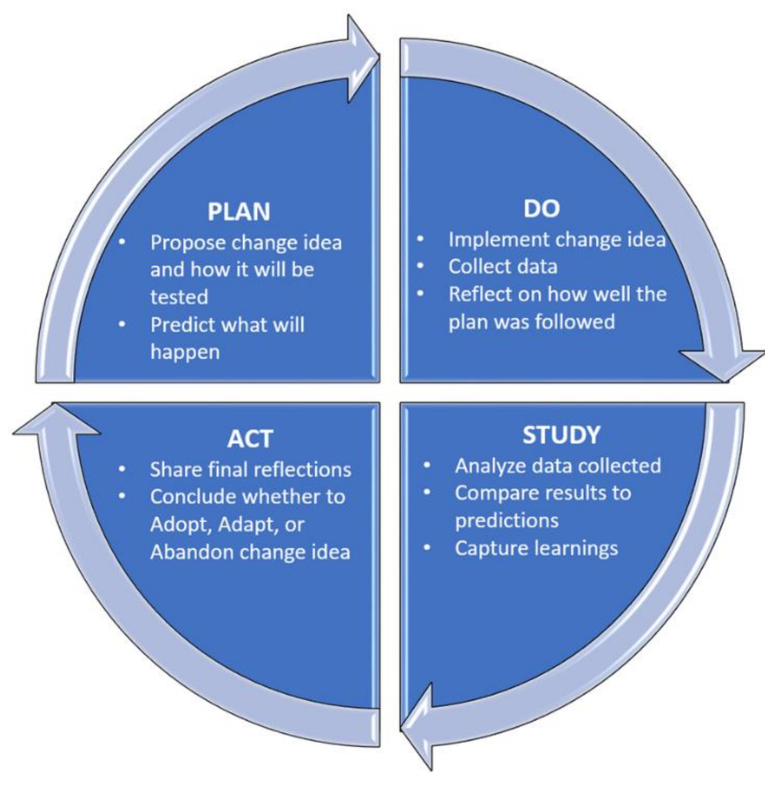
Throughout regular meetings, including the CFT, STRTP staff will be regularly implementing ideas or services; reviewing, analyzing, and interpreting data; capturing learnings; determining changes that need to be made; and proposing modifications.

- On a daily basis, staff will notate each youth's daily progress, strengths, needs, struggles and specialized programming so that all staff are well informed of how best to support a youth at any given time of the day.
- Every 6-months, VMCC creates data reports for review. From the VMCC database, a 6-month report is created on incidents to ensure bi-annual reviews for each youth involved and trend analysis can be utilized to inform program and practice. Additionally, VMCC monitors permanency for individual youth and for youth as a whole through the CWS/CMS statewide system. The FY&C department regularly reviews CWS/CMS data and will examine program success and areas for improvement.

Q8. How STRTP will Use Data to Inform and Improve Policies, Practices, and Programs

CQI Practices

The STRTP will be continually using data to inform and improve practices, policies, and procedures. The STRTP conceptualizes CQI through a series of PDSA Cycles (Plan-Do-Study-Act). PDSA is a systematic process for gaining valuable learning and knowledge for the continual improvement of a process or service.



Q9. Policies and Procedures for Evaluation of the STRTP's Outcomes and Results

PDSA cycles provide feedback to management and to the FY&C department and are used to make program adjustments.

Every 6-months, VMCC creates data reports for review. From the VMCC database, a 6-month report is created on incidents to ensure bi-annual reviews for each youth involved and trend analysis can be utilized to inform program and practice. Additionally, VMCC monitors permanency for individual youth and for youth as a whole through the CWS/CMS statewide system. The FY&C department regularly reviews CWS/CMS data and will examine program success and areas for improvement.

Q10. How CQI will be Culturally Relevant, Trauma-Informed, and Age and Developmentally Appropriate

PDSA cycles allow the STRTP to continually monitor CQI to ensure it will be culturally relevant, trauma-informed, and age and developmentally appropriate. In addition:

- A Multi-Disciplinary Team meeting will occur twice weekly to discuss the specialized and/or intensive needs of each youth. This team is composed of STRTP Counselors, Supervisors, Managers, Transition Support Team, Clinicians, and the Physician Assistant. Strengths and support needs are discussed and planned for each youth to meet their individual needs.

- Every quarter, or more as needed, the CFT convenes as described above.