VALLEY OF THE MOON STRTP PROGRAM STATEMENT

May 18, 2023

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1. POPULATION TO BE SERVED

1.2. Age range, sex, gender, and population of persons to be served

Age range, sex, gender, and population of persons to be served

The target population are children and youth ages 6-17[1] of any gender or gender identity who are involved in the child welfare system and exhibit signs and symptoms of trauma that interfere with placement in a family or independent living environment, including LGBTQ+ youth. All have a history of abuse and/or neglect and may have had multiple placements or be at risk of losing current placement, may have experienced psychiatric crisis and/or hospitalization or juvenile justice supervision, and may have witnessed parental domestic violence or substance use. In order to be considered for and placed at the STRTP, children and youth will likely exhibit behaviors that present some sort of safety risk to self or others, threaten placement stability, or interfere with typical child and youth development; exhibit signs and behaviors that result from experiences of trauma, including visible and invisible mental health symptoms that create distress; may have difficulty with activities of daily living and relationships; and have underdeveloped or unhealthy coping mechanisms. The

The STRTP will serve dual status dependent youth on informal or formal probation where Child Welfare is the lead agency. Valley of the Moon STRTP will consider serving dependent youth on informal or formal probation where Juvenile Probation is the lead on a case by case basis. The STRTP will not serve non-minor dependents, and all NMDs will transition out of the STRTP in advance of their 18th birthday.

While the Valley of the Moon STRTP employs a "whatever it takes" approach and does not turn any child, youth, or family away, we recognize that there are some youths who may require specialized treatment or more support than can be provided in a STRTP environment, including:

- Children and youth who are experiencing a psychiatric emergency and require services in a locked environment,
- Children and youth with significant substance use and/or dependence that require substance use treatment,
- Children and youth who are gang-involved and would be more safely served out-of-county or in a probation placement,
- Commercially sexually exploited Children and youth who require specialized services to heal from their experiences, and
- Children and youth whose needs conflict with the other Children and youth in the program or cannot otherwise be safely served within the program.

[1] Sonoma County requested the larger age range in order to have flexibility to meet the needs of local children on an ongoing basis.

1.3. Models and Interventions

Practice models or interventions that will be utilized to serve specific populations

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 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

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

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 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

[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.

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 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.

Family and Caregiver Supports: The primary goal of the STRTP is to address the impact of trauma so that a child may return to a family environment, either with their parents, with biological, non-relative extended family members (NREFM), or a resource family. One of our primary goals with the development of the local STRTP is to allow for more frequent contact between families and youth, court permitting, to support the family and/or caregiver in actively participating in the healing process. To this end, every child will have access to family therapy and work with the therapist and social worker to determine who should participate. The family and caregiver supports will be grounded in TF-CBT, and have proven efficacy of reducing caregiver distress while building skills.[10] If there is interest and need, the STRTP will also consider a multi-family therapy group as well as a caregiver support group, which will provide support and psychoeducation. The program schedule also includes events and activities where family members may visit and enjoy with their child, such as weekend BBQs.

Aftercare Services: All youth who transition from the STRTP and their families are entitled to receive an array of integrated services and supports that are provided to or on behalf of a child for at least six months post discharge. All of the aftercare services that will be available for youth and their families will be discussed during their transition planning process, will be in support of their permanency plan, will incorporate the recommendations of the qualified individual, and be

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[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

[10] 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.

documented in their individualized transition plan. At minimum, this includes at lease six months of wraparound services.

For LGBTQ+ youth and/or LGBTQ+ caregivers, the STRTP takes an inclusive approach to services where the specific needs of youth and their families can be individualized based on need. However, all staff receive training in working with LGBTQ+ youth and families, and youth and their families are welcomed for who they are. Additionally, STRTP staff are understanding and able to address the issues that are specific to the LGBTQ+ community through the aforementioned program services and interventions. This includes an understanding and ability to address issues such as:

- Family rejection and/or alienation
- Stigma and discrimination
- Identify development and the coming out process
- Suicide and self-harm

The Family, Youth, and Children's Services division and Valley of the Moon Children's Center (VMCC) engage with the community, and community based organizations, either by contract or partnership to meet the diverse needs of the populations we serve. VMCC has existing relationships with a number of organizations that provide specialty services, including:

- North Bay Regional Center
- Verity (gender specific, CSEC focus)
- Positive Images (LGBTQ+ focus)
- VOICES (TAY focus)

The STRTP will not be serving NMDs, and all youth will be transitioned out of the STRTP by their 18th birthday. All Youth will be supported through the specified transition planning process in advance of their 18th birthday. Aftercare services will be provided to youth who become an NMD post discharge as they continue to be entitled to at least 6 months of wraparound services as well as any other identified services needed to support a successful transition home or to independent living.

1.4. NMD Programs and Services

The facility does not accept NMDs. The facility will transition all NMDs according to the removal and transfer policies and procedures as specified in the Plan of Operations.

1.5. Specialized STRTP

The facility is not planning to serve as a specialized STRTP.

1.6. Supporting Differing Needs of Youth and Their Families

How facility programs will support differing needs of children, NMD, and their families

VMCC serves a diverse population of children and youth in Sonoma County. Our program is tailored to meet the needs of all children and youth that are welcomed to our facility including, but not limited to, commercially sexually exploited children and youth; lesbian, gay, bisexual, transgender, and queer/questioning children and youth. For families of youth that are in need of specialized services and/or support, the assigned social worker will work with the department to provide appropriate services as needed.

How facility will measure success of supports to verify the effectiveness of its ability to serve differing needs

VMCC has developed a robust continuous quality improvement plan with opportunities for review and feedback. The plan includes regular review of the service and observational data from the program, review and debrief of all emergency interventions and other unusual incidents, staff surveys and feedback, child and family surveys, house meeting discussions, and regular analysis of other metrics, such as length of stay, discharge disposition, and movement through the phases of treatment.

2. EMERGENCY RESPONSE SERVICES

EMERGENCY AND DISASTER RESPONSE SERVICES

Emergency response services provided to children and staff in the facility, inclusive of evenings, weekends, and holidays, are as follows:

There is a Program Manager designated to be on call at all times should an emergency arise in the facility. Supervisors are trained as Facility Managers and there is a Facility Manager present and on site 24 hours a day, 7 days a week. Supervisors/Facility Mangers are trained to respond in cases of an emergency and will contact the appropriate emergency services if needed. This includes, but is not limited to, Police, Fire, EMS, and the Behavioral Health Crisis Mobile Support Team.

Our Emergency Action Plan (EAP) includes a communication protocol among facility staff and local fire and law enforcement, and other disaster authorities. The EAP includes duties and responsibilities of Program Managers, Supervisors (Facility Managers) and Counselors under the Disaster Plan (See Attached).

As part of the EAP, the Supervisor on duty is responsible for the notification of a youth's whereabouts and condition to their authorized representative(s), social worker and the child's attorney. The same procedure is employed for youth that leave the facility without permission. In an emergency, this duty can be designated to another facility staff by the Emergency Team Leader.

The following is the Mandatory Training provided to facility staff under the Emergency Action Plan:

- Generalized Safety Information Training for the Human Services Department (upon hire)
- Emergency Action Plan training for all staff (annual)
- Personal Protective Equipment training for Counselors (annual)
- Blood Borne Pathogen Exposure Control training for Counselors (annual)
- Evacuation Drills (annual)
- First Aid/CPR training for Counselors (biennial)
- Field Safety Training, for Counselors and Social Workers (biennial)
- Active Assailant Training- Voluntary

Valley of the Moon STRTP has a plan to respond to disasters. Please see the attached Emergency Action Plan and LIC 610C, which will be posted in the facility.

Human Services Emergency Action Plan - Site-Specific Addendum
All employees must retain a hard copy of this document.

Building Name: VMCC/VMCH **Address:** 112 and 100 children's Circle

	Name/Title (Day Off)	Office	Cell
Facility Emergency Coordinator/ Communication Contact	Briana Downey, Section Mgr. (Alt Friday)	565-4348	230-3215
After business hours	Supervisor On Duty	565-8135	
VMCC All individuals below perform the duties of Emergency Team Leader and may act as FEC. **VMCH** Emergency Team Leaders are Direct Care Staff in Teen halls on both wings. Alt. PreTeen halls on both wings.			
1st Alternate VMCC	Sky Gray – program manager (Alt Fri)	565-6355	291-2666
2nd Alternate VMCC	Meg Easter-Dawson –Prog. Dev. Mgr (Alt Fri)	565-8383	396-1646
3rd Alternate VMCC	Supervisor On Duty	565-8135	
Building Facility/Safety Coord.	Michele French– Admin. Aide	565-5808	486-7753
Backup Facility/Safety	Danielle Lemaitre	565-8782	

Utility Location & Access Instructions
Accessed only by FacOps or by emergency responders via Knox box

	VMCC/	**VMCH**
Knox Box	On post outside of the admit area	On outside wall of the kitchen storage area
Water	Main shut off outside Bamboo, near the locked fire lane gates.	Behind Laurel in room 337 – panel in ground behind Laurel.
Gas	Shut off clearly marked outside bamboo near play yard.	East wing (Cypress) off of play area.
Electricity/ Fire Panel	Room 535 at end of corridor leading from Clerical to Medical area. Door marked with red signs.	Electricity and fire panel in dining hall in the room marked with red signs on the door.
Intrusion	None	

Process for locking front doors/key location	All exterior doors are locked at all times and only accessible via prox card or by buzzing in.
Location of landline telephone	VMCC – Clerical Front Desk VMCH – alcove behind staff counters on East and West wings and wall phone in the kitchen. -located in conference room

Emergency Telephone Numbers

Fire/Paramedic Dispatch For Sonoma County (Except Rohnert Park)	911	528-5151
Santa Rosa Police Department (All Locations Except WW, AA)	911	528-5222
County Sheriff's Department (WW, AA - Unincorporated Sites)	911	565-2121

Report ALL Evacuations, Emergencies, and Drills to ALL below:

County Administrator	565-2431		
Facilities Operations	565-2550	24 hr. 565-2213	
Risk Management	565-2942		
Real Estate Manager	565-2463		
DHS Emergency Contact	Adriana Arrizon	565-6623	
Human Services Director	Angela Struckmann	565-6990	WC - 529-9440
HSD Assistant Director	Paula Glodowski Valla	565-4396	WC -
HSD Assistant Director	Oscar Chavez	565-3812	WC - 483-4421

FYC Division Director	Nick Honey (Alt. Mon)	565-4343	WC - 695-5297
A&A Division Director	Paul Dunaway	565-3673	WC- 246-0144
Department PIO (Media Inquiries)	Kris Montgomery	565-8085	WC - 495-6999
Department Operations Manager	Brenda Mechline	565-1792	WC - 687-8400
Department Safety Coordinator	Gloria Eurotas	565-5801	WC - 483-2574
Other important numbers			
Fire Alarm System Maintenance	Santa Rosa Fire Equipment Services	546-0797	
HVAC or Utilities Shut down	Facility Operations	565-6324	
PG&E	24 Hour emergency or outages	1-800-743-5000/5002	
Caltrans	Highway Conditions	1-800-427-7623	
California Poison Control	1-800-876-4766		
Public Health Information Hotline	565-3856		
Fire and Emergency Services	565-1152		
Road Closure information	http://sonomamap.maps.arcgis.com/apps/webappviewer/index.html?id=20e120cba30b4e39a343b858475eb8f2		

Position responsibilities: take cell phone when evacuating	
Facility Emergency Coordinator (FEC)/ Facility Emergency Communication Contact (Director or highest level of manager onsite)	**Internal Command Center Location:** VMCC Conference Room VMCH Dining Room **Onsite Exterior Command Center Location:** SCOE Classroom Courtyard **Offsite Command Center Location:** Apollo Annadel Room – Santa Rosa South South County Bantam Room – Petaluma Zephyr Emerald Room – Santa Rosa North

Onsite Evacuation:
Retain overall responsibility as the emergency incident commander until public safety agencies/emergency responders arrive and assume command.

- Coordinate with Department Emergency Coordinator and/or CAO to assess the incident and determine if the building will be evacuated, shelter in place, or shut down and employees sent home or relocated to another site & initialize action.
- Maintain communication between and act as FEC to both VMCC/VMCH
- Communicate emergency plan and response with all building occupants, Department Emergency Coordinator, and CAO.
- Activate employee notification and/or alarm and building evacuation sweep.
- Call 911 and/or verify 911 has been called and assign someone to meet emergency responders and direct them to the scene. Act as contact with public safety agencies/emergency responders.
- Retrieve duffel bag with vests/hat/bullhorn/clipboard/rosters/site-specific EAP from VMCC Receptionist or VMCH MedRoom Staff.
- Put on safety vest and hat to identify yourself as the Facility Emergency Coordinator.
- Establish a command center to coordinate communications within the department, with county agencies/departments, outside agencies, or public safety/emergency responders.
- Direct Emergency Team Leaders in their assigned responsibilities or as needed.
- Assign replacement Emergency Team Leaders for any absent assigned staff.
- Coordinate reports from Emergency Team Leaders to ensure all employees, visitors, children and clients are accounted for and notify emergency responders of any unaccounted for persons.
- Act as or designate Facility Emergency Communication Contact to report emergency activities and any evacuation or drill (even if event is not an emergency) to all people and departments in the table on page 1.

- Implement division Continuity of Operations Plan (COOP).
- Retain employees and clients in assembly area and prevent building reentry until authorized by public service agencies/emergency responders.
- Refer media inquiries to department PIO or the CAO or county public information officer if EOC is activated.
- If sheltering in place: direct staff to close all windows, shades, and doors (if safe to do so) and move staff & visitors to an interior room, lock down the building, and notify field personnel not to return to the facility. Refer to EAP section 7.0.
- If called away or unable to serve for any reason, assign acting/replacement Facility Emergency Coordinator.
- Submit final status report to all reporting agencies listed on page 1 that includes complete list of external organizations contacted, complete narrative of incident including what happened, what was done, the results, outcomes, and suggestions for plan or response improvement.

Offsite Evacuation: All onsite responsibilities, plus

- Supervisor on Duty initiates evacuation orders
- Supervisor on Duty or Reception to roll phone lines to voicemail, if time permits
- Check road closure information to determine best offsite location for evacuation
- Once headcount is completed, travel to offsite location in an organized caravan
- Keep in communication via walkie talkie or cell phone
- Supervisor on Duty can acquire additional vehicles for client transport, if needed, through the EOC
- Supervisor on Duty to coordinate with EOC for emergency supplies once they arrive at offsite

Emergency Team Leaders/Sweepers	**Primary Assembly Area:**
VMCC – Listed in attached table VMCH –Staff of East and West Teen Halls • DCS is responsible for their assigned halls • Med Staff will sweep Central Hall and grab red duffle bag from the Med Room (203)	SCOE Classroom Courtyard **Alternate Assembly Area:** Old Moon Parking Lot

- During each shift change for VMCH, staff will be reminded that the Teen Hall Staff of both wings are the emergency team leaders.
- Assist and support the Facility Emergency Coordinator (FEC) as needed.
- Assess the incident and coordinate with the FEC to determine if it is necessary to evacuate and/or shelter in place.
- Call 911 and/or verify 911 has been called and assign someone to meet emergency responders and direct them to the scene.
- Communicate with FEC and other ETLs via walkie talkie.
- Notify FEC of any absent Emergency Team Leaders and fill in for their duties to help evacuate and account for children, visitors and staff.
- Put on safety vest to identify self as Emergency Team Leader.
- Clear designated areas of responsibility (all rooms of residential and all work areas –visiting rooms, kitchen, cubicles, offices, meeting rooms, break room, reception, parking lot, storage rooms, or other work areas) with a thorough sweep – close the door and mark it with a post-it that indicates the room has been cleared - and direct children, employees and visitors along evacuation routes to assembly areas stating "this is not a drill – evacuate immediately".
- All children must be evacuated using any means possible.
- Staff may choose to help co-workers with access or functional (special) needs evacuate, however they are not expected to put themselves at risk to do so.

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- If an employee with access or functional needs is unable to be evacuated safely, they should be located as close to a door or stairwell as possible and emergency responders should be notified immediately of their location and evacuation needs.
- At the assembly area, collect staff lists and visitor sign in sheets from VMCC/ reception and staff duty roster from VMCH staff to account for children, employees, visitors and clients and notify FEC of any unaccounted for persons.
- Retain evacuees in assembly area and prevent building reentry until authorized by FEC.

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<tr><td>Bldg Facility/Safety Coordinator
Michele French Backup Danielle Lemaitre</td><td>Command Center</td></tr>
<tr><td colspan="2">

- Assist Facility Emergency Coordinator as needed.
- Ensure known contractors working in the building are accounted for after evacuation.

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<tr><td>First Aid Team Members:

See attached list or posting on safety home page</td><td>Primary Assembly Area
Red suitcase and AED are located: VMCC - Clerical, near window facing Residential building Clerical by door leading to/from lobby
VMCH - Copy Room</td></tr>
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- If safe to do so, bring grab-bag first aid kit, AED, and red suitcase/primary first aid kit to the primary assembly area, check in with Team Leader or supervisor then prepare to set up a first aid station if necessary.

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<tr><td>Reception</td><td>Primary Assembly Area</td></tr>
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- Bring visitor and social worker sign-in/out sheets and provide to Emergency Team Leaders.
- Grab bag of emergency response supplies (vest, hat, clip board, building rosters, site-specific EAP, bull horn, walkie talkie, batteries, pen) located under reception desk –VMCC /Supply Room , and give to Facility Emergency Coordinator.

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<tr><td>MedRoom Staff</td><td>Primary Assembly Area</td></tr>
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- Grab bag of emergency response supplies (vest, hat, clip board, building rosters, site-specific EAP, bull horn, walkie talkie, batteries, pen and vehicle and gym keys) located in Med Room and give to Facility Emergency Coordinator.

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Emergency Action Plans

- The building safety coordinator is responsible for updating this site specific addendum and providing all changes to the department safety coordinator for posting on the safety intranet.
- The complete emergency action plan (EAP) detailing roles, responsibilities, and procedures is posted on the safety intranet http://hsdi/staff/fiscops/htm/safety.htm.
- Safety plans and procedures are available to all staff in the department administrative manual, section 15 Health and Safety http://HSD-intranet/manual/ and on the safety intranet http://HSDi/staff/fiscops/htm/safety.htm.

- **Alarm Systems:**
  - **Fire -** Fire pull stations and heat activated sprinklers are located throughout building. When triggered, blaring horn audible and flashing light visual alarms are activated to signal evacuation and Santa Rosa Fire Equipment Service is automatically notified, who then dispatches the fire department.
  - **Duress/Panic/Other Alarm –** The large visiting room (Room 4) has a wall-mounted "duress" button. The exterior gate in the visiting play area on the north side of the building is alarmed. When either of these are activated, lights and an audible electronic double beeping alarm are triggered at reception. The receptionist can deactivate the alarms by pressing the "Alarm Reset" button.
  - **Overhead Intercom and Walkie Talkies** will be used for alerts and communication
  - **Verbal –** asking “Can I get a hand upfront?” indicates a need to call 911.
    If you hear this phrase, call 911.
- **Portable Fire Extinguisher Use:**
  - HSD has fire extinguishers located in all buildings as indicated on the emergency evacuation maps. In the event of a fire, employees are expected to evacuate immediately, call 911, and notify the facility emergency coordinator. No employees are trained or expected to use portable fire extinguishers.
- **Shelter-In-Place Site-Specific Procedures:** For complete shelter in place procedures, refer to section 7.0 of the HSD EAP.
  - Staff will ensure all windows and blinds are closed, if it is safe to do so.
  - If sheltering in place from an external threat, staff will close all doors and assemble in interior hallway in each section of building away from windows.
- **First Aid, AED, and Disaster Supplies**
  - For a complete list of First Aid Team Members, see attached list or posting on safety home page
  - Each first aid team member has a personal grab bag of first aid supplies.
  - The primary first aid kit (red suitcase) is located in Clerical near the window facing the Residential Building
  - Communal first aid supplies available for anyone to use are located in the Breakroom.
  - A tote of basic disaster supplies for use during emergencies is located in the former placement/RCC wing Janitor Closet (2), VMCC Conference Room Closet (2), Infant/Toddler Janitor Closet (1), Doctor’s office #606 (1), Area 400 located in Conference Room (2), SCOE gym (1)
  - An automated external defibrillator (AED) for use by trained staff is located in VMCC at Clerical by door leading to/from lobby and in VMCH Copy room (209). The human services department internal emergency response plan for use of automatic external defibrillators (AED program) is posted on the safety intranet http://hsdi/staff/fiscops/htm/documents/Safety/Safety_Home_Page/SAFHOMAEDPolicy.htm
- **First Aid/Medical Emergencies –** for complete First Aid/Medical Emergency procedures, refer to DM Section 15-3 Medical Emergencies and Accident Procedures http://hsd-intranet/manual/15-03MedicalEmergenciesandAccidentProcedures.htm
  - In the event of a serious emergency, call 911 immediately.
  - Employees can call the emergency/first aid number posed on office phones in order to request response from the first aid team.

- **Workplace Security** – for complete Workplace Security procedures, refer to DM 15-10 Violence in the Workplace
  - **Active Assailant –** for complete procedures, refer to EAP section 5.5 Active Assailant. In case of active assailant/shooter, staff will NOT press duress button but will evacuate immediately and initiate Run/Hide/Fight procedures detailed in EAP section 5.5.
  - Silence all communication, including walkie talkies during the event
  - As soon as safe, notify other building to shelter in place.
  - **Reception Safety –** Walkie Talkies and intercom system in place for emergencies, managers and supervisor offices in close proximity to reception staff and will respond immediately if issues arise.
  - First responder on scene should take charge of the situation. Second responder should stand back, but in clear view to offer assistance if necessary. Third or additional responders should stay out of sight and be prepared to either intervene or contact law enforcement and keep non-impacted staff out of the way.
- **Power Failure Procedures**-for complete power failure procedures, refer to HSD EAP Section 5.14 Power Failures.
  - The emergency facility coordinator will determine if staff will stay on-site, or be relocated to another HSD building depending on the duration of the power outage.
  - Flashlights/lanterns are located
    VMCC in the drawer by the window behind the front reception desk, at each clerical desk, and in Section Manager's office, Room 520.
    VMCH all laundry rooms and supervisors' offices.
    Area 400 supply and conference room
  - The generator activates automatically in case of power failure. Non-essential electrical devices should be unplugged to reserve generator power/fuel. If for some reason it does not, the uninterrupted power supply (UPS) for prox readers will commence within 10 seconds and can run for 3 hours.
  - Notify HSD IT (JUMP-5867)
  - Managers have keys to all doors if prox readers are not functioning.
- **Evacuation Routes and Assembly Areas –** for complete evacuation procedures, refer to HSD EAP Section 6.0 Evacuation Procedures.
  - Evacuation maps identifying exit routes and fire extinguisher locations are posted in or outside meeting rooms, break rooms, and throughout the building. A copy of the building plan identifying evacuation routes and primary and secondary assembly areas is attached to this addendum.
- **Chemical Exposure - Safety Data Sheets**
  - Chemical inventories and Safety Data Sheets (formerly MSDS) are maintained by **https://cs.cloudsds.com/CampusView**. To search for an SDS, click the link to enter the system, enter the chemical name in the search box. No login is required to search for an SDS.
- **Training**
  - All employees (including temporary and extra help) will receive training on the department and site-specific EAPs upon hire and annually thereafter as detailed in the department EAP section 9.0 training. It is the responsibility of supervisor of each employee to ensure training is complete prior to starting work. Supervisor should forward the training sign in sheet to staff development.
  - Facility emergency coordinator and emergency team leaders will receive additional training to prepare them to fulfill their role responsibilities during emergency events, evacuations, and shelter-in-place procedures.
- **Building Safety Plan –**
  - The building safety plan is posted on the safety page of the HSD Portal http://hsdportal.schsd.org/hsdss/hr/safetyergo/SitePages/safetyplans.aspx

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EMERGENCY DISASTER PLAN FOR CHILDREN'S RESIDENTIAL FACILITIES

(EXCEPT FOSTER FAMILY HOMES)

INSTRUCTIONS:
Post a copy in a prominent location in facility, near telephone.
Licensee is responsible for updating information as required.
Return a copy to the licensing office.

NAME OF FACILITY	ADMINISTRATOR OF FACILITY
Valley of the Moon STRTP	Sky Gray

FACILITY ADDRESS (NUMBER, STREET,	CITY,	STATE,	ZIP CODE)	TELEPHONE
112 Childrens Circle	Santa Rosa	CA	95409	(707) 565-6350

I. ASSIGNMENTS DURING AN EMERGENCY *(USE REVERSE SIDE IF ADDITIONAL SPACE IS REQUIRED)*

NAME(S) OF STAFF	TITLE	ASSIGNMENT
1. Sky Gray	Administrator	DIRECT EVACUATION AND PERSON COUNT
2. TBD	Direct Care Lead	HANDLE FIRST AID
3. TBD	Direct Care Staff	TELEPHONE EMERGENCY NUMBERS
4. TBD	Direct Care Staff	TRANSPORTATION
5.		OTHER *(DESCRIBE)*
6.		

II. EMERGENCY NAMES AND TELEPHONE NUMBERS *(IN ADDITION TO 9-1-1)*

FIRE/PARAMEDICS Santa Rosa Fire Station (707) 543-3500	POLICE OR SHERIFF City of Santa Rosa PD (707) 543-3600
RED CROSS (707) 577-7600	OFFICE OF EMERGENCY SERVICES (707) 565-1152
HOSPITAL(S) Providence Memorial Hospital (707) 525-5300	POISON CONTROL (800) 222-1222
DENTIST(S) Santa Rosa Dental Group (707) 568-1436	AMBULANCE American Medical Response (707) 536-0400
CHILD PROTECTIVE SERVICES (707) 565-4300	CRISIS CENTER (707) 576-8181
	OTHER AGENCY/PERSON

III. FACILITY EXIT LOCATIONS *(USING A COPY OF THE FACILITY SKETCH [LIC 999] INDICATE EXITS BY NUMBER)*

1. Exit doors at end of each wing	2. Exit from common room (PRGM)
3. Exit from common room (PRGM)	4. Exit from dining hall to courtyard

IV. TEMPORARY RELOCATION SITE(S) *(IF AVAILABLE, SUBMIT LETTER OF PERMISSION FROM RENTER/LESSEE/MANAGER/PROPERTY OWNER)*

NAME	ADDRESS	TELEPHONE NUMBER
Extended Stay	2600 Corby Ave., Santa Rosa, CA 95407	(707) 546-4808
Best Western	6500 Redwood Dr., Rohnert Park, CA 94928	(707) 584-7435

V. UTILITY SHUT—OFF LOCATIONS *(INDICATE LOCATION(S) ON THE FACILITY SKETCH [LIC 999])*

ELECTRICITY
Outside the dining hall, and on the north exterior wall of the administration building

WATER
Between the residential facility and administration building on the east side

GAS
Outside the mech closet, east side of the residential building, and outside south wall of administration building

VI. FIRST AID KIT *(LOCATION)* Storage rooms, counselor's office, med room

VII. EQUIPMENT

SMOKE DETECTOR LOCATION *(IF REQUIRED)*
Throughout facility

FIRE EXTINGUISHER LOCATION *(IF REQUIRED)*
Throughout facility

TYPE OF FIRE ALARM SOUNDING DEVICE *(IF REQUIRED)*
Pull stations in common area (PRGM), dining hall, and kitchen

LOCATION OF DEVICE

VIII. AFFIRMATION STATEMENT

AS ADMINISTRATOR OF THIS FACILITY, I ASSUME RESPONSIBILITY FOR THIS PLAN FOR PROVIDING EMERGENCY SERVICES AS INDICATED BELOW. I SHALL INSTRUCT ALL CLIENTS/RESIDENTS, AGE AND ABILITIES PERMITTING, ANY STAFF AND/OR HOUSEHOLD MEMBERS AS NEEDED IN THEIR DUTIES AND RESPONSIBILITIES UNDER THIS PLAN.

SIGNATURE	DATE
	10/31/22

LIC 610C (10/03) (PUBLIC)

3. TRANSPORTATION ARRANGEMENTS

3.2. Transportation Arrangements

Youth Needs: Valley of the Moon STRTP has dedicated county vehicles for youth transports. Counselors transport children and youth to/from their assigned school or request approved transportation through their own district transportation provider. A Social Worker Assistant arranges and transports children and youth to any needed medical, dental, or therapeutic appointments. Approved family or friends may also help in providing transportation for children and youth. Any additional arrangements specified in the needs and services plan or Transitional Independent Living Plan for a child are included in the written placement agreement between the facility and placement agency to ensure a youth's needs are met for any activities provided outside of the facility including, LGBTQ, religious, cultural, ethnic, or social activities to meet the needs of the children and youth. For example, a youth may request to attend religious services and transportation is arranged as needed.

Arrangements for transporting youth who have runaway or left care and contacted facility to return: VMCC will use the County vehicle to pick up the youth wherever they are, have the social worker transport the youth back to VMCC, or have a parent or NERFM return the youth if it is determined that is a safe option. In some cases, youth are transported back to VMCC by law enforcement, if that is the most appropriate way to return them to our facility.

Vehicle Maintenance: Fleet Operations, a division of the County of Sonoma General Services Department, maintains the vehicles. Fleet Operations notifies staff if a vehicle is due for regularly scheduled maintenance. Fleet Operations ensures that necessary registration and insurance are maintained and current.

Drivers: A valid driver's license is a prerequisite for employment at VMCC. Staff who transport children sign a release which allows the Department to access their records at the DMV and to be notified whenever a driving violation has occurred. Volunteers do not drive children and youth to activities. Drivers other than VMCC Counselors have been approved by the youth's assigned social worker. Proof of a valid license is part of the approval process.

Youth Drivers: VMCC does not have NMDs, nor does VMCC allow youth who are minors to have vehicles or receive driving lessons on site. That said, when possible, we support youth in learning to safely operate a vehicle as part of our effort to support their growth and independent living skills to successfully transition into adulthood. Youth may participate in driving lessons through our ILP program that is a contracted service with VOICES. Additionally, there may be some instances where youth get lessons through their school depending on which school they are attending and if that is an offering.

Smoke-Free Policy: There is a county wide policy prohibiting smoking of any substance on or in any county property, and/or around children and youth. Staff are responsible for being aware of and complying with the non-smoking guidelines and restrictions. Youth at VMCC are not permitted

to smoke and are to be protected from exposure to second-hand smoke. Smoking is prohibited on County owned property including land, enclosed areas, buildings, and vehicles in motion or at rest. Smoking is prohibited in the VMCC facilities, grounds of the facilities, and vehicles. Staff are prohibited from bringing any smoking devices or tobacco products in the VMCC buildings, grounds, or vehicles.

4. CORE SERVICES AND SUPPORTS

4.2. Core Services and Supports

Describe the facility's ability to provide access to core services directly or through agreements with other agencies, or both

The Valley of the Moon STRTP intends to provide all of the core services directly and does not plan to contract out any of the core STRTP services. We are currently negotiating the contract with the Mental Health Plan to provide specialty mental health services, and VMCC is a part of the County's child welfare division. Additionally, Valley of the Moon Children's Center (VMCC) already provides educational, physical, behavioral, and extracurricular supports to children and youth in our temporary shelter and have adapted those practices for inclusion in the STRTP.

Describe all 5 core services and how direct resources and programs will be used to provide for the specific core services and supports to children, NMDs, and their families that are trauma-informed, culturally relevant, age and developmentally appropriate

The Valley of the Moon STRTP is designed to provide individualized and comprehensive 24/7 care, supervision, and treatment to children and youth that are inclusive of the required core services. These services will be provided based on each youth's needs and services plan, which is inclusive of the QI assessment provided during the referral and intake process.

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] These services will be based on each youth's treatment plan, which is inclusive of the QI assessment provided during the referral and intake process. The types of service and procedure codes included are:

- Assessment and Plan Development
- 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 work in collaboration with the youth's case carrying social worker to provide a number of child welfare services. Initially, the social worker

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[1] CCR, Title IX, Section 630

will support the pre-placement and admission of the child or youth. 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 child or youth came to be at the STRTP. For any child or 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 child or youth maintains connection with and is returned to their tribe as soon as is safe and mutually agreeable.

Permanency Planning: The STRTP social worker will also identify transition services at the beginning and work with the youth's case carrying social worker to either preserve the existing family placement, recruit a new family environment that could provide permanency, or identify an independent living environment post-discharge. A youth benefits from the certainty that comes from knowing what the next steps are after the STRTP, and this approach to discharge planning at the beginning of the program also enables the receiving caregiver to participate in and benefit from the program. For youth who are aging out, the social worker in collaboration with their case carrying social worker will also ensure that the youth has access to additional transitional services that would prepare them for adulthood.

The STRTP does not serve NMDs and will not be providing transition services for NMDs. All Youth will be supported through the specified transition planning process in advance of their 18th birthday. Aftercare services will be provided to youth who become an NMD post discharge as they continue to be entitled to at least 6 months of wraparound services as well as any other identified services needed to support a successful transition home or to independent living.

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 for youth rather than develop an on-site nonpublic school, which is a component of many STRTPs.

1. If a child or youth is able to safely continue at their local school of origin, then that youth 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 youth'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 youth. 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, including on site nursing services. 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 and youth 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 youth 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 Planned Activities section that includes a number of extracurricular activities to meet the social, recreational, and other developmental needs of children and youth 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.

4.3 Indian Child Welfare Act

Ensure "active efforts" are in accordance with the Indian Child Welfare Act when providing core services to Indian children

The purpose of the Valley of the Moon STRTP is to provide a set of trauma-informed, culturally relevant, and age and developmentally appropriate services that address the impacts of trauma that prevent a youth from remaining with or returning to a family environment. It is specifically targeted for when in-home supports are not adequate. Services are intensive and time-limited in order to support children and youth to develop the skills that they need to be able to return home as quickly as possible, including a very short-term assessment option for those who can return home more quickly. The STRTP programming includes family supports, such as family therapy, parent education and support group, and family-inclusive activities on the weekend (e.g., BBQ) that equip the family to also prepare for the eventual return of their child or youth and promote family preservation. The ability to include families in treatment was one of the primary rationale for developing a local STRTP option. Additionally, the VMCC STRTP will work in conjunction with the case carrying social worker to actively engage the tribe for native children and youth utilizing the ICWA Best Practices Checklist in addition to regular communication and collaboration with local ICWA representatives to ensure active efforts are made and adhere to the ICWA protocol.

4.4. Contracted Services

Contracted Services

The Valley of the Moon STRTP does not intend to contract out any core services. As such, no agreements are attached.

5. CULTURALLY RELEVANT INTERVENTIONS, PRACTICES, SERVICES AND SUPPORTS

5.2 Description of how staff will implement culturally relevant approaches in a manner that acknowledges the diversity of children, NMDs, and their families, while facilitating equity and inclusion.

Trauma-informed care and practices are inclusive of cultural considerations, and our approach to cultural relevance is that of a lens by which we support youth. Cultural relevance and cultural considerations inform all of our work and the overall program. The STRTP's trauma informed assessment and interventions acknowledge, respect, and integrate the youth's cultural beliefs, values, and practices. This is especially important in working with a diversity of youth, as we recognize individual variations in the subjective experience of trauma and trauma reactions, understand the role of beliefs in understanding trauma and in the recovery process, help to restore a sense of physical and psychological safety, and work with family and other natural supports to support the youth. We also acknowledge that youth who are Black, Indigenous, or Other People of Color are overrepresented in the foster care system, and we acknowledge that disparity and associated trauma that comes from the systemic issues. Please see the proceeding sections 5.3 and 5.4 for a description of how services are tailored to be culturally relevant and the specific services that are available for youth.

5.3 Demonstration of how the interventions, practices, services, and supports shall be tailored to the unique cultural characteristics of the child or NMD so that services are relevant from the child's or NMD's perspective and appropriate to their needs without denying or delaying placement because of race, color, national origin, or ethnicity.

All services are arranged using a cultural lens. Trauma-informed cultural sensitivity incorporates individual and cultural beliefs, values, and customs into understanding youth and in planning treatment. This lens facilitates staff curiosity into the impact of a youth's culture on their symptoms and behaviors, while inviting the youth to share about their culture. For example, the therapist is trained to regularly include the exploration of the role that culture plays in youth and their families' experiences and may bring that discussion into the room in order to alleviate the burden on the youth or their family to bring it up. During treatment planning, this can be seen by asking the youth and their family for examples of ways that they may cope with certain thoughts, feelings, or other experiences in order to promote culturally specific healing practices as well as ensure that recommended interventions are not in conflict with the youth and family's cultural affiliation.

STRTP staff are trained to design and implement individualized approaches that incorporate or embrace youth's unique cultural characteristics and the diverse backgrounds of residents. This is built into the program, including in the way that youth co-create activities and outings with staff who can support the inclusion of cultural enrichment activities and expressive activities as well as family participation that can incorporate traditional healing practices, different types of foods, and other culturally specific activities. This is also built into the milieu in that many BIPOC communities prefer community or group level interventions rather than an individualized focus.

Interventions are also designed to be trauma-informed, recognizing that youth live within systems of oppression and that their current experiences cannot be understood without also understanding the oppression, bias and discrimination they face from society and from the system of which they are a part. Staff are trained to recognize and respond to the varying impact of traumatic stress on youth, their families, certified parents, resource families and all those who have contact with the Child Welfare and other systems. In many instances, staff are trained to acknowledge and sit with youth while they process the impacts that oppression may have had on them and their families as well as any fear, sadness, or rage about larger societal implications. Staff are also able to support the reactions and impacts of this systematic oppression through the expressive groups as well as through building the capacity for advocacy with youth, which can be a powerful intervention as youth prepare to re-enter their home communities.

Under no circumstances will placement or services be delayed because of race, color, national origin, or ethnicity.

5.4 Culturally relevant services may include, but are not limited to, mentoring, educational enrichment, college and career prep, arts, recreation, cultural and ethnic studies, cultural healing practices, permanency services, self-awareness and health programming that accounts for the diverse backgrounds of the children served.

The STRTP services are rooted in safety, choice, trust, cultural humility and trauma-informed practice. While the services are provided in a structured and therapeutic milieu, the treatment team is highly flexible and focused on each youth's individual needs, strengths, and capacities. The treatment approach to these youths utilizes principles and interventions from evidence-based practices as often as possible and works to ensure that all services are culturally congruent to the needs of our clients. Our approach is not to have a specific cultural intervention that is separate from the overarching program but rather to embed cultural relevancy throughout the milieu. The specific services are discussed below.

Educational attainment is supported through participation in formal educational activities. This includes supporting youth to receive all of the educational services that they are entitled to from the school system as well as other enrichment activities available, such as tutoring or school-linked extracurricular activities. Additionally, we anticipate that there may be a subset of youth who are unable to be successful in a traditional school environment and may benefit from an independent study program where they can get caught up on credits and get back on track with their education. Career and career preparatory activities will be facilitated in partnership with the school district and supported by the STRTP staff.

Each of the following mental health groups provide an opportunity to support cultural identity as well as healing from trauma, and include:

Treatment Group: There is a 45-minute mental health services group each weekday afternoon led by an STRTP therapist. This group will include process, skill development, and psycho-education components and is intended to provide a group experience that promotes healing through building a deeper understanding of the effects of trauma and the requisite coping skills to manage and ultimately heal from those experiences.

Activity Group: There is a 45-minute general rehabilitation group each weekday afternoon led by a Residential Counselor. This group will be activity-based and focus on practicing coping skills, strengthening self-image, and building self-esteem. Specific activities and areas of focus will depend on the needs, preferences, and cultural identities of the children and youth.

Expressive Group: Each weekday evening, youth will have the opportunity to participate in an expressive therapy group that allows youth to explore art, music, and writing as a method of self-expression and healing. This group may be led by Residential Counselor or therapist depending on the unique talents of staff as we hope that staff can authentically

share their own gifts and interests with the children and youth. We also hope that this group may provide a space for reciprocity in that children and youth may choose to share their unique gifts, cultural, or spiritual practices as a part of the self and group expression.

Support Group: Each weekday evening, youth will have the opportunity to participate in a support group facilitated by a community-based organization. This includes gender and cultural specific groups as well as an LGBTQ-focused group and a 12-step meeting. Staff will be available to support youth if they require assistance during the group but will not participate in the groups.

While weekday activities are primarily focused on treatment, there are in-house expressive activities planned for each evening and on weekends in order to provide cultural and enrichment activities that are also healing in nature. These program activities include support to ensure educational attainment as well as socialization, recreation, independent living skills development, and community integration. These all represent opportunities to incorporate and tailor services to the unique characteristics of the youth at the facility, including cultural events, cultural specific markets and other stores, culturally informed art and expressive activities, and community activities that are located in the areas where youth are from or are representative of their cultural identities. Cultural considerations will also be factored into permanency planning, including the transition planning process.

Additionally, the planned schedule includes a house meeting or morning meeting each day. This is one of the primary mechanisms by which children and youth can suggest an activity or volunteer to plan an activity, either independently, or with staff or peer support. It is also an opportunity for youth to choose which activities they would like to participate in on that day or the following day. On a monthly basis, the group will also co-create the monthly schedule of weekend activities, specifically the recreational activities, community outings, and evening activities (e.g., karaoke night, poetry slam, movie night). This is a prime opportunity for youth to request specific cultural enrichment activities as well as for staff to participate in brainstorming with youth about activities that may provide culturally or otherwise affirming experiences.

6. TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES

6.2. Trauma informed intervention, practices, services, and supports

Describe how the facility will provide trauma informed intervention, practices, services, and supports

The Valley of the Moon STRTP is founded upon the recognition that childhood trauma affects all aspects of childhood development, and the STRTP program employs an integrated approach to understanding and responding to the pervasive effects of trauma that our children and youth experience.

The Pervasive Effects of Childhood Trauma

Neurological and Physiological Development: Childhood trauma affects how the brain develops, including memory, emotions, cognition, sleep/wake cycle, sensory processing, nervous system. It also creates a homeostasis in which the body stays in a state of vigilance with sustained sympathetic nervous system arousal.

Sense of Self: Children who experience trauma and/or neglect may have an underdeveloped sense of self and/or low self-esteem as a result of their childhood experiences. Specifically, children who experience early childhood neglect and abuse may not have benefitted from consistent attunement and mirroring that allows for the development of a cohesive sense of self.

Cognitive and Affective Development: As a result, they may also struggle with self-regulation, both in terms of their physical body (i.e. temperature, texture, etc.) and emotionally, becoming dysregulated when experiencing feelings. Children may also internalize feelings of guilt, shame and low self-worth, believing that the traumatic experiences are their fault or that they are not good or good enough.

Attachment to Others: Trauma changes the way in which children learn to relate to others. This can include lack of attunement and caretaking in early childhood through witnessing unsafe relationships or being hurt by someone that was supposed to provide care. Children who have experienced trauma learn that situations and people are unsafe, untrustworthy and/or temporary. Children may also learn that they will not be taken care of, in terms of physical needs as well as physical and emotional safety. Their relationships may also become overly transactional.

Relationship to the Environment: Many children with trauma histories come from chaotic and/or unpredictable environments and learn that things are unsafe and/or out of control. As a result, they may feel the need to be in control at all times or vacillate between being in control and being out of control. They may also crave structure and consistency while rebelling against it.

Underdeveloped Coping Mechanisms: Children who have experienced trauma may have fewer coping skills that other children, both in terms of not internalizing being cared for and comforted as well as not having role models who implement safe and/or healthy coping skills. Additionally, these children have more complex issues with which to cope with fewer skills.

Based on information from:
The National Child Traumatic Stress Network and the Child Trauma Academy

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.

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. This is described in Section 8: Planned Activities where family activities are discussed as well as in Section 12: Outreach and Participation of Family Members in Treatment. Friends and family are also welcome to visit with youth at the facility, as specified in the visitation policy in section 15. This includes the following trauma informed approach to family visitation from section 15.2: Family members and other loved ones, as permitted, are encouraged to visit the program, participate in the CFT meetings, and engage with the youth and their therapeutic journey. Family visitation can occur in the visitor's rooms available onsite; there are larger rooms and areas available for families that are large. Additionally, families are encouraged to bring home cooked or other favorite treats to the visits, especially when this may involve a special dish or cultural celebration; all food must be shared during the visit and can't come back to the unit. Toys, activities, and other activities are available for the youth and their families to use during the visit, and families may also bring approved items to the visit. If requested and appropriate, the therapist can also be available to provide a family session or family support as a part of the visit. Youth are also supported before and after a visit to ensure that they are adequately prepared for the visit. This may be thinking about activities or conversation topics

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[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.

that they would like to engage in during the visit, any hopes or fears for the visit that staff can help them plan for, as well as debriefing after the visit. All visits, whether positive or challenging or both, can take a toll for youth in out of home care, and this approach allows for youth to receive support in a way that is appropriate for where they are age-wise, developmentally, and in their healing journey. Parents are also able to receive similar support in advance of and after a visit as a part of the family supports offered by STRTP staff and therapist to ensure that the visits are productive and contribute to the youth's healing as well as overall permanency plan.

6.3. – 6.7 Trauma Informed Treatment

Describe how to promote physical and psychological safety for children, NMDs, and families and how to enhance the well-being and resilience of children, NMDs, and families

Healing Process: The STRTP recognizes that children and youth admitted to the STRTP have a diversity of thoughts, fears, hopes, and aspirations and bring with them a current understanding of who they are, what has happened to them, and what they would like. They also have their own repertoire of feelings, choices, and behaviors, including existing coping skills, whether or not they are safe or helpful. Our program understands and acknowledges that the journey towards healing at the STRTP may be daunting and/or scary, and that the healing journey should be safe, thoughtful, and intentional. To this end, the STRTP process is structured according to the following phases:

At each phase, there are specific tasks and activities for the youth, residential counselor, therapist, and social worker to focus on in support of the youth's healing process and inevitable transition back to a family or independent living environment.

Getting to Know You: This first phase is intended to allow for there to be a comprehensive assessment of the child or youth in order to develop a shared understanding of the child's history, how it affects the current presentation, what has been tried, and what may be helpful for the youth moving forward. It is our experience that there are children and youth who could be served in a family environment with proper supports, but nobody really understands what the youth's needs are, why they are presenting in that way, and how to respond based on that understanding. During this phase, staff are also supporting the youth to feel safe and comfortable at the program and build a healthy routine. The youth is able to focus on building relationships with staff and peers, while the social worker explores what the transition or discharge plan is likely to be once the youth has completed the program. This phase is complete when the youth has settled into the program and built rapport with peers and staff, there is a transition plan identified for the future, and a treatment plan has been developed based on the results of the comprehensive assessment. At this phase, a youth will either transition back to the family or independent living environment with tailored supports grounded in the results of the comprehensive assessment or move to the next phase of STRTP treatment.

Getting Ready to Heal: During this stage, the youth continues to focus on developing a safe and healthy routine and building relationships with staff and peers. Treatment focuses on preparing the child or youth to begin the healing process. Trauma treatment can often bring up troubling thoughts, feelings, and behaviors. To this end, the therapist will work with the youth to raise awareness of the healing journey and build safe coping skills and outlets that the youth can rely

upon when difficult thoughts and feelings arise. The residential counselors will serve as coaches to work with the youth throughout the day to practice these skills and activities when triggers occur. This phase ends when the youth is prepared for the healing work and has a toolbox of safe and healthy outlets available to them.

Focusing on the Inside: This phase is one of healing where the youth receives support to organize their world, specifically by increasing their understanding of their thoughts, feelings, and behaviors; connecting their thoughts, feelings, and behaviors with previous experiences; and building a sense of hope and possibilities for the future. During this time, all staff will be supporting the youth to expand and widen their perspectives on themselves, others, the world around them, and the future. The social worker will also be engaging with the youth's family or prospective placement to ensure that they are also able to participate in this growing awareness and skill development along with the youth. The phase is complete when the youth understands themselves and their experiences, the impact that this has on them, and feels competent that they have choice and possibilities in their future direction. The child or youth may still experience difficulty, but these moments have become less intense, less often, and the youth and those around them feel more prepared to manage them.

Taking it to the Outside: During this phase, the child or youth is participating in successive experiences in the community.[2] They may have increased time away from the facility or begin a formal transition to the family or independent living environment where they will be discharged to. They will start developing a schedule or routine for after they leave with detailed plans for how to recognize when they are starting to get themselves in trouble, any early warning signs of crisis, a crisis management plan, and list of people who will be available to support. They may also pursue obtaining a job, enrolling in school, or lining up a volunteer opportunity. The social worker will be focused on supporting the transition as well as lining up any needed services and supports post discharge.

Aftercare: One of the benefits with a local STRTP is the ability of the child or youth and their family to remain involved in the program as they discharge from the program and beyond. There are three primary elements of the aftercare program:

1. The STRTP may be available on a time-limited basis for staff to provide intensive, in-home supports in order to train the receiving High-Fidelity Wraparound provider and family as well as support the youth to apply and generalize the gains they made at the STRTP to their new living environment.
2. The youth and/or family may also choose to remain involved with individual and/or family therapy at the STRTP for up to 90 days while they make the transition from the STRTP

[2] It is important to note that children will participate in community-based activities, as noted in the program schedule, throughout all phases of the STRTP program. This refers to intentional engagement in the community to prepare for discharge and generalize lessons learned outside of the STRTP.

back to the community and support the youth and their caregivers to strengthen what they have learned as they apply it in this new context.

3. The STRTP may also serve as an ongoing enrichment environment, as some children and youth may lose access to the therapeutic and/or experiential activities they discovered while at the STRTP. The aftercare program would allow children and youth to 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.).

<u>Emergency Interventions:</u> 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.

As discussed in Section N: Trauma Informed Intervention and De-escalation Techniques, 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.

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.

6.8 Collaboration with Other Agencies

Collaboration with Other Agencies

A core principle of Valley of the Moon STRTP is that our services will be most effective when they are embedded with a child and family-centered, collaborative approach. The multidisciplinary, Child and Family Team (CFT), shares responsibility to assess, plan, monitor, and refine services for children, youth, and families in ways that are both transparent and trauma-informed. As discussed in other sections, the County of Sonoma has mechanisms in place to collaborate with other agencies regarding the review, referral, and placement of Sonoma County youth in out of home placement.

Within the Valley of the Moon STRTP, our Transition Support Team (TST) is responsible for both CFTs and identifying home-based care, as described in the Section 10. When a youth comes to the STRTP, our TST will collaborate with the youth's assigned case carrying social worker to determine when the last CFT was conducted and who the social worker has identified as needing to be part of the next CFT. If the child already has an established team through other services they have received (like Wraparound), the TST will work with the existing team to expand and evolve the youth's support team while at the STRTP. Our CFT welcomes a broad range of partners to participate, depending on the individual child; these partners are intended to surround the child or youth with support that is based on their individual needs and goals. This may include professional and paraprofessional service providers, family, and any other supports we can identify with and for the youth.

Whenever possible, Valley of the Moon STRTP staff will request a CFT the day the youth arrives so that it can take place within the week of arrival. Staff from the STRTP (clinical and residential), the youth, family, and other supports will attend the meeting along with the assigned case carrying social worker. After the initial CFT, the TST will convene a team meeting every 30 days to review and make changes to the Treatment plan. For youth in the Short-Term Stabilization program, these meetings will convene every two weeks, if needed. Each quarter, Valley of the Moon STRTP staff will hold a larger convening that will always include the case carrying social worker and any other relevant agencies that may not be able to convene each month. The Valley of the Moon STRTP will integrate our CFT process with that of the Child Welfare Case Plan. Initial and 6-month CFTs will be convened and facilitated by a County CFT unit outside of our STRTP with our staff in attendance.

Each meeting will be conducted by a trained facilitator to ensure that all members are prepared and engaged. The facilitator ensures that the youth and family are actively involved as well as other collaborators. The CFT standing agenda will include an agenda item that reviews all services being received to ensure that all of the services and supports received by the youth are trauma informed. The facilitator also ensures there is a record of the meeting, and action items are shared out.

The facilitator and Valley of the Moon STRTP staff will be advocates for the youth to support and include additional resources that include Sexual Orientation, Gender Identity, and Expression (SOGIE), culture, and religious considerations. When working with CSEC identified youth and

their families, we will work to ensure that the team builds trust and safety, focusing on trauma-informed goals that will lessen the chances the youth or family will be re-victimized. Additionally, when working with CSEC identified youth, additional care will be placed in both adding new members to the meeting (as identified by the County-wide CSEC Direct Services Committee) and emphasizing the meeting expectations around what content is shared.

The Valley of the Moon STRTP plans to provide the entirety of the core services, including all of the comprehensive mental health services a youth may need while at the STRTP. BHRS participates in the IPC process to recommend youth for a STRTP placement and provides the Qualified Individual assessment for Sonoma County youth placed at the STRTP. On an ongoing basis, BHRS may not actively participate in every CFT once a child or youth is placed in the STRTP; however, there are specific circumstances where BHRS would be invited, and any member of the CFT can request that BHRS be invited to participate if there is a concern or need. Specifically, the STRTP social worker, who is a member of the TST, will invite BHRS for any youth who has experienced a mental health crisis, regardless of whether or not they were transported to the BHRS Crisis Stabilization Unit. The STRTP social worker will also invite BHRS if there is any question or concern about whether or not the youth might be demonstrating needs that require placement in a behavioral health facility, such as a substance use residential program or a psychiatric health facility. When BHRS is invited to the meeting, the STRTP social worker will individually brief the youth and their family as well as the BHRS staff about BHRS attendance to ensure that everyone is prepared for the conversation and can engage in a trauma-informed way. These preparatory discussions allow the young person and their family to consider their goals for the meeting and identify any questions they may have as well as serve to brief the BHRS staff to participate in a manner that is aligned with the STRTP's trauma informed approach.

The STRTP plans a similar collaborative structure with Probation. The Probation department participates in the IPC process to recommend a Sonoma County youth for a STRTP placement. Dual Status youth (where the Child Welfare agency is the lead) will also be served by the Valley of the Moon STRTP. On an ongoing basis, the case carrying social worker will be the primary participant in the CFTs, however, there are specific circumstances where the assigned Probation Officer would be invited, and any member of the CFT can request that the Probation Officer be invited to participate if there is a concern or need. The STRTP social worker will also invite the Probation Officer if there is any concern about a youth's behaviors that could affect their probation status in order to develop prevention strategies as well as plan for how to respond if the risk behavior continues. When Probation is invited to the meeting, the STRTP social worker will individually brief the youth and their family as well as the Probation staff about Probation attendance to ensure that everyone is prepared for the conversation and can engage in a trauma-informed way. These preparatory discussions allow the young person and their family to consider their goals for the meeting and identify any questions they may have as well as serve to brief the Probation staff to participate in a manner that is aligned with the STRTP's trauma informed approach.

6.9 Maintaining Consistency with TILPS

As described in Section 7, needs and services planning begins at the time of referral to determine what initial services may be indicated at the time of placement and during the initial assessment phase. Once the child or youth is admitted to the facility, they undergo an assessment process, also described in Section 7, that informs their initial Needs and Services plan and Mental Health Treatment plan. For youth who are age 16 or 17, the STRTP needs and services plan will include any services identified in the youth's Transitional Independent Living Plan (TILP) and ensure that all components of the transition and/or permanency plan align with the TILP.

The STRTP social worker will review the youth's TILP during referral and again at admission to ensure that the services identified in the TILP are included in the Needs and Services plan. Review of the TILP is also a standing agenda item on the monthly CFT agenda for youth who are 16-17 to ensure that the services received at the STRTP align with and are inclusive of the TILP-identified services. The TILP, along with the Needs and Services plan, are reviewed and updated monthly as a part of the monthly CFT meetings.

As described previously, STRTP staff meet with the youth and their family individually in advance of every CFT meeting to review what's on the agenda, support the youth and their family to think through their goals and questions for the meeting, and ensure that they are prepared and comfortable going into the meeting. STRTP staff also meet with youth and their families following the meeting to debrief the meeting, reflect on any key moments, and support any next steps identified. This includes thinking through the TILP and any services to support the transition to independent living.

Additionally, the STRTP program and schedule includes time for formal and informal independent living skills activities. The administrator will review notes from every CFT to ensure that any identified TILP services that could be supported with ILS activities are scheduled and incorporated into the program for the youth.

7. DEVELOPMENT, IMPLEMENTATION, AND MODIFICATION OF NEEDS AND SERVICES PLAN

Describe how procedures ensure services meet the individual treatment needs of the child as assessed and in place at the time of placement.

Needs and services planning begins at the time of referral. The Mental Health Head of Service (HOS), Social Worker, and Facility Administrator will meet to review the referral and determine what initial services may be indicated at the time of placement and during the initial assessment phase. The HOS will also gather collateral information from the case carrying social worker, the QI assessor, 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. If this is not feasible or appropriate to do so in advance of placement, the interview and feedback will be gathered at intake. Based on this information, including information from the QI assessment, the STRTP will create an initial needs and services plan that can be in place in advance of intake.

Upon admission into the STRTP, the child or youth will enter the assessment phase. 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 for all children and youth:

- 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

- IP-CANS () - The Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) is a multi-purpose tool developed for children and 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 commercial 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) – Valley of the Moon Children's Center (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.

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. The primary therapist will gather all assessment results, incorporate feedback and observations from the child or youth and Residential Counselors as well as their own feedback, and develop an initial Needs and Services plan and Mental Health Treatment plan that can be shared with the youth 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. This initial Needs and Services plan will also delineate if the youth can transition back into a family environment with additional supports based on the results of the assessment or if the youth should continue placement at the STRTP for intensive services.

Describe how procedures identify the anticipated duration of treatment (NSP updated every 30 days) and timeframe and plan for transitioning the child to a less restrictive family environment

The initial Needs and Services plan will include the anticipated length of stay at the STRTP, which is expected to range from 3-6 months. This will be determined in partnership with the Treatment Team and CFT based on the QI assessment of anticipated duration and intensity of treatment needed, factors that are likely to support goal attainment and any barriers to success, and the youth's motivation to participate in the healing process. The STRTP will meet with the youth and their CFT on a monthly basis to review progress, celebrate accomplishments, address any barriers to treatment, and update the Needs and Services plan. During each CFT meeting, the team will discuss and document the expected course of treatment, anticipated timeline to discharge, and goals to be accomplished prior to discharge. These regular and ongoing CFT meetings will ensure that consistent progress is being made towards the goals and timeline for transitioning and provides an opportunity for the team to update the treatment services and timeline if consistent progress is not being made as expected.

The STRTP social worker will also begin the process of securing placement following discharge at the time of admission. Where in the best interests of the youth, the STRTP and case carrying social worker will work together to explore if there is any possibility of preserving the previous placement or other previous placements, particularly if there are additional supports available, including participation in family therapy and family support groups during the youth's time at the STRTP. If there are no previous or current family environments available to the youth, VMCC will utilize the existing process for placement identification.

The process for identifying appropriate placement for youth involves collaboration between the assigned case-carrying Social Worker, the Placement Social Worker, and the Transitional Support Team (TST). The reason for the youth being placed at the STRTP is discussed during this process and taken into consideration when matching with an appropriate placement. The team is sensitive to what caused the STRTP placement, the youth's cultural and ethnic background, their gender, and immediate safety concerns.

For any child or youth for whom the team cannot identify a kinship, NREFM, or previous placement, the team will partner with the following existing teams and committees in order to identify a discharge location during treatment:

- Caregiver Resource Unit: TST will collaborate with the Caregiver Resource unit to identify possible Foster Home Placements that would be a match with a youth upon welcoming to VMCC.

- 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.

Describe how procedure ensure consistency with the case plan as developed by the county placing agency and recommendations by the child and family team.

The initial assessment and resulting Needs and Services plan is informed by the case plan from the case carrying social worker and feedback from the CFT. Monthly updates are completed in collaboration with the case carrying social worker and CFT as a part of the monthly CFT meetings. Given that the county placing agency and the STRTP are a part of the same county department that brings years of experience working together at the VMCC campus, we anticipate the same level of collaboration with this program.

How the procedures support reasonable parent standard

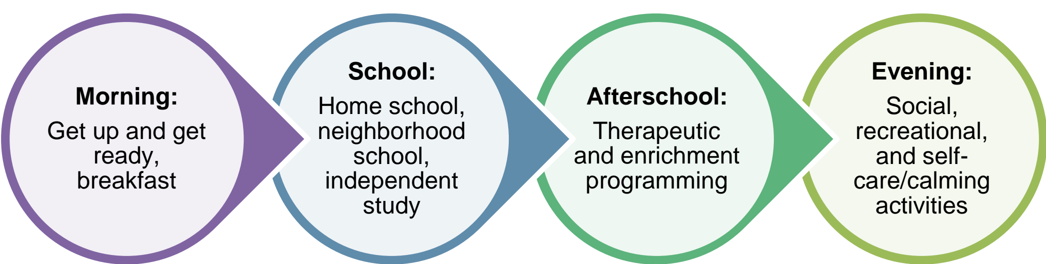
The Needs and Services plan is based upon the youth's health, safety, and best interests and seeks to provide opportunities for emotional and developmental growth. While the STRTP does have a highly structured schedule with intensive programming, there is flexibility to tailor the specific services and activities based on the needs of each child or youth as well as allow for participation in age appropriate events with their peers.

8. PLANNED ACTIVITIES

8.2. Planned Activities

A written plan for individual child activities and group activities

The program will provide residential treatment services 24 hours per day, 7 days per week. While schedules may be individualized, the program will provide support in the morning as a child or youth wakes and prepares for the day and transportation to school or support for independent study. After school, there are a variety of therapeutic and rehabilitative activities planned as well as self-care and supportive programming in the evening. Weekends have a combination of on and off-site therapeutic, independent living skills, and recreational activities. Individual and family therapy will happen based on individual and family schedules and be available afternoons, evenings, and weekends. A sample weekly schedule is attached to this section. While the program provides highly structured and intensive services, the program also applies the reasonable and prudent parenting standard and has the flexibility to ensure that all youth are able to engage in acitvities and events with an appropriate level of independence based on their deveopmental level and ability to do so safely.



A written plan for physical activities and leisure time

The STRTP will offer options for both individual and group activities daily. Supervisors ensure activities are age appropriate and are diverse in their content. The Valley of the Moon STRTP has access to numerous opportunities for physical activities. The Valley of the Moon STRTP has a gymnasium that is used for court sports such as basketball and badminton, as well as physical activity classes such as yoga, Zumba, and meditation. There are also two Play Structures located on the grounds as well as circuit training equipment. There is an activity group planned for each afternoon, which will have a physical activity option, as well as leisure and relaxation time built into each evening. The Valley of the Moon STRTP also offers indoor activities such as board games, ping pong, movies, video games, art, poetry, and crafts.

Plan that identifies children involved in the activities

Each afternoon, children and youth participate in an activity group and a treatment group; each is

45 minutes. This provides the opportunity for small group activities, and the staff will determine the groupings based on age, interest, and need. Each evening, there is an expressive group and a support group, and children and youth may choose which activities they would like to participate in. On the weekends, children and youth are able to choose which ILS, recreation, and community activities they would like to participate in. House meetings and morning meetings will include all children and youth at the facility, and leisure and free time will be organized in small groups based on room location or which hall they're assigned to.

A written plan for education activities

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, The Valley of the Moon STRTP has elected to individualize educational programming for youth rather than develop an on-site nonpublic school, which is a component of many STRTPs.

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 present a significant barrier to participating in the STRTP programming, the Valley of the Moon STRTP 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 youth's learning and educational needs.
3. If a child or youth is unable to safely continue in a public school environment, the Valley of the Moon STRTP 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 youth. 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, the Valley of the Moon 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 persons served have access to high quality education while concurrently completing the Valley of the Moon STRTP program.

Plan for activities that meet the training, money management, and personal care and grooming needs identified in the needs and services plan

The Valley of the Moon STRTP staff will support personal care and activities of daily living (ADL) skills on a daily basis during naturally occurring times (e.g., morning and evening routines) as well as on an ad hoc basis throughout the day. Additionally, there are formalized Independent Living Skills activities planned, both on-site and in the community, on Saturdays and Sundays. These ILS groups will provide training and in vivo supports for all ILS, including money management and other life skills that are developmentally appropriate, necessary to gain during adolescence and in order to prepare for adulthood, and are helpful to transition back into a family environment.

Describe the program's planned educational activities and services, including but not limited to special education, use of public/private schools, tutoring, and providing a safe learning environment for children/NMD with various sexual orientation and gender identity/expression and commercially sexually exploited children/youth.

The Valley of the Moon STRTP has no intention of developing a nonpublic school and plans to support children and youth to participate in their educational activities through their home district or through the County Office of Education. If any of the children and youth placed at the Valley of the Moon STRTP require specialized educational services, the social worker will work with the case carrying social worker and educational rights holder to request a meeting for an IEP or 504 Plan.

Describe opportunities for individualized youth directed activities

The weekday schedule is primarily focused on educational and therapeutic activities, although we anticipate that the house meeting may eventually be led or co-led by youth. While the therapeutic activities must be staff-led, we anticipate that children and youth will gain the confidence and leadership skills to begin "hosting" activities based on their talents and interests or that they have planned, which may include the recreational, ILS, and evening activities available on the weekends. The Valley of the Moon STRTP staff would be available to partner with them as they practice these skills or suggest collaborating with another child or youth. Additionally, there is leisure time planned each day where youth could engage in independent, self-directed activities, or engage with a small group of peers.

Sample daily activity schedule for one week, including weekends

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	All Week
7a	Wake up/ Get Ready	Wake up/ Get Ready	Wake up/ Get Ready	Wake up/ Get Ready	Wake up/ Get Ready	Wake up/ Get Ready	Wake up/ Get Ready	Individual and Family Therapy *Therapists will schedule individual and family sessions when not actively leading groups and based on child and family needs and schedules.*
8a	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	Breakfast	
9a	School	School	School	School	School	Morning Meeting	Morning Meeting	
10a	School	School	School	School	School	ILS Activity (1 onsite, 1 offsite)	ILS Activity (1 onsite, 1 offsite)	
11a	School	School	School	School	School			
12p	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	
1p	School	School	School	School	School	Recreation/ Leisure Activities (may be on or offsite)	12:30 – 2:00 Belos Equine Program	
2p	Transition/Snack	Transition/Snack	Transition/Snack	Transition/Snack	Transition/Snack			
3:30 - 5p*	Treatment Group - Process Activity Group	Treatment Group - Skills Activity Group	Treatment Group - Psycho Ed Activity Group	Treatment Group - Skills Activity Group	Treatment Group - Process Activity Group	Community Outing	Recreation/ Leisure Activities	
5p	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	
6-6:30	House Meeting	House Meeting	House Meeting	House Meeting	House Meeting	Evening Activity	Get ready for the week (Informal ILS)	
6:30-7:30p*	Relaxation Group *Verity Girls Circle*	Music Group *Positive Images LGBT Group*	Art Group *12 Step Meeting*	Writing Group Culture/Gender Specific Group	Evening Activity *VOICES TAY Group*			
7:30-10p	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	Leisure/ Relaxation/ Room Time	
10p - 7a	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	Sleep	

**Family visits may happen during this time. Children who opt out of both activities may do homework or other quiet activities independently.*
***Specific wake-up, room, and bedtimes will be based on individual child needs and schedules.*
****Cell phones and other electronics will be readily available after snack and mealtimes and during leisure time.*
****Therapists will schedule individual and family sessions when not actively leading groups and based on child and family needs and schedule*

8.3 Participation in age and developmentally appropriate activities according to the reasonable and prudent parenting standard

Extracurricular, enrichment, cultural, and social activities to include attendance for LGBTQ children/NMDs in community activities

While weekday activities are primarily focused on treatment, there are in-house expressive activities planned for each evening in order to provide cultural and enrichment activities that are also healing in nature. There are also different community groups who will host a support group each evening, including an LGBTQ-focused group. The weekend activity schedule provides for a number of additional activities, including community outings, community-based ILS workshops, equine therapy, and social events.

The Valley of the Moon STRTP also has developed strong partnerships within the local community at swim centers including, Ridgeway Swim, Finley Center, Morton's Hot Springs, and the YMCA. The Valley of the Moon STRTP partners with Belos Cavalos, an equine therapy ranch, who will host a youth program designed for the Valley of the Moon STRTP youth for 2 hours each Sunday. The Belos Cavalos property is also open to the Valley of the Moon STRTP at any time for youth to walk around the expansive property visit the garden or hike. Youth attend field trips in the community that allow them to enjoy physical activities at EpiCenter, which offers a trampoline park, indoor soccer, basketball and volleyball; at Rebounderz, which offers another trampoline park option; the Charles Shultz Discovery Museum which hosts multiple climbing installations; Snoopy's Ice Arena, which has ice skating options year round; Double Decker Lanes, which provides a venue for Bowling; and there are 54 regional parks in the county and several beaches that provide access to nature walks and hikes.

While the STRTP does have a highly structured schedule with intensive programming, there is flexibility to tailor the specific services and activities based on the needs of each child or youth as well as allow for participation in age appropriate events with their peers according to the Reasonable and Prudent Parenting standard.

Additionally, the planned schedule includes a house meeting or morning meeting each day. This is one of the primary mechanisms by which children and youth can suggest an activity or volunteer to plan an activity, either independently, or with staff or peer support. It is also an opportunity for youth to choose which activities they would like to participate in on that day or the following day. On a monthly basis, the group will also co-create the monthly schedule of weekend activities, specifically the recreational activities, community outings, and evening activities (e.g., karaoke night, poetry slam, movie night). Staff decision making around youth requests will follow the Reasonable and Prudent Parenting standard.

8.4. Onsite Vocational Training

Describe any on-grounds therapeutic activities/vocational trainings you provide in your facility

There are on-site therapeutic activities available each day, including:

Treatment Group: There is a 45-minute mental health services group each weekday afternoon led by an STRTP therapist. This group will include process, skill development, and psycho-education components and is intended to provide a group experience that promotes healing through building a deeper understanding of the effects of trauma and the requisite coping skills to manage and ultimately heal from those experiences.

Activity Group: There is a 45-minute general rehabilitation group each weekday afternoon led by a Residential Counselor. This group will be activity-based and focus on practicing coping skills, strengthening self-image, and building self-esteem. Specific activities and areas of focus will depend on the needs and preferences of the children and youth.

Expressive Group: Each weekday evening, youth will have the opportunity to participate in an expressive therapy group that allows youth to explore art, music, and writing as a method of self-expression and healing. This group may be led by Residential Counselor or therapist depending on the unique talents of staff as we hope that staff can authentically share their own gifts and interests with the children and youth.

Support Group: Each weekday evening, youth will have the opportunity to participate in a support group facilitated by a community-based organization. This includes gender and cultural specific groups as well as an LGBTQ-focused group and a 12-step meeting. Staff will be available to support youth if they require assistance during the group but will not participate in the groups.

Therapists will also provide individual and family therapy for each child or youth. This includes joint individual and family sessions as well as a caregiver support and psychoeducation group and multi-family therapeutic opportunities.

8.5 Not applicable

8.6 Not applicable

9. SERVICES DURING PLACEMENT AND AFTER DISCHARGE

Services During Placement and After Discharge

STRTP Design: The VMCC STRTP is designed to serve two different types of placements. 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.

> **Short-term Assessment and Stabilization.** The first type of placement is a child or youth who requires a very short-term placement (e.g., 30-45 days) in order to be assessed so that we can have a thorough understanding of the youth's needs, stabilize whatever presenting issues undermine placement in a family environment, and organize services that would allow the youth to either return home or be served in a family environment (i.e., kinship, NREFM, or resource family). These children and youth need more than can be provided in an emergency shelter, both in terms of length of stay and clinical services. We see this stabilization STRTP model as a critical intervention that would allow us to stabilize a youth and prevent loss of their current placement, organize resources that would allow them to return home, or determine the most appropriate level of care needed. With this resource, we may be able to divert many children and youth from the more intensive STRTP treatment program and better support placement in a family environment.
>
> **Time-limited Intensive Treatment.** The second type of placement is for those children and youth who need time limited, high quality, intervention services and supports for a longer period of time (e.g., approximately 6 months) in order to address the issues that make placement in a family environment or transitional program unlikely.

In both cases, VMCC will provide for all services a youth might need as indicated in their Needs and Services plan. We will also work, from the point of admission, with the youth's Child and Family Team to establish a transition plan back to their family of origin whenever that is possible or to a lower level of care placement, ideally in home-based care.

Services: The purpose of the STRTP is to provide a trauma-informed milieu combined with formal clinical interventions through an interdisciplinary team that supports growth, healing, and positive youth development. 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. 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. 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 during milieu. The STRTP provides therapeutic activities that 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.

Throughout their placement with us, we will ensure the youth receives Specialty Mental Health Services to address their emotional, behavioral, and mental health needs; we will also ensure that all educational, physical, behavioral, and extracurricular supports are in place. Our individualized program coupled with variable lengths of stay allows VMCC to provide or arrange for additional services and support to meet the individual needs of children and families during placement and post-permanency. For example, our program can customize and maximize treatment opportunities with a formal afterschool program and on-site 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.

Aftercare: As part of the development of an individualized family-based aftercare support plan, the STRTP will ensure that aftercare services identify necessary supports, services, and treatment to be provided for at least six months post discharge as a child moves from the STRTP to a homebased family care setting or to a permanent living situation through reunification, adoption, or guardianship, or to a transitional housing program. This plan shall be developed, in collaboration with the county placing agency, the CFT, and other necessary agencies or individuals for at least six months post discharge. Aftercare services may be provided by the following including, but not limited to: a STRTP, county placing agency, child welfare agency, probation department, mental health plan, or other agencies or individuals pursuant to WIC section 4096.6. In order to ensure services post-permanency for youth, we have developed an aftercare program that would complement the high-fidelity wraparound and ISFC services. This program would be provided through the VMCC and would provide six months of wraparound aftercare.

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.). One of the benefits with a local STRTP is the ability of the child and their family to remain involved in the program as they discharge from the program and beyond supporting our goal of post-permanency connection with youth and families. There are three primary elements of the aftercare program:

1. The STRTP may be available on a time-limited basis for staff to provide intensive, in-home

supports in order to train the receiving provider High Fidelity Wraparound) provider and family as well as support the child to apply and generalize the gains they made at the STRTP to their new living environment.

2. The child and/or family may also choose to remain involved with individual and/or family therapy at the STRTP for up to 90 days while they make the transition from the STRTP back to the community and support the child and their caregivers to strengthen what they have learned as they apply it in this new context.
3. The STRTP may also serve as an ongoing enrichment environment, as some children may lose access to the therapeutic and/or experiential activities they discovered while at the STRTP. The aftercare program would allow children and youth to 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.).

The table below shows the name, location, and services provided by agencies the STRTP will be partnering with, either formally or informally, to provide additional supports and services to families and children including NMDs during care and post-permanency.

Name, Location, and Services Provided by Agencies in Partnership with the STRTP

Agency Name	Service Location	Services Provided
Seneca Family of Agencies	Throughout the community and in the youth's placement	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, and Seneca will be the contracted provider to provide aftercare services for all youth in Sonoma County. On the rare occasion that the STRTP provides services to an out-of-county youth, Seneca will provide aftercare transition support and linkages to local services in the youth's home community.**
Verity	Valley of the Moon STRTP	Verity is an organization that works in partnership with the community to eliminate all forms of violence, with a special

	Verity Office: 1311 W Steele Ln, Santa Rosa, CA 95403	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 will lead a Girls Circle at the STRTP once a week with activities that are based on positive connections, self-esteem, resiliency, as well as personal and collective strengths.**
VOICES Youth Program	Valley of the Moon STRTP and VOICES Office at 714 Mendocino Ave Santa Rosa, CA 95401	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. **Voices will come to the STRTP to provide advocacy and Independent Living Groups.**
Belos Cavalos, Therapeutic Experiential Equine Program	687 Campagna Lane, Kenwood, CA 95452	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. **Youth at the STRTP who are eligible for off-site services will participate in the Belos program on weekends as indicated in the program schedule and youth's case plan.**
Sonoma Al-Anon/Alateen	Valley of the Moon STRTP	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	345 CA-12, Santa Rosa, CA 95409	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.**
Public Health (Psychiatrist, Physician's Assistant, Psychiatric Nurse)	Valley of the Moon STRTP	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.
VMCC Dental Clinic	Valley of the Moon STRTP	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)	Valley of the Moon STRTP	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)	Valley of the Moon STRTP	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 to **ensure the Valley of the Moon STRTP is able 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.

10. PLAN FOR PARTICIPATION OF CHILD AND FAMILY TEAM (CFT)

Plan for Participation of Child and Family Team (CFT)

A core principle of Valley of the Moon STRTP is that our services will be most effective when they are embedded with a child and family-centered, collaborative approach. The multidisciplinary, Child and Family Team (CFT), shares responsibility to assess, plan, monitor, and refine services for children, youth, and families in ways that are both transparent and trauma-informed.

Within the Valley of the Moon STRTP, our Transition Support Team (TST) is responsible for both CFTs and identifying home-based care, as described in the Section 10. When a youth comes to the STRTP, our TST will collaborate with the youth's assigned case carrying social worker to determine when the last CFT was conducted and who the social worker has identified as needing to be part of the next CFT. If the child already has an established team through other services they have received (like Wraparound), the TST will work with the existing team to expand and evolve the youth's support team while at the STRTP. Our CFT welcomes a broad range of partners to participate, depending on the individual child; these partners are intended to surround the child or youth with support that is based on their individual needs and goals. This may include professional and paraprofessional service providers, family, and any other supports we can identify with and for the youth.

Whenever possible, Valley of the Moon STRTP staff will request a CFT the day the youth arrives so that it can take place within the week of arrival. Staff at the STRTP (clinical and residential), the youth, family, and other supports will attend the meeting along with the placement or assigned social worker.

After the initial CFT, Valley of the Moon STRTP staff will convene a team meeting every 30 days to review and make changes to the Treatment plan. For youth in the Short-Term Stabilization program, these meetings will convene every two weeks, if needed. Each quarter, Valley of the Moon STRTP staff will hold a larger convening that will always include the county social worker and any other relevant agencies that may not be able to convene each month. The Valley of the Moon STRTP will integrate our CFT process with that of the Child Welfare Case Plan. Initial and 6-month CFTs will be convened and facilitated by a County CFT unit outside of our STRTP with our staff in attendance.

Each meeting will be conducted by a trained facilitator to ensure that all members are prepared and engaged. The facilitator ensures that the youth and family are actively involved. The facilitator also ensures there is a record of the meeting, and action items are shared out. The Placement social worker would lead or co-lead CFT meetings about placement so that the treatment goals and ongoing services for aftercare are discussed.

The facilitator and Valley of the Moon STRTP staff will be advocates for the youth to support and include additional resources that include Sexual Orientation, Gender Identity, and Expression (SOGIE), culture, and religious considerations. When working with CSEC identified youth and

their families, we will work to ensure that the team builds trust and safety, focusing on trauma-informed goals that will lessen the chances the youth or family will be re-victimized. Additionally, when working with CSEC involved youth, additional care is placed in both adding new members to the meeting and emphasizing the meeting expectations around what content is shared.

Plan for Demonstrating that the STRTP will Participate in CFT Meetings in a Manner that is Trauma-Informed, Culturally Relevant, and Age and Developmentally Appropriate

We convene the CFT to partner together to address the needs of the youth, assess progress towards goals, to ensure services and supports are trauma-informed, culturally relevant, strengths-based; age and developmentally appropriate; collaborative, and permanency-focused. Below are a few key components to our CFT process:

Multidisciplinary and Inclusive: We work with existing supports in the family and service providers to ensure that all people who work with the youth are engaged. This will include Valley of the Moon STRTP staff, the case carrying social worker, representatives from other agencies like Behavioral Health; the youth and supports the youth has identified, and any other representatives that would be appropriate to include.

Strengths-Based, Individualized, and Needs-Driven: We use the Integrated Practice-Child and Adolescent Needs and Strengths (IP-CANS) assessment tool to support our team in guiding discussions with the child and family as partners; maintaining a strengths-based focused approach; and developing an action-oriented, youth-focused treatment plan. All relevant team members provide input into the completion of the IP-CANS, which informs the youth's individualized plan. The IP-CANS tool informs and is completed prior to the development of the treatment plan, which is developed in a shared decision-making process.

Youth and Family-Centered: 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 safety, permanency, and well-being. The team will prioritize the voice of the youth and their family, as they define it, through all parts of the CFT process so that planning is grounded in the family members' perspective and expertise of their own experience.

Procedures for Debriefing and Assessing CFTs Effectiveness

We have embedded into the CFT meeting a process for debriefing procedures and evaluating the CFTs effectiveness in youth outcomes. The Valley of the Moon STRTP will actively involve youth, staff, families, service providers and other supports in debriefing and evaluating the CFT. The facilitator will 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. 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 IP-CANS assessment tool; and ultimately placement in a lower level of care.

11. IDENTIFICATION OF HOME-BASED SETTINGS, DEVELOPMENT OF INDIVIDUALIZED AFTERCARE SUPPORT PLAN & DOCUMENTATION OF PROCESS TO IMPLEMENT TREATMENT AND SERVICES

11.1. Identification of Home-Based Settings, Development of Individualized Aftercare Support Plan & Documentation of Process to Implement Treatment and Services

The Clinical Team will coordinate assessments and services for each youth in the STRTP. Our Transition Support Team (TST) will liaise with each youth's case-carrying and placement social worker, initiate Child and Family Team Meetings, and liaise with the Valley Of The Moon Counselors with a goal of successful transitions into an appropriate placement. Starting with our initial CFT meeting, permanency in a home-based setting will be at the forefront of our planning for the youth. For youth in the shorter-term stabilization program, we will take a proactive approach from the first meeting to determine the best placement match for the youth (Emergency Relative Placement, NREFM, Foster Home, Residential Therapeutic Program) and the package of support the placement will need (post-stay coaching, wraparound services, furniture, transportations, etc.). Since the goal of this program is to provide stabilization and support with the aim of retaining an existing placement, in many cases the focus will be on what supports are needed to step-down and return home. For all other youth in the STRTP, we will begin planning for permanency on day one, understanding that the youth has a healing journey ahead before step-down is possible and transitioning to home-based care will be an ongoing part of the CFT process.

The Valley Of The Moon STRTP is part of Family, Youth & Children's (FY&C) Services, Sonoma County's Child Welfare agency, and our team will work in collaboration with the placement social worker to identify and plan for home-based care after participation in the STRTP. The placement social worker and Transitional Support Team will attend the initial Child and Family Team meeting, the CFT each quarter, and will collaborate about placement ongoing. In collaboration with the groups mentioned below, our Transition Support Team will work with the assigned case-carrying and placement social worker to come to an agreement on an appropriate step-down placement for the youth. If an agreement is unable to be reached, collaboration with the Transitional Support Supervisor and the Continuing Services Section Managers will follow.

Collaborations: The Transition Support Team regularly attends a variety of interagency meetings to ensure coordination of seamless placement and support services for youth. These meetings ensure ongoing collaboration with other County departments and local Foster Family Agencies to find permanent homes for our youth and plan transitions to home-based care.

<u>Caregiver Resource Unit (CRU)</u>: TST will collaborate with the CRU on an as needed basis to identify possible home placements that would be a match with a youth while they are at the STRTP.

<u>Matching Meeting:</u> This is a meeting that occurs weekly and includes participants from the local Foster Family Agencies, the County Foster Family Homes Coordinator, Resource Family Approval (RFA) unit and 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 +: This meeting takes place once a month to find placements for youth who may be more difficult to place. The meeting includes the FY&C Division Director, Section Manager, assigned Social Worker, Placement Social Worker, TST and Behavioral Health. During the meeting the team discusses placement barriers and generates innovative, "outside of the box" ideas; the team elevates action steps to the Director level to expedite solutions.

Health, Safety, and Confidentiality:

Critical to the work we do with youth and their family is protecting their confidentiality and privacy of all their information and documentation while we work collaboratively with the Child and Family Team to ensure the youth's health and safety. Staff at the Valley Of The Moon STRTP receive training on the Health Insurance Portability and Accountability Act (HIPAA) and adhere to HIPPA at all stages of treatment. From their admission into the Valley of The Moon STRTP, youth, their parents/guardians, and their referring party are oriented to our compliance to HIPPA and the ways we ensure health, safety, and confidentiality for youth. Youth, their family, and any treatment or services providers need to sign an Authorization for Release of Information in order for anyone on the youth's interdisciplinary team to share confidential treatment information to anyone outside the agency. Additionally, any members that attend multidisciplinary team meeting or CFTs need to sign the confidentiality form on the next page.

11.2 Identification of Home-based Settings for a Child Who Does Not Have a Home-Based Caregiver Identified for Transition

The Valley Of The Moon STRTP in accordance with the child's case plan and the CFT recommendations, will provide for, arrange for the provision of, or assist in, all of the following:

Identification of home-based settings for a child who does not have a home-based caregiver identified for transition: Permanency in a home-based setting will be at the forefront of our planning for the youth from entry into the STRTP. The STRTP staff will be working with the Transition Support Team and the Caregiver Resource Unit to identify a home-based setting when there is no home-based caregiver already identified.

Aftercare: As part of the development of an individualized family-based aftercare support plan, the STRTP will ensure that aftercare services identify necessary supports, services, and treatment to be provided for at least six months post discharge as a child moves from the STRTP to a homebased family care setting or to a permanent living situation through reunification, adoption, or guardianship, or to a transitional housing program. This plan shall be developed, in collaboration with the county placing agency, the CFT, and other necessary agencies or individuals for at least six months post discharge. Aftercare services may be provided by the following including, but not limited to: a STRTP, county placing agency, child welfare agency, probation department, mental health plan, or other agencies or individuals pursuant to WIC section 4096.6.

Documentation of the process by which the STRTP will implement treatment and services: As part of the youth's treatment plan and reviewed at each CFT, the STRTP will document the process by which the STRTP will implement treatment and services to support the short- and long-term, child-specific mental health goals identified by a qualified individual.

The assessed need will be documented in the youth's assessment; the services to meet those needs will be documented in the youth's case plan; and the provisions of those services will be documented in progress notes. The assessment and case plan will be reviewed on a monthly basis and updated on a quarterly basis. This information along with all clinical notes will be kept in Atlas, the STRTP's case management database.

12. PARTICIPATION OF FAMILY MEMBERS IN TREATMENT AND OUTREACH TO FAMILY

12.2 Participation of Family Members in Treatment and Outreach to Family

The STRTP values the participation of family members in treatment, as permitted by the courts, and is committed to providing intentional outreach and support to encourage participation in treatment as well as support, (re)establish and/or preserve family relationships, including relationships with siblings, other kin, and nonrelative extended family members (NREFM), even if the family are not able to provide permanency for the youth following discharge.

During the referral process and upon intake, the social worker will establish contact with anyone who has been identified by the case carrying social worker as a family member, other kin, sibling, and/or NREFM, as permitted by the courts. If there are not established orders for sibling contact, the STRTP social worker will request that the court consider sibling contact. Once the list of approved contacts has been established, the STRTP social worker will meet with the youth to review the list of CFT members who will be participating in their ongoing services and planning and determine if the youth would like to add any additional participants. The therapist will also work with the youth to determine who the youth may wish to include in family therapy; this may be an ongoing conversation that evolves through the healing process and with transition planning as the youth may request to include additional individuals at any point in their process. The therapist will also explore with the youth who they might like to invite to weekend activities and other special events, such as a monthly barbecue.

Once family members and other identified individuals have been identified, the STRTP will work with the family to invite them to the various activities (i.e., CFT meetings, family therapy, weekend socials). This includes CFT meetings for the needs and services, permanency, transition, and aftercare planning; Each standardized agenda has an item that explicitly requests family member input and feedback about the topics being discussed. All efforts will be made to schedule the meetings at dates and times that are convenient for the identified family members. Additionally, the STRTP will work with family members to address any barriers that they may have to participation, including the costs associated with transportation, reminder phone calls, or other identified supports. In advance of each meeting or activity, the therapist will check in with family in order to prepare them for what to expect, help surface any concerns or topics that they would like to be addressed and develop any plans for how to address identified topics or issues if they arise, as well as debrief the event or appointment after the fact to ensure that the family is properly supported.

For siblings, the STRTP will make all efforts to ensure that the youth can maintain contact with their siblings, including scheduling sibling visits, inviting siblings to participate in sibling sessions with the therapist as clinically appropriate, and inviting the sibling to participate in weekend and other social activities. If the sibling is currently in an out of home placement – such as kinship, NREFM, or resource family – the sibling's placement will also be invited to participate in the family-specific activities, in order to support the sibling's participation.

During transition planning and post discharge, the STRTP will continue to engage with the child and their family and/or other natural supports in order to maximize their participation in the child's transition, needed supports, and post discharge success.

All outreach efforts, attempted and completed contacts, will be documented in the youth's file at the STRTP and include how the outreach was made, including contact information, which will be maintained throughout their time at the STRTP and post discharge.

13. COMPLAINTS AND GRIEVANCES

13.2-13.3 Complaints and grievances policies and procedures, including filing a complaint without fear of retaliation

It is the policy of the Family Youth & Children's Services Division (FY&C) that youth residing at the Valley of the Moon STRTP be informed of their rights and responsibilities and have a clear avenue to grieve any action that they believe violates their rights.

FY&C has established the following procedures to ensure that youth at Valley of the Moon STRTP have their complaints resolved in a fair and just manner.

Informing Participants:

Youth shall be notified of their rights to file complaints upon welcoming to Valley of the Moon STRTP. Each youth will receive a notice (LIC 613) which describes the youth's personal rights and provides the name and telephone number of the contact person at Community Care Licensing. Youth can request staff support in completing the form. Youth will be informed that there will be no repercussions for filing a complaint. The youth and/or the youth's authorized representative sign the notice to acknowledge that it has been provided. The form is filed in the youth's electronic file and a copy is given to the youth to keep. Copies of the Personal Rights statement and the complaint procedure are prominently displayed in the residential areas.

Handling a Complaint:

It is the intent of the Human Services Department and FY&C that complaints should try to be resolved at the lowest level through direct, open and honest communication. Program staff who receives a complaint will need to determine the nature of the complaint and respond accordingly.

If the staff person receiving the complaint cannot resolve it, then the complaint will be referred to the staff member's supervisor for resolution. The Supervisor will attempt to resolve the complaint informally. If the informal process does not resolve the complaint within three (3) days, the Supervisor will assist the youth in filing a formal complaint with the Program Manager (Program Administrator).

Complaints alleging discrimination on the basis of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition, disability, sexual orientation, gender expression, gender, ethnicity, domestic partnership, political affiliation or belief will be referred to the Civil Rights Coordinator in accordance with Human Services Department Manual Section 1-10.

Processing Formal Complaints:

Formal complaints must be filed in writing (see Attachment III – Complaint Form). The complaint must include the Complainant's name and sufficient detail about the allegation so that the nature of the complaint can be understood. Once the formal complaint has been filed, the Program Manager will conduct an investigation, formulate a recommended solution to the complaint, and then schedule a meeting with the youth and/or the youth's Social Worker to resolve the complaint. The Program Manager will give the Complainant a written response to the complaint that will include the Program Manager's findings and what action, if any, FY&C will take. The written

response will also include the process for appealing this decision (see Attachment IV – Complaint Response Form). The Program Manager will complete this process within ten (10) days from the time the formal complaint is filed.

Appealing the Program Manager's Decision:

If the Complainant is not satisfied with the outcome at this level, the Complainant may appeal the Program Manager's decision. In this case, the complaint is reviewed by the Section Manager. If the complaint cannot be resolved by the Section Manager within 5 days, the complaint is referred to the FY&Cs Director for a final decision. The request for an appeal must be filed in writing within five (5) days after the Complainant receives written response from the Program Manager. The bottom portion of the Complaint Response Form can be completed to request an appeal. If a youth wishes to appeal, the Program Manager will assist the youth to fill out the response form.

The FY&C Director, after reviewing the details of the complaint and the responses to the complaint, will make a final decision within ten (10) calendar days of the appeal request.

Complaint Log

The FY&C Division Secretary will enter the complaint and any written response into the Service Quality Improvement Log. The Division Secretary will maintain this Log and distribute a quarterly report to the Director, Managers, and Supervisors. The Director, Managers, and Supervisors will discuss the report and may make recommendations on policy or program modifications based on an evaluation of the complaint records.

PERSONAL RIGHTS — COMMUNITY CARE FACILITIES and
RESIDENTIAL CARE FACILITIES FOR THE ELDERLY

EXPLANATION: The California Code of Regulations, Title 22 requires that any person admitted to a facility must be advised of his/her personal rights. Facilities are also required to post these rights in areas accessible to the public. Consequently, this form is designed to meet both the needs of persons admitted to facilities and the facility owners who are required to post these rights.

The back of this form describes the personal rights to be afforded each person admitted to a facility. The back of this form also provides the complaint procedures for the client/resident and representative/parent/guardian.

This form is to be reviewed, completed and signed by each client/resident and/or each representative/parent/guardian upon admission to the facility. The client/resident and/or representative/parent/guardian also has the right to receive a completed copy of the originally signed form. The original signed copy shall be retained in the client's/resident's/child's
file which is maintained by the facility.

TO: CLIENT/RESIDENT/CHILD OR AUTHORIZED REPRESENTATIVE:
Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to

(PRINT THE NAME OF THE FACILITY) (PRINT THE ADDRESS OF THE FACILITY)

Valley of the Moon STRTP 112 Children's Circle, Santa Rosa, CA 95409

(PRINT THE NAME OF THE CLIENT/RESIDENT/CHILD)

(SIGNATURE OF THE CLIENT/RESIDENT/CHILD) (DATE)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN) (DATE)

THE CLIENT/RESIDENT/CHILD AND/OR THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME
Licensing Analyst, Community Care Licensing Division, California Department of Social Services

ADDRESS
101 Golf Course Drive, Suite A-230
101 Golf Course Drive, Suite A-230

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Rohnert Park, CA	94928	(707) 588-5083

LIC 613

PERSONAL RIGHTS

Community Care Facilities and Residential Care Facilities for The Elderly

(a) All Facilities. Each person receiving services from a community care facility and/or a Residential Care Facility for the Elderly shall have rights which include, but are not limited to, the following:

1. To be accorded dignity in his/her personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
4. To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the licensing agency's complaint receiving unit, and of information regarding confidentiality.
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis.
6. To leave or depart the facility at any time, except for house rules for the protection of clients or for minors and others for whom legal authority has been established.
7. Not to be locked in any room, building, or facility premises by day or night.
8. Not to be placed in any restraining devices without advance approval by the licensing agency.

(b) Residential Facilities. In addition to (a) above, each person provided services by a residential facility should have and may exercise the following rights:

1. To visit the facility with his/her relatives or authorized representative prior to admission.
2. To have his/her relatives or authorized representative regularly informed by the facility of activities related to care and supervision including but not limited to modifications to needs and services plan.
3. To have communications to the facility from his/her relatives or authorized representative answered promptly and completely.
4. To be informed of the facility's policy concerning family visits and other communication with clients. This policy shall encourage regular family involvement and provide ample opportunities for family participation in activities at the facility.
5. To have visitors, including advocacy representatives, visit privately during waking hours provided such visitations do not infringe upon the rights of other clients, unless prohibited by court order or the authorized representative.

6. To wear his or her own clothes, to possess and control his/her own cash resources, to possess and use his/her own personal items, including his/her own toilet articles.
7. To have access to individual storage space for his/her private use.
8. To have access to telephones, to make and receive confidential calls, provided such calls do not infringe on the rights of other clients and do not restrict availability of telephone in emergencies.
9. To mail and receive unopened correspondence unless prohibited by court order or by the authorized representative and for children to have ready access to letter writing materials and stamps.
10. To receive assistance in exercising the right to vote.
11. To receive or reject medical care or health-related services, except for minors and others for whom legal authority has been established.
12. To move from the facility in accordance with the terms of the admission agreement.

(c) STRTP Facilities. In addition to (a) and (b) above, the licensee shall ensure that each child is accorded the following personal rights:

1. To visit the facility with his/her relatives and/or authorized representative(s) prior to admission.
2. To file a complaint with the facility, as specified in Section 87072.2.
3. To have the facility inform his/her authorized representative(s) of his/her progress at the facility.
4. To have communications to the facility from his/her relatives and/or authorized representative(s) answered promptly and completely.
5. To have visitors visit privately during waking hours without prior notice, provided that such visitations are not prohibited by the child's needs and services plan; do not infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order or by the child's authorized representative(s).
   a. Rules regarding visitation hours, sign-in rules and visiting rooms can be established but shall apply to all visitors.
6. To be provided with and allowed to possess and use adequate personal items, consistent with Welfare & Institutions Code section 16001.9(a)(23), which includes their own:
   a. Clothing items, provided the clothes are age-appropriate.
      i. Clothing provided for school shall not violate school standards, and shall include all necessary items, including, but not limited to, uniforms, gym clothes, or any other mandatory outfits.
   b. Toiletries and personal hygiene products, including enclosed razors used for shaving, as age and developmentally appropriate, and as appropriate to the child's or non-minor dependent's cultural, religious, ethnic, or racial background.
   c. Personal belongings, including items that were a gift to the child unless prohibited by a discipline program.
7. To possess and use his/her own cash resources except as specified in Section 87026, and to maintain an emancipation bank account and manage personal income consistent with the child's age and developmental level, unless prohibited by the case plan.

8. To make and receive confidential telephone calls, unless prohibited by court order.
    a. Reasonable restrictions to telephone use may be imposed by the licensee. The licensee shall be permitted to:
        i. Restrict the making of long-distance calls upon documentation that requested reimbursement for previous long-distance calls has not been received;
        ii. Restrict phone use in accordance with the facility's discipline program;
        iii. Impose restrictions to ensure that phone use does not infringe on the rights of others or restrict the availability of the phone during emergencies.
    b. All restrictions shall be documented in the child's needs and services plan or the facility's discipline policies, and be signed by the child's authorized representative.
    c. Calls permitted to be restricted by subsections (A)1. and (A)2. above shall not include calls to the child's authorized representative, placement agency, family members (except by court order), social workers, attorneys, Court Appointed Special Advocates (CASA), probation officers, Community Care Licensing Division of the California Department of Social Services or the State Foster Care Ombudsperson.
9. To send and receive unopened correspondence unless prohibited by court order and to have access to letter writing material.
10. To be accorded dignity in his or her personal relationships with staff and other persons.
11. To be free of physical, sexual, emotional, or other abuse, and from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature including, but not limited to, interference with the daily living functions of eating, sleeping, or toileting, or withholding of shelter, clothing, or aids to physical functioning.
12. To be informed, and to have his/her authorized representative, if any, informed, by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency, and of information regarding confidentiality.
13. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, in or outside of the facility, shall be on a completely voluntary basis.
14. To not be locked in any room, building, or facility premises at any time.
    a. The licensee shall not be prohibited by this provision from locking exterior doors and windows or from establishing house rules for the protection of clients provided the clients are able to exit the facility.
    b. The licensee shall be permitted to utilize means other than those specified in (A) above for securing exterior doors and windows only provided the clients are able to exit the facility and with the prior approval of the licensing agency.
15. Not to be placed in any restraining device. Postural supports may be used if they are approved in advance by the licensing agency as specified in (A) through (F) below.
    a. Postural supports shall be limited to appliances or devices including braces, spring release trays, or soft ties used to achieve proper body position and balance, to improve a client's mobility and independent functioning, or to position rather than

restrict movement including, but not limited to, preventing a client from falling out of bed, a chair, etc.

   i. Physician-prescribed orthopedic devices such as braces or casts used for support of a weakened body part or correction of body parts are considered postural supports.

b. All requests to use postural supports shall be in writing and include a written order of a physician indicating the need for such supports. The licensing agency shall be authorized to require other additional documentation in order to evaluate the request.
c. Approved postural supports shall be fastened or tied in a manner which permits quick release by the child.
d. The licensing agency shall approve the use of postural supports only after the appropriate fire clearance, as required by California Code of Regulations, Title 22, Section 80020(a) or (b), has been secured.
e. The licensing agency shall have the authority to grant conditional and/or limited approvals to use postural supports.
f. Under no circumstances shall postural supports include tying of, or depriving or limiting the use of, a child's hands or feet.
   i. A bed rail that extends from the head half the length of the bed and used only for assistance with mobility shall be allowed with prior licensing approval. Bed rails that extend the entire length of the bed are prohibited.
g. Protective devices including, but not limited to, helmets, elbow guards, and mittens which do not prohibit a client's mobility but rather protect the client from self-injurious behavior are not to be considered restraining devices for the purpose of this regulation. Protective devices may be used if they are approved in advance by the licensing agency as specified below.
   i. All requests to use protective devices shall be in writing and include a written order of a physician indicating the need for such devices. The licensing agency shall be authorized to require additional documentation including, but not limited to, the Individual Program Plan (IPP) as specified in Welfare and Institutions Code Section 4646, and the written consent of the authorized representative, in order to evaluate the request.
   ii. The licensing agency shall have the authority to grant conditional and/or limited approvals to use protective devices.
h. Under no circumstances shall postural supports or protective devices be used for disciplinary purposes.

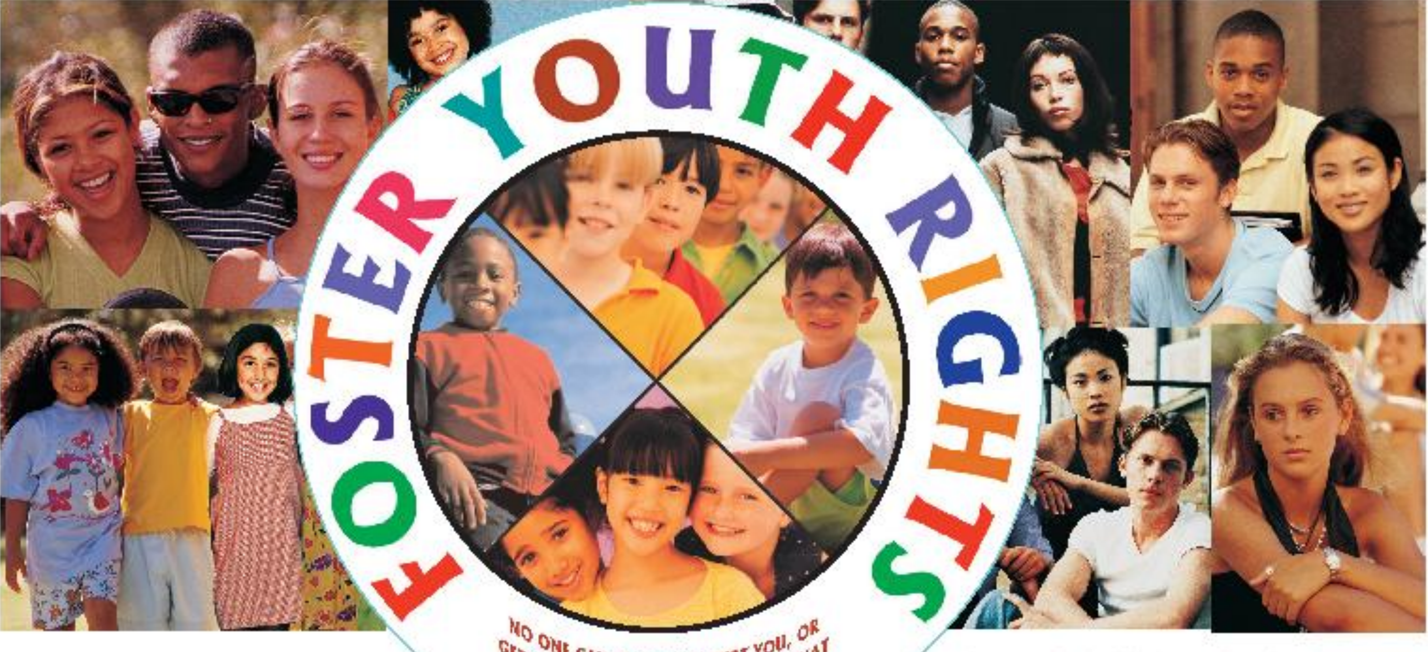
16. To obtain, possess and use their own contraception, which may include, but not limited to, birth control medication, emergency contraception, long-acting reversible contraceptives, condoms, and barrier methods.
17. To receive medical, dental, vision and mental health services.
   a. Medical services may include, but are not limited to, services related to the prevention or treatment of pregnancy, sexual assault or rape; and at 12 years of age or older, the prevention, diagnosis, or treatment of sexually transmitted diseases.

i. A child may consent personally to these services, as described above in subsection (A), without the knowledge or consent of a parent, guardian, short-term residential therapeutic program staff, social worker, probation officer, judge or authorized representative.
ii. A child may obtain these services confidentially, unless prohibited by law.

Reference: California Code of Regulations - General Licensing Regulations, Section 80072, Community Care Facilities; Section 81072, Social Rehab. Facilities; Section 83072, Small Family Homes; Section 84072, Group Homes; Section 85072, Adult Residential Facilities; Section 87072, Foster Family Homes; Section 87572, Residential Care Facilities for the Elderly; Section 87872, Residential Care Facilities for the Chronically Ill; Section 102423, Family Day Care Homes; and Section 87072, Short-Term Residential Therapeutic Program Interim Licensing Standards, v3.1.

Valley of the Moon STRTP

Personal Rights Poster



YOU have RIGHTS too!

YOU HAVE THE RIGHT TO LIVE IN A SAFE, COMFORTABLE HOME WITH:

- enough clothes and healthy food
- your own place to store your things
- an allowance (if you are in a group home)
- a phone that you can use to make confidential calls (unless a judge says you cannot)

YOU HAVE THE RIGHT TO:

- be treated with respect
- go to religious services and activities of your choice
- send and get unopened mail (unless a judge says someone else can open your mail)
- contact people who are not in the foster care system (like friends, church members, teachers, and others)
- make contact with social workers, attorneys, probation officers, CASAs, foster youth advocates and supporters, or anyone else involved with your case
- be told about your placement by your social worker or probation officer

NO ONE CAN:

- lock you in a room or building (unless you are in a community treatment facility)
- abuse you physically, sexually or emotionally for any reason
- punish you by physically hurting you for any reason
- look through your things unless they have a good and legal reason

YOU HAVE RIGHTS AT COURT TOO. YOU CAN:

- go to court and talk to the judge
- see and get a copy of your court report and your case plan
- keep your court records private, unless the law says otherwise
- be told by your social worker or probation officer and your attorney about any changes in your case plan or placement

YOU HAVE HEALTH RIGHTS. YOU CAN:

- see a doctor, dentist, eye doctor, or talk to a counselor if you need to
- refuse to take medicines, vitamins or herbs (unless a doctor or judge says you must)
- If you are 12 years old or older, you have the right to information about your sexual health in a way that you understand it. This includes learning about the way sexually transmitted infections and diseases (STDs) are spread and how you can prevent them; how you can prevent pregnancy and what to do if you are pregnant

BEING TREATED DIFFERENTLY

If you feel you are being harassed or discriminated against because of your sex, race, color, religion, sexual orientation, ethnic group, ancestry, national origin, gender identity, mental or physical disability or HIV status, or for any other reason, you should call the Foster Care Ombudsman Help-line for assistance.

YOU HAVE SCHOOL RIGHTS. YOU CAN:

- go to school every day
- go to after-school activities right for your age and developmental level

Remember your rights.
Also remember that the foster parent's or group home's job is to supervise you and keep you safe and healthy.

YOU HAVE THE RIGHT TO DO SOME THINGS ON YOUR OWN. YOU CAN:

- have your own emancipation bank account (unless your case plan says you cannot)
- learn job skills right for your age
- work, unless the law says you are too young
- manage the money you earn (if right for your age, developmental level and it's in your case plan)
- go to Independent Living Program classes and activities if you are old enough

YOU HAVE FAMILY RIGHTS TOO. YOU CAN:

- visit and contact your brothers and sisters (unless a judge says you cannot)
- contact parents and other family members, too (unless a judge says you cannot)

YOU HAVE OTHER RIGHTS TOO. YOU CAN:

- tell the judge how you feel about your family, lawyer, and social worker
- tell the judge what you want to happen in your case
- have your own lawyer
- live with a family member if that would be a safe place
- call the Foster Care Ombudsman Office and Community Care Licensing at any time
- get help with school if you need it

Sonoma County Human Services Department
Valley of the Moon STRTP

COMPLAINT FORM

For Office Use Only
Log #

Child's Name ______________________________

Child's Social Worker __________________________

Description of Complaint (include dates and specific detail)

Signature ____________________________ Date Submitted ______________

Received by ____

Sonoma County Human Services Department
Valley of the Moon STRTP

COMPLAINT RESPONSE

Child's Name ____
Child's Social Worker ____________________________________
Date Complaint Form Received _________________________

For Office Use Only
Log #

Manager's Response to Complaint

Signature ____________________________ Date Reviewed with Child ______

Name ______________________________ Title ____________________

☐ I am satisfied with the response to my complaint

If you are not satisfied, you have the right to appeal the above response by returning this form within five days.

☐ I have read the above response and my complaint remains unresolved, I wish to appeal this decision to the Family, Youth & Children's Section Manager.

Signed _________________________ Date _________________________

13.4 Cultural relevant, trauma-informed, and age and developmentally appropriate complaint procedures

Youth, their family, and their authorized representative shall be notified of their rights to file complaints upon welcoming to Valley of the Moon STRTP and that they can file a complaint without fear of any consequences or retaliation. The STRTP ensures that the youth, family, and representative are aware of the personal rights that each youth is entitled to while at the facility. As a part of this process, staff also provide information to the youth about how to make requests, both in term of items they may want or need as well as changes and suggestions to the program. It is our perspective that program staff should appreciate the risk that a youth may take when making a request or complaint and that such a risk should be appreciated. In many instances, youth do not learn how to assert their wants, needs, and boundaries, and that making a complaint, regardless of how significant it is or the content of the actual complaint, is a demonstration of a youth's self-care, self-worth, and empowerment. Staff reflect these sentiments to youth when making the complaint, regardless of the details of the complaint.

It is the intent of the Human Services Department and FY&C that complaints should try to be resolved at the lowest level through direct, open and honest communication. It is through open communication and follow through that we are able to demonstrate for the youth a sense of trustworthiness and safety, both of which are tenets of trauma-informed and culturally responsive services. The other mechanism to demonstrate this trustworthiness and value for youth perspectives Is to treat every complaint with the utmost care and important.

Developmentally, staff are always available to support a youth to complete a complaint form. This includes both tangible support with the actual writing as well as emotional support to think through filing the complaint and what the youth really wants to communicate. When operating in this manner, staff behave with curiosity and seek to document the youth's perspective rather than influence what is documented. Again, staff are trained to appreciate the bravery and demonstrated empowerment that goes along with asserting a need or complaint.

14. PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM

14.2. Participation and Assistance In Initiatives To Improve The Child Welfare System

At the Valley of the Moon Children's Center (VMCC), we strive to provide model programs that utilize evidence-based practices and contribute to improving the child welfare system. As a program within Sonoma County Family, Youth, & Children's Services, VMCC is actively involved in participating in and assisting with county and state initiatives such as the Quality Parenting Initiative. We have participated actively in CCR planning efforts and have designed our STRTP with Statewide best practices in mind.

Quality Parenting Initiative (QPI): Through our involvement in the QPI, we have incorporated numerous strategies to strengthen our child welfare system:

- Continuous support and training for resource families: We believe in and focus our efforts and training on providing excellent parenting for all children in the child welfare system. We recognize the importance of having our resource families work in partnership with us and have the skills to ensure that our children and youth thrive. In our County, we make sure that caregiver training is robust and our policies and practices for resource families are in alignment with QPI and are based on best practices and research in child development.
- Collaborative relationship-based leadership with our legal partners: Through QPI, we have implemented a relationship-based approach to implementing change in our system. We work closely with our courts and legal partners to engage in collaborative efforts to support children, youth, and families. We are continually working together to look for ways to ensure input of caregivers in court proceedings, support birth parent/resource family partnership, provide supported meaningful visitation for children and youth; and implement best practices in youth transitions between placements.

Our goal is to support our children, families, and caregivers through system change efforts. Ultimately, our involvement in QPI is assisting our County to make improvements in service delivery, placement stability, reunification, and permanency outcomes for our children and youth.

California Child Welfare Core Practice Model (CPM): We are actively engaged in implementing California's Core Practice model as a framework for supporting our staff, guiding service delivery, and decision-making at all levels of our system. The model integrates key elements of proven practices including the California Partners for Permanency (CAPP), Pathways to Permanency (the Katie A. Core Practice Model), and Safety Organized Practice (SOP). We have been able to adopt the Core Practice Model through our training, policies and procedures. The Sonoma County Child Welfare System Improvement Plan below demonstrates our current efforts and County priorities. Our specific efforts to implement CPM include having all staff attend CPM training, providing additional training to social workers, residential, and administrative staff on cultural humility practices, highlighting and promoting one key CPM behavior each month, and convening a meeting at least every 6 months to ensure adoption readiness.

Sonoma County Child Welfare System Improvement Plan (SIP): As shown in our County SIP, we are focusing our effort on placement stability and permanency through four key strategies: increasing Intensive Services Foster Care (ISFC) placements, increasing services and supports to caregivers, increasing workforce capacity, and Implementing the CPM.

Sonoma County Child Welfare System Improvement Plan 2019-2024

Improvement Priority Areas

- **Children and youth are placed in settings that are suited to the child's needs and case plan goals (Placement Stability).**
- **Children exit to permanency as quickly as possible and where appropriate.**

Strategy#1

Increase the number of Intensive Services Foster Care (ISFC) placements

Action Steps

A. Implement one new targeted recruitment strategy each year
B. Start media campaigns targeting new caregivers
C. Establishing MOUs with all providers to recruit ISFC families
D. Implement Binti
E. Complete a feasibility study on county run Foster Family Agency

Strategy #2

Increase services and support to caregivers

Action Steps

A. Conduct an evaluation of transportation services
B. Increase/adjust transportation assistance based on evaluation of caregivers
C. Create and implement outreach, recruitment, and retention plan for Spanish-bi-lingual service providers
D. Increase the number of Spanish bi-lingual service providers
E. Conduct an evaluation of local foster parent respite care
F. Implement respite care plan

Strategy #3

Increase workforce capacity and CPS Social Worker retention

Action Steps

A. Implement peer support group
B. Develop staff training plan
C. Create supervisors guide
D. Develop staffing recommendations
E. Finalize process map of administrative tasks and recommendations for streamlining
F. Implement staffing model recommendations

Strategy #4

Implement the Core Practice Model (CPM)

Action Steps

A. Finalize implementation plan
B. Hold meetings at least every 6 months to ensure adoption readiness for children and families
C. All Staff will attend CPM training
D. All social workers will be trained on cultural humility practices

Sonoma County Child Welfare System Improvement Plan 2019-2024

Prevention Priority Areas

Children are free from abuse and neglect. Children remain in their own homes whenever possible.

- **Improve low family and social worker engagement in referral and prevention services**
- **Align services with the Family First Prevention Services Act to access revenue for prevention services programming**

Strategy#1

Improve family engagement in Child Abuse Prevention (CAPS) Services

Action Steps

A. Implement a new program design for CAPS that focuses on engaging families quickly in prevention services

B. Create and utilize a structured process to regularly review effective engagement in services.

C. Create and utilize a structured process to regularly review effective engagement in services

Strategy #2

Support and develop Initial Services Nursing Support

Action Steps

A. Refine processes for nurses partnering with social workers on investigations, providing supports to families and caregivers on health issues, and working in partnership with social workers to identify Safety Plan goals that mitigate potential health and safety issues

B. Work with the Family, Youth and Children's management team and Public Health Nursing team to define and build resources for the investigation of potential serious injury concerns

C. Work with the Public Health Nursing team to develop written protocols for serious injury and chronic health concerns

Strategy #3

Prepare for Family First Prevention Services Act (FFPSA) funding

Action Steps

A. Plan at least one forum for Substance Abuse providers to discuss local implementation of evidence-based practices related to Substance Abuse Treatment services

B. Work with the Upstream team to review models of evidence-based prevention services that are offered locally

C. Review contracted prevention services for effectiveness, quality and if they are evidence-based. Develop recommendations for future program design and capacity with a focus on alignment with evidence-based practices

15. FAMILY VISITATION

15.1. 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 our two other locations in the county as well as at the Child Parent Institute, community service provider. Supervised visits can take place at any of these locations and transportation will be provided by a social worker or VMCC Residential 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.

When and under what circumstances children or nonminor dependents can be visited by family members, friends, and others:

Each youth's social worker will advise the STRTP of approved family members, friends, or others that are able to visit in person, as well as whether they can also engage them in an off-site pass. Approvals are assessed on a case-by-case basis as are any parameters to a visit (Supervised or Unsupervised). This information is inputted into our database directly by the Social Worker within 48 hours of arrival.

When and under what circumstances the child or nonminor dependent is permitted to have home visits with parents/or relatives:

Each youth's social worker will advise the Valley of the Moon STRTP of approved family members, friends, or others that can have home visits with parents or relatives. Approvals are assessed on a case-by-case basis taking into account the parameters of the case, the youth's wishes, and the overall needs of the youth as assessed by the youth's Social Worker.

When and under what circumstances the child or nonminor dependent is permitted to have overnight visit with parents, relatives, family members, and friends:

Each youth's social worker will advise the Valley of the Moon STRTP of approved family members, friends, or others that can have overnight visits. Approvals are assessed on a case-by-case basis taking into account the parameters of the case, the youth's wishes, and the overall needs of the youth as assessed by the youth's Social Worker.

Policies, procedures, and rationale for visitation

I. Purpose

The purpose of this policy is to provide guidelines and procedures for youths receiving visits on and off site while residing at the Valley of the Moon STRTP.

II. General

Youth at Valley of the Moon Children's Center have the right to receive visits authorized by court order or by the youth's Social Worker. When a youth is welcomed to VMCC, his/her social worker will submit a list of authorized contacts with whom the youth may visit. Youth may also request that a friend, family, or others be added to the list of authorized contacts. These requests will be forwarded to the youth's social worker for consideration.

III. Forms

Guidelines for Passes and Visits (CH PUB 03)
Belongings Form (CH 105)
Visit Authorization and Restricted Phone List (CH 106)
Medication Pass Form (MED 223)

IV. Procedure

Scheduling

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. The scheduler must include initials when modifying visit information in Atlas.

During normal office hours, requests for visits are received by VMCC Clerical Staff. If a request for a visit is made after normal office hours, it must be scheduled by the Supervisor on duty. The scheduler verifies that the requesting individual is an authorized contact as listed in Atlas. If the requesting individual is an authorized contact, the scheduler will confirm youth's availability against the requested date/time of the visit. Appointment is scheduled in Atlas, noting the following:

- date and time of visit
- location of visit
- who the visit is with
- relationship to youth
- any special details (e.g., food arrangements)

If the requesting individual is not an authorized contact, scheduler will refer individual to youth's social worker to request that he/she is added to authorization list.

Each night, the Overnight Supervisor reviews Atlas for next-day appointments, including visits. The Supervisor enters relevant data regarding next-day visits into a daily schedule ("cheat sheet")

of facility-wide activities. A.M. Supervisor reviews daily schedule and makes any necessary arrangements pertaining to visits.

If a visit is cancelled, scheduler will update Atlas noting the reason for the cancellation. The scheduler must include initials and date when modifying visit information in Atlas.

A. On-site Visits

1. Unsupervised Visits

When the visitor arrives, he/she will check in with VMCC receptionist through Door #501A. The Receptionist will check the visitor ID, sign them in using the Outside Visitor Log and give him/her the Guidelines for Passes and Visits form. The Receptionist will notify Staff of the visitor's arrival. A Residential Counselor will escort, should an escort be needed, or send the youth to the visit area. For youths walking alone, receptionist will buzz them in through Door #507A.

If the visitor displays any behavior that might endanger a youth, receptionist will inform a supervisor on duty before allowing the visit to commence (e.g. alcohol/drugs, aggressive or volatile behavior). The Supervisor will determine if the visit can continue. If the supervisor determines that visit should be cancelled, she/he will ask the visitor to leave and offer assistance in contacting alternative transportation, if necessary. Santa Rosa Police Department may be called in for assistance, if necessary. The Supervisor will contact Social Worker immediately to notify him/her of the situation.

When the visit concludes, the receptionist will notify Staff that the youth is ready to return. The youth will remain in the reception area until a Residential Counselor acknowledges that the youth can return to the youth area. The Receptionist will release Door #507A. If youth require an escort, a Residential Counselor will come and escort the youth back to youth area.

2. Supervised Visits

When visits are to be supervised, the Receptionist will follow the same procedure described above once the person supervising the visit arrives. There should never be unsupervised contact between youth and the visitor.

B. OFF-SITE VISITS & PASSES

On the night before the pass, the Overnight Supervisor will complete the following steps: notify Med Staff to prepare medications for pass, if any, Med Staff will complete the following steps:

- Prepare medications for passes needed (Refer to PP Manual Section #2-01)
- Complete Medication Pass Form (MED 223)

On the day of the pass, A.M. Med Staff will ensure that medications are packed for pass, if applicable. When the visitor arrives to pick up youth for the pass, the visitor will check in

with VMCC receptionist through Door #501A. The Receptionist will check the visitor ID, assist him/her in signing in, and give him/her the Guidelines for Passes and Visits form. The Receptionist will notify Staff of the visitor's arrival. Counselors will escort, should an escort be needed, or send youth to visit area. For youth walking alone, the receptionist will buzz them in through Door #507A.

If the visitor displays any behavior that might endanger a youth, the receptionist will inform a supervisor on duty before allowing the youth to leave on pass (e.g. alcohol/drugs, aggressive or volatile behavior). The Supervisor will determine if the pass can continue. If the Supervisor determines that pass should be cancelled, she/he will ask the visitor to leave and offer assistance in contacting alternative transportation, if necessary. Santa Rosa Police Department may be called in for assistance, if necessary. The Supervisor will contact the Social Worker immediately to notify him/her of the situation. For passes involving medication, Counselors will complete the following steps:

- Pick up medications and Medication Pass Form from Med Office.
- Escort youth to lobby.
- Discuss medication needs with the visitor and obtain signature verifying receipt of medications and instructions for use.
- Medication Pass Form will be filed in Med Room.

When youth return to VMCC, he/she will enter through Door #501A. The Receptionist will notify Staff of youth's return. If a pass involved medication, Counselors will inventory returned medication and complete Medication Pass Form. Medication Pass Form will be returned to Med Office.

How the STRTP will support visits for lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children/youth with adults who are affirming of their sexual orientation, gender identity, and gender expression

VMCC works with a local foster youth advocacy group called, VOICES. VOICES hosts a program called, LGBTQ Connection. All youth are able to utilize the LGBTQ Connections group to find resources and connect with support groups, including mentors who can provide and serve as a role model and affirming adult if the child or youth does not already have access to that type of relationship within their family and existing circle of support.

How the TSCF will ensure children/youth of various sexual orientations, gender identity, and gender expression will not be exposed to rejection with those that they visit with. If the adults who are visiting these children and youth are not affirming of the child/youth/s sexual orientation, gender identity, and/or gender expression, how the STRTP will work with and educate them on related issues.

Should a Social Worker deem it in the best interest of the youth to have supervised visits, supervised visits will be scheduled for that youth. All Supervised visits require documentation that notates the interactions between the youth and the other members of the visit. Should a

youth that identifies as LGBTQ have poor interactions with adults they are visiting, that will be notated in the documentation for the visit for the Social Worker to review. The Social Worker will follow up with the members of the visit to discuss boundaries for upcoming visits as well as coordinate education resources and/or services for them.

If the visit is unsupervised; all youth are counseled that they can call or return to VMCC at any time should they feel unsafe. While we cannot ensure that a youth never experiences rejection during a visit, VMCC will strive to prepare youth that are concerned about what may occur in a visit and will follow up with them after the visit to offer support and determine if any additional follow up needs to occur with their Social Worker.

If the STRTP becomes aware of the risk of or experienced rejection from family members or other members of their circle of support, the STRTP therapist will talk with the child or youth about how they might want to address this issue within the family therapy process. The therapist will also provide support and education to the family members about the importance of accepting, affirming, and supporting their youth's sexual orientation, gender identity, and gender expression and the effects of rejection and lack of support.

How the STRTP will ensure the safety and security of commercially sexually exploited children or youth when during visitation

VMCC will employ Harm Reduction strategies for all youth that are at-risk of or are identified as being commercially sexually exploited. Strategies will align with the identified approaches agreed on in each youth's CSEC Multi-Disciplinary Team meeting. All youth are counseled that they can call or return to VMCC at any time should they feel unsafe. If a youth runs away from a visit, a Missing Person's Report is filed with notice to their Social Worker, Parent/Guardian, and Lawyer.

While we cannot ensure that a youth will always be safe and secure during unsupervised visits, VMCC will strive to prepare youth that are concerned about what may occur in a visit and will follow up with them after the visit to offer support and determine if any additional follow up needs to occur with the Social Worker.

When and under what circumstances other types of visits are or are not permitted

Approvals for visits are assessed on a case-by-case basis taking into account the parameters of the case, the youth's wishes, and the overall needs of the youth as assessed by the youth's social worker and the courts, if necessary.

Please describe how the provider will use Trauma-Informed practices to ensure successful communication and visitation with family and others involved in the youth' life

All VMCC staff has received Trauma-Informed Care training so that they can employ a coordinated trauma-informed, individualized, strength-based approach with each youth we serve, their family and friends as well as service partners. Every visitor to VMCC will be treated with

respect by staff. Staff are responsive to visit requests and will liaise with the assigned Social Worker to facilitate timely visits.

Ensuring visitation does not violate the personal rights of children or NMDs

Each adult visitor will receive a copy of the personal rights and be briefed when checking in during their first visit. Should a youth have poor interactions with adults they are visiting on-site, that will be notated in the documentation for the visit for the Social Worker to review. The Social Worker will follow up with the members of the visit to discuss boundaries for upcoming visits as well as coordinate education resources and/or services for them.

If the visit is off-site; all youth are counseled that they can call or return to VMCC at any time should they feel unsafe. While we cannot ensure that a youth never experiences a personal rights violation during a visit, VMCC will strive to prepare youth that are concerned about what may occur in a visit and will follow up with them after the visit to offer support and determine if any additional follow up needs to occur with their Social Worker.

If the STRTP becomes aware of a personal rights violation from family members or other members of their circle of support, the STRTP therapist will talk with the child or youth about how they might want to address this issue within the family therapy process. The therapist will also provide support and education to the family members about the importance of respecting their youth's personal rights and the effects of not doing so.

15.2 Trauma-informed Approach to Family Visitation that are Culturally Relevant and Age and Developmentally Appropriate

Family members and other loved ones, as permitted, are encouraged to visit the program, participate in the CFT meetings, and engage with the youth and their therapeutic journey. Family visitation can occur in the visitor's rooms available onsite; there are larger rooms and areas available for families that are large. Additionally, families are encouraged to bring home cooked or other favorite treats to the visits, especially when this may involve a special dish or cultural celebration; all food must be shared during the visit and can't come back to the unit. Toys, activities, and other activities are available for the youth and their families to use during the visit, and families may also bring approved items to the visit. If requested and appropriate, the therapist can also be available to provide a family session or family support as a part of the visit.

Youth are also supported before and after a visit to ensure that they are adequately prepared for the visit. This may be thinking about activities or conversation topics that they would like to engage in during the visit, any hopes or fears for the visit that staff can help them plan for, as well as debriefing after the visit. All visits, whether positive or challenging or both, can take a toll for youth in out of home care, and this approach allows for youth to receive support in a way that is appropriate for where they are age-wise, developmentally, and in their healing journey.

Parents are also able to receive similar support in advance of and after a visit as a part of the family supports offered by STRTP staff and therapist to ensure that the visits are productive and contribute to the youth's healing as well as overall permanency plan.

16. CHILDREN AND NONMINOR DEPENDENTS PERSONAL RIGHTS

Children and Nonminor Dependents Personal Rights

The facility shall provide a description of how they will ensure the protection of the youth's personal rights.

Description of how trauma-informed practices are embedded in the provider's House Rules: The Valley of the Moon STRTP house rules provide a basic foundation that allows for youth to begin to develop a sense of safety. The house rules set forth universal expectations of safety, respect, and accountability for self, others, and the environment as well as establish specific expectations for youth and commitments from staff. The more in-depth welcome packet details the policies and procedures for specific areas that might be of interest to youth. With this structure, VMCC is able to lay a foundation of safety, transparency, and mutuality beginning at intake while still empowering each child with all of the information they need to understand the environment around them and make their own choices.

Policies and Procedures for promoting and ensuring the personal rights of youth:
All Counselors are trained in both youth personal rights, as well as the complaint and grievance process. Youth are explained their personal rights during the welcoming process and encouraged to reach out to Staff, Social Worker, CCL, and/or Foster Care Ombudsmen if they feel that their rights are violated in any way.

The plan to have the Foster Youth Bill of Rights and information about the Foster Care Ombudsperson always visibly posted without obstructions in areas accessible to youth and visitors in the facility: The Foster Youth Bill of Rights and information about the Foster Care Ombudsperson are enlarged and displayed on the walls in the visiting area, upon entrance to the facility, in the residential area, and in the Welcoming area where intake takes place. Posters about youth rights in language that younger youth can understand are also posted in the residential area.

The procedures for discussing personal rights upon intake: Counselors explain to youth their personal rights during the welcoming process. They use age-appropriate explanations so it is clearly understood by each youth. The youth will receive a brochure, "You Have Rights Too" that they are able to keep with them. Each youth will receive the LIC 613 Personal Rights Form to read or have explained to them. The youth will be asked to sign the form acknowledging that they understand their rights. The form will be scanned into their file.

Established procedures to periodically check-in with youth to remind them of their personal rights: A Foster Youth Advocate is assigned to meet with youth at Valley of the Moon STRTP on a weekly basis and will answer any questions youth may have regarding their personal rights. Residential Counselors will also remind youth of their rights as well as the complaint process should they express concern over their personal rights.

How youth, and authorized representatives will be advised of personal rights as well as their ability to file complaints: Youth are notified of their rights during the Welcoming process to the Valley of the Moon STRTP. Each youth receives the, "You Have Rights Too" brochure and acknowledges their rights by signing the LIC613B Personal Rights Form. Residential Counselors will explain youth rights in an age-appropriate manner. The signed document will be scanned into the youth's electronic file.

Complaint and Grievance Procedures are posted in the common room of the Valley of the Moon STRTP. Staff are walked through the Complaint and Grievance procedure at their initial orientation and engage in a refresher annually. Youth and their authorized representative receive information detailing the Complaint and Grievance procedures upon their welcoming into the Valley of the Moon STRTP. Each are given a copy and one is also included in the youth's electronic file.

Each youth receives the name and contact information for Community Care Licensing in case they have an enquiry or a complaint.

See form LIC613B attached.

PERSONAL RIGHTS
Children's Residential Facilities

EXPLANATION: The California Code of Regulations, Title 22, Division 6 requires that each child and nonminor dependent placed in a licensed children's residential facility or home must be advised of his/her personal rights and given a copy of these rights. Group Homes are also required to post these rights in the facility. Consequently, this form is designed to meet both the needs of children and nonminor dependents placed in homes/facilities and the licensees who are required to provide copies and post these rights.

This form describes the personal rights to be afforded each child and nonminor dependent placed in a home/facility and states the name of the appropriate licensing agency to contact regarding complaints. A complaint regarding a licensed children's residential facility may also be filed by contacting the Centralized Complaint and Information Bureau at (844) 538-8766.

This form is to be reviewed, completed and signed by each child, nonminor dependent, and authorized representative upon the child's or nonminor dependent's admission to the home/facility. The child, nonminor dependent, and authorized representative also have the right to receive a completed copy of the original signed form. The original signed form shall be retained in the child's or nonminor dependent's file which is maintained by the home/facility.

TO: CHILD, NONMINOR DEPENDENT AND AUTHORIZED REPRESENTATIVE:

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in Welfare and Institutions Code section 16001.9(a) and California Code of Regulations, Title 22, Division 6 at the time of admission to:

(PRINT THE NAME OF THE HOME/FACILITY) (PRINT THE ADDRESS OF THE HOME/FACILITY)

(PRINT THE NAME OF THE CHILD/NONMINOR DEPENDENT)

(SIGNATURE OF THE CHILD/NONMINOR DEPENDENT) (DATE)

(SIGNATURE OF THE AUTHORIZED REPRESENTATIVE)

(TITLE OF THE AUTHORIZED REPRESENTATIVE) (DATE)

THE CHILD, NONMINOR DEPENDENT AND AUTHORIZED REPRESENTATIVE HAVE THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
		( )

PERSONAL RIGHTS

Children's Residential Facilities

As specified in Welfare and Institutions Code section 16001.9(a), you are afforded the following personal rights:

- To live in a safe, healthy, and comfortable home where you are treated with respect.
- To be free from physical, sexual, emotional or other abuse, or corporal punishment.
- To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- To receive medical, dental, vision, and mental health services.
- To be free of the administration of medication or chemical substances, unless authorized by a physician.
- To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
- To visit and contact brothers and sisters, unless prohibited by court order.
- To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- To attend religious services and activities of your choice.
- To maintain an emancipation bank account and manage personal income, consistent with your age and developmental level, unless prohibited by your case plan.
- To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
- To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with your age and developmental level, with minimal disruptions to school attendance and educational stability.
- To work and develop job skills at an age-appropriate level, consistent with state law.
- To have social contacts with people outside of the foster care system, including teachers, church members, mentors and friends.
- To attend Independent Living Program classes and activities if you are 16 or older.
- To attend court hearings and speak to the judge.
- To have storage space for private use.
- To be involved in the development of your case plan and plan for permanent placement.
- To review your case plan and plan for permanent placement, if you are 12 years of age or older and in a permanent placement, and to receive information about your out-of-home placement and case plan, including being told of changes to the plan.
- To be free from unreasonable searches of personal belongings.
- To the confidentiality of all juvenile court records consistent with existing law.
- To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.
- To be placed in out-of-home care according to your gender identity, regardless of the gender or sex listed in your court or child welfare records.
- To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs and information regarding financial aid for postsecondary education.
- To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.

Personal rights for children and children with special health care needs are specified in Division 6 of Title 22 of the California Code of Regulations:

- Group Home: 22 CCR §§ 84072, 84072.3, 84272
- Small Family Home: 22 CCR §§ 83072, 83072.2
- Community Treatment Facility: 22 CCR § 84172(b)
- Transitional Housing Placement Provider: 22 CCR § 86072
- Foster Family Home/Certified Family Home: 22 CCR § 89372(a)

Personal rights for nonminor dependents are specified in the AB 12 Interim Licensing Standards for Nonminor Dependents in Foster Care:

- Group Home: § 84472(b)
- Small Family Home: § 83172(b)
- Transitional Housing Placement Program: § 86172(b)
- Foster Family Home/Certified Family Home: § 893172(b)

17. HOUSE RULES

17.2 House Rules

Specify house rules on curfew

For all off-site activities, youth must return to the Valley of the Moon STRTP a half hour or more before bedtime. Youth are expected back at the designated times and must make special arrangements to be out beyond permitted times.

Specify house rules on dating, to include culturally relevant dating

While the Valley of the Moon STRTP aims to promote healthy development, the time they have at the Valley of the Moon STRTP is limited and needs to be focused on growth and healing. However, if a child or youth has an age-appropriate youth that they are dating, the Valley of the Moon STRTP will support visits with that person according to the prudent parenting standard, if that person can be included on the authorized contact list.

The Valley of the Moon STRTP also recognizes that the children and youth will develop bonds as a result of proximity and engaging in a personal healing process together. However, we do not permit romantic relationships between Valley of the Moon STRTP residents. If and when two Valley of the Moon STRTP youth express interest in a romantic relationship, the Valley of the Moon STRTP staff will 1) affirm the policy that discourages romantic relationships within the facility, 2) provide reminders to support their developing friendship, and 3) refer the issue to the therapist in order to explore as a part of the therapy.

Specify house rules on completing homework

Youth are responsible for completing homework upon return from school and /or during leisure time. Staff and volunteers are available to assist. Youth are responsible for attending school on a daily basis.

Specify house rules on cleaning bedrooms, laundry, and other areas

Youth are responsible for caring for their own bedroom and living areas. Staff will provide support to teach youth how to make the bed, organize clothes and pick up areas. Youth need to put away any items being used prior to leaving the common areas.

Youth may use the in-house laundry facilities to complete their own laundry prior to 9:00 PM. Youth must schedule times to use the laundry facilities with staff. Staff will assist youth in the laundry room. Residential Service workers launder linens and all other clothing.

Specify house rules on use of entertainment equipment

The Valley of the Moon STRTP has a variety of entertainment equipment, including devices for music and videos. Entertainment equipment can be used during free time or as a part of a planned activity. Youth are expected to choose age-appropriate media content that is free from explicit language, physical violence, or sexual behavior. Youth are also expected to keep devices

at a reasonable volume. If youth are unable to follow expectations for shared entertainment equipment, they will be given a verbal reminder from staff, which may include suggestions to resolve the issue. If youth continue to be unable to meet these expectations, they may be asked to turn off the device or choose an alternative activity.

Specify house rules on dress code

- Youth are encouraged to dress in a manner that represents your own particular style, however; all clothing must fit correctly and be appropriate for the weather and activity.
- Staff may request for youth to change if not dressed appropriately. If youth have any questions regarding clothes, they are directed to check with staff.
- Dress Code expectations are as follows:
    - Shoes, slippers or socks must be worn outside of the bedroom if you are planning to be out of your room for an extended period of time. Underwear should be covered with outerwear.
    - Clothing, jewelry, or decorations with logos or words that promote alcohol, tobacco, drugs, gangs, profanity, violence, bigotry, religious or ethnic slurs, or with sexual connotations are not permitted.
    - Clothing that exposes cleavage, buttocks, or underclothing in any position is not permissible (this includes see through material). Crop tops shorter than the waistband are not permitted. Shorts, skirts or dresses must reach mid-thigh.
    - Clothing which represents a gang-related item or gang paraphernalia is not permitted. You will need to modify your dress if gang related items are identified and your social worker will be consulted. We have defined a gang as two or more people who form an allegiance for a common purpose and engage, individually or collectively, in acts which may be threatening or criminal, and which may include such behaviors as intimidation, threats, and violence.

Specify house rules on general prohibited behaviors

- It is unlawful to bring any weapons, drugs, illegal substances, tobacco products, and alcohol into this facility. These items will be turned over to the proper authorities or destroyed.
- This is a non-smoking facility. Minors are not allowed to smoke or vape in the facility or on the grounds of the Valley of the Moon STRTP.
- To maintain the safety of all youth living at the Valley of the Moon STRTP, room searches and searches of personal belongings will occur when there is reasonable cause or suspicion that there are items or conditions that could be harmful to anyone in the facility.
- Physical violence and aggression are not tolerated. Any intent to injure any youth or staff may be reported to the authorities.

Specify house rules on use of cell phones, computers, tablets, etc.

Personal Electronics

- Youth can keep their cell phones in their possession, with the exception of mealtimes, outings or structured activities.
- Youth will need to sign the Personal Electronic Use Agreement.
- Staff are responsible for music content and volume and must make sure that any personal music being played is appropriate.
- Speakers are allowed to be used in youth's rooms; headphones are encouraged for all other areas.
- Music or videos should not be disruptive to other milieus when played indoors or outside.
- Equipment used to play music or videos out loud are not for a youth's personal use; they are for structured, staff facilitated activities.
- Video or game content should abide by the Valley of the Moon STRTP Entertainment Policy.

Sharing

- Devices cannot be loaned to another youth.
- Youth's personal electronics should not be hooked up to County equipment.
- Youth may share their screen or device with another youth if the owner is also watching or using the device.

Study Room Computers

- Willow Hall has a Study Room with two computers for use by youth.
- Computers are intended to be used for homework, research activities, writing letters, writing poetry, photo editing, drawing, listening to audio books and other educational activities.
- They may be used for entertainment purposes if there is no one that needs them for educational purposes.
- Computers have Parental Controls and Deep Freeze software enacted; however, they still need to be monitored by Staff for appropriate content and use.
- Computers will wipe clean all content each night.
- Please ensure all Resident's save documents to an external thumb drive.
- Youth may only download music from official music sharing sites.

Privacy

- Photos or recording of staff, youth, volunteers or visitors without permission is not allowed.

Consequence

- Youth that do not abide by the Electronics Use Agreement will have a logical consequence where a negotiated loss of use of the electronic device is determined.

Distinctions between NMDs and children's house rules

Not applicable.

Trauma-informed Approach to House Rules that are Culturally Relevant and Age and Developmentally Appropriate

House rules provide a basic set of agreements that all youth agree to. House rules provide some initial assurance that youth can expect to be safe and free from harm while at the STRTP. The house rules also establish a base level of explicit expectations that youth know about in advance of their choices that may align or not with house rules. These house rules are also a mechanism to provide a sense of structure and reliability that support youth who have experienced abuse and/or neglect to settle into these expectations and eliminate the need to handle these types of occurrences on a case-by-case basis, which can promote inconsistency and a sense of instability. The house rules are consistent across all ages and developmental levels; however, staff are able to provide varying levels of assistance based on the youth's age, developmental level, skill, and comfort with these expectations. For example, some children may need support with learning to do their laundry or care for their room or other personal belongings. These support needs may be age related but are often areas where youth who have become child welfare involved regularly need support.

18. POSITIVE DISCIPLINE POLICIES

18.2 Positive Discipline Policies

Policies and procedures describing types of discipline permitted

The Valley of the Moon 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 or 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 behavior that is not in line with the rules and/or expectations. With this approach, the Valley of the Moon 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 in order to support them in self-regulation and managing their stress responses

Natural & Logical Consequences are applied when:

- 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 do not 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.

Conditions under which each type of discipline will be used

The Valley of the Moon 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.

Types of discipline NOT PERMITTED (corporal punishment and violation of personal rights)

- 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 Valley of the Moon STRTP.

Provisions for informing the child's or NMD's authorized representative(s) of discipline policies

Both the youth and authorized representative receive a packet upon intake that includes an explanation of our discipline policies. Additionally, if there are questions or concerns about the type of discipline being used or not used, the program administrator will be available to discuss and resolve the concerns.

Discipline policies and procedures not applicable to NMDs

Not applicable.

Procedures for offering children/NMDs the opportunity to participate in the development and review of these policies and procedures based on individual need and/or ability

If there are individual concerns about the discipline policies and procedures, the child or youth may submit a formal or informal grievance, talk with the administrator or write them a letter, or bring up their concerns during individual therapy. If there is a group of youth with a specific concern about discipline policies, youth may use the house meeting format to discuss their concerns and/or propose alternative solutions.

18.3 Trauma-informed Approach to Positive Discipline

The STRTP's approach to positive discipline includes: positive discipline, gentle discipline, boundary-based discipline, emotional coaching, and natural and logical consequences, which are defined in the preceding section 18.2 Positive Discipline Policies and Procedures. These approaches are focused on the following components of trauma-informed care, including:

- A focus is on preventing and addressing issues before they arise or as early as possible in order to prevent escalation and maximize teaching
- Acknowledging a child's feelings and encouraging coping skills in moments of emotional dysregulation.
- Encouraging youth to make choices that are aligned with explicit rules and/or expectations.
- Efforts to help youth figure out how they can meet a behavioral expectation or make an appropriate choice.

The positive discipline aligns with trauma informed practices as they focus on supporting children and youth to receive support in advance of a crisis; receive coaching and other support to self-regulate or co-regulate and regain and/or maintain control of their thoughts, feelings, and choices; focus on supporting success as opposed to correcting mistakes; and support clear and explicit boundaries that promote a sense of safety and trustworthiness.

How the agency will ensure a child/NMDs sexual orientation, gender identity, and gender expression is not violated, discriminated against, or punished

VMCC and the Valley of the Moon STRTP are designed as a safe and affirming place for all youth, and any violation, discrimination, or punishment related to a youth's sexual orientation, gender identify, and/or gender expression will not be tolerated. The facility will protect and monitor this safety through the use of open dialogue with youth as well as informal and formal grievance procedures, ongoing staff training related to discipline practices as well as the needs and experiences of LGBT youth. Additionally, leadership all spend some portion of their day working within the milieu and will gather their own observations of staff and youth interactions. They will also review all unusual incidents and consequences given to youth. Feedback will be provided early and often to ensure that the Valley of the Moon STRTP remains a safe place for all youth.

Ensuring commercially sexually exploited children or youth are not re-victimized by the types of disciplinary action taken

VMCC and the Valley of the Moon STRTP are designed as a safe and affirming place for all youth, including those who have experienced commercial sexual exploitation. The facility will protect and monitor this safety through the use of open dialogue with youth as well as informal and formal grievance procedures, ongoing staff training related to discipline practices as well as the needs and experiences of CSEC youth. Additionally, leadership all spend some portion of their day working within the milieu and will gather their own observations of staff and youth interactions.

They will also review all unusual incidents and consequences given to youth. Feedback will be provided early and often to ensure that the Valley of the Moon STRTP remains a safe place for all youth.

18.4. Expectations and Consequences

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.

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.

Natural & Logical Consequences are applied when:

- 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 do not 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.

Expectations and consequences policies and procedures for NMDs

Not applicable.

18.5 Not Applicable

18.6 Not applicable

19. STORAGE OF MEDICATIONS

19.2. Policies and Procedures for Storage of Medications

When a youth first comes to the Valley of the Moon STRTP with medication, the team contacts the prescriber to ensure they are aware of all medications, to get a copy of written orders, and to verify with the prescriber that the medication taken by the youth is current as prescribed.

- Medical staff (Med Staff) will inspect containers to ensure the labeling is accurate and that the medication has been taken as prescribed (i.e., if the youth has been taking the pills as prescribed, confirm the correct number of pills are missing based on date filled). The medication should also be verified using Pill Finder online to verify the shape, color, and marks on the medication.
- If medication has not come from a Title XXII facility, it is considered a dirty supply and a clean supply will need to be ordered through the appropriate pharmacy. A dirty supply can be used if the youth has been taking medication, it is verified by Med Staff and approved by a Supervisor. The STRTP does not want a youth to miss a dose of their medication if possible. Once a clean supply is received, the dirty supply will be placed in a Not in Use cabinet. This supply can be returned to the youth upon release if still an active medication.
- Each medication received is logged in a Medication Inventory Control sheet (MIC).
- Any medication a youth comes in with in which the youth has not been taking or cannot be verified will be placed in the Not in Use cabinet. Those medications will be logged on the Meds Not in Use form, which will be attached to the bag containing the medications.
- If the medication is a psychotropic medication, there will need to be a signed parental consent form to pass the medication. When parent or guardian has medication rights, the STRTP can use a verbal consent until signed written consent can be obtained. The STRTP may also pass a medication if there is a current JV220 on file from the court approving the medication.
- If a youth comes in with an inhaler, staff can use it on an emergency basis until a replacement inhaler can be obtained. An Incident Report (IR) will be written to explain the urgency when the original inhaler is used.
- When a youth arrives with a prescription that has not been processed or a prescription has been left for a youth that has not been called in, the Med Staff will fax the prescription to the appropriate pharmacy.

Medication Storage: All medications are kept in a locked Medication Room.

- Medications that do not require refrigeration and syringes are kept in a locked cabinet at all times, while medications that require refrigeration will be kept in the locked Medication Room refrigerator, that is kept at a regulated temperature. No food or other supplies will be kept in the Medication Room refrigerator at any time. Controlled medications will be kept in a double-lock safe, within the locked medication cabinet.

- Only medications and related supplies (e.g., syringes) are kept in the medication cabinet, safe, and refrigerator. Bubble packaging will be requested of all pharmacies. Bottled medications will be accepted if bubble packaging is unavailable.
- Most medications will be in bubble packs that are organized by hall and kept in alphabetical order by last name in the residents' cubes in the medication cabinet. Separate bubble packs will be used to keep medications for each administration time (e.g., AM, PM, or bedtime/HS). A separate bubble pack will be used to deliver as-needed (PRN) medications.
- For safety, VMCC uses a double-lock system securing the medication in a locked cabinet and keeping the medication room locked at all times.
- Medications (prescription and/or non-prescription) may be in the possession of the resident only with the written permission of the Prescribing Provider and the Program Manager, with the exception of birth control. Under no circumstances shall Class II medications (drugs of potential abuse) or a lethal quantity of any medication be in the possession of a resident.
- **All medications that are prescribed, with the exception of contraceptives, will be centrally stored.**
- The STRTP shall provide a youth a locked container in which to store their contraceptives, when applicable. There shall be more than one key to the container. One key shall be given to the youth and the others shall be kept by STRTP staff.

Medication Administration Documentation: VMCC has several forms for documenting medications and medication administration that will be used for the STRTP. There is a database, Atlas, used for the Medication Administration Record (MAR), Medication Communication Log, and Medication Tracking Form.

For any medication that is centrally stored, STRTP staff shall ensure the maintenance, for each client, of a record of centrally stored prescription medications which is retained for at least one year and includes the following:

- The name of the client for whom prescribed.
- The name of the prescribing physician.
- The drug name, strength and quantity.
- The date filled.
- The prescription number and the name of the issuing pharmacy.
- Expiration date.
- Number of refills.
- Instructions, if any, regarding control and custody of the medication.

- <u>Medication Administration Record (MAR):</u> Each youth has a MAR in the Atlas database. Each MAR entry will include: the name of the drug, name of prescriber, prescribed date, dose, quantity per dose, form (i.e., capsule, tablet, liquid), frequency (morning, noon, evening, hour of sleep, as needed), and start date. The MAR also has an end date and discontinue date. Staff also note whether they have verbal, written or court consent and when that consent expires. Labels on medication containers must read the same as indicated by the MAR and

the Prescribing Provider's order. The comments section of the MAR includes the order written in lay terms including number of tablets to be given, route, frequency, and time of administration. For example, "One tablet orally each day at bedtime," or "Two tablets every 6 hours as needed for shoulder pain". For "as needed" medications, it also includes the condition the medication was prescribed to treat. For example, "shortness of breath,"

- Medication Communication Log (Med Comm Log): This log is where information is recorded on medications, such as parental consent, if there are any challenges getting a signed medication order, if there are discrepancies between orders and pharmacy delivery, and other relevant notes for staff. The log also alerts staff to any new medications for a youth, noting any warnings or side effects.
- Medication Inventory Control Sheet (MIC): When a youth arrives with medication, all active medications received will be added to the Medication Inventory Control sheet (MIC). This sheet is used for quality assurance purposes to have an up-to-date inventory of all active, prescription medications at the STRTP. A count will be taken at least once each day and recorded on the Medication Inventory Control Sheet (MIC). The count is performed by overnight staff to identify any medication passing errors. If there are any discrepancies in the count, overnight (ON) Med Staff will research possible cause, notify the ON supervisor and notify the individual who made the error passing the medication. Notification of the individual will be done via error log or error report in Atlas. The error will also be documented in the youth's Med Comm Log in Atlas. A new MIC form is created for each youth, each month and is always kept up to date with current medications.
- Medications Not In Use form: Inactive medications are logged on a Medication Not in Use form, attached to the medication bag, and placed in a locked, Not in Use cabinet.

Staff Training: All supervisors, and staff being utilized as Med Staff, will be trained in the policies and procedures related to medications before being assigned the responsibility of delivering medications. Staff will receive a detailed eight-hour training in the delivery and storage of medications. Staff in training will also shadow Med Staff for a shift, and then a trained Med Staff will reverse shadow the staff in training for a shift or longer as determined by the supervisor.

Medication Administration Overview: The delivery of medications on a shift is the responsibility of the staff assigned to medications or the supervisor on shift. The assignment and monitoring of the delivery of medications are the responsibility of the shift supervisor and will be noted in the Atlas roster.

- Medication passing instructions will be transcribed from prescribers signed orders only. For any new medications, staff must check to see if there is a signed written order for the medication. If not, they do not pass the medications until an order is received.
- Unless a specific time to give the mediation has been ordered by the prescribing M.D./FNP, the routine delivery of all medications will conform to the following time conventions:

Time Ordered by Physician	Times to Be Delivered by Staff
Give 1 time daily (q.d.)	8 AM
Give 2 times daily (b.i.d.)	8 AM 8 PM
Give 3 times daily (t.i.d.)	8 AM 2 PM 8 PM
Give 4 times daily (q.i.d.)	8 AM 12 PM 4 PM 8 PM
Give every 4 hours (q4°)	8 AM 12 PM 4 PM 8 PM
Give every 6 hours (q6°)	8 AM 2 PM 8 PM
Give every 8 hours (q8°)	8 AM 4 PM
Give every 12 hours (q12°)	8 AM 8 PM
Give at bedtime (q h.s.)	No more than 1 hour prior to sleep

Youth will not be awakened at night to give medications unless specifically ordered by the Prescribing Physician.

Medication Administration Process, Including Psychotropic Medication: STRTP Med Staff will review the five Rights of Medication before calling the youth to med room or bringing meds to youth. A copy of these rights is posted in the Med Room. The Rights are as follows: Right Drug, Right Dose, Right Route, Right Time, and Right Youth.

- STRTP Med Staff will prepare one youth's medication at a time as follows:

  Bubble packs:

  - STRTP Med Staff will consult the Medication Administration Record (MAR). STRTP Med Staff will match the bubble pack with what is written on the MAR.
  - STRTP Med Staff will pop the pill/pills directly into a med cup.

  Bottles:

  - STRTP Med Staff will consult the Medication Administration Record (MAR). STRTP Med Staff will match the bottle with what is written on the MAR.
  - STRTP Med Staff will open the bottle and tap the pills into the lid (and will not use a cup). If too many pills get into the lid, staff dump them back into the bottle and try again until the correct dosage is achieved. Staff pour the correct number of pills from the lid into a med cup.
- STRTP Med Staff will call the youth to the Med Room door one at a time and deliver the medication(s) privately.
- STRTP Med Staff will give the med cup to the youth with a cup of water. They will closely observe the youth taking the medication. Staff will ask the youth to demonstrate they have swallowed the medication (e.g., opening mouth, blowing out, etc.) to avoid "cheeking."

- Once the youth leaves, STRTP Med Staff will "add pass" of each medication in the youth's MAR in Atlas noting the correct amount of the medication passed.

<u>Cream Medications:</u>

- STRTP Med Staff will take a med cup and place the name of the youth on the cup as well as the name of the cream.
- STRTP Med Staff will place the cream into the cup provided.
- STRTP Med Staff will provide a quiet, private space for the youth to apply the cream.
- Once the resident is done, STRTP Med Staff will "add pass" in the youth's MAR in Atlas.

<u>Narcotic Controlled Medications:</u>

- STRTP Med Staff will follow the same procedure as noted above with the additional checks below.
    - As required, all controlled medications will be locked in the controlled double lock medication safe.
    - Attached to the medication will be a Controlled Drug Record sign-in sheet. STRTP Med Staff will sign Controlled Drug Record sign-in sheet as well as "add pass" to youth's MAR in Atlas.

<u>PRN's:</u>

- If a specific PRN request is not listed in a youth's MAR in Atlas and the general "OTC PRN" is used, STRTP Med Staff will check PRN orders in the Medical Order binder to confirm.
- STRTP Med Staff will check the youth's MAR in Atlas for the time of the last PRN given to ensure that there has been adequate time between doses.
- Staff will follow the administrative procedures as stated above.
- Staff "add pass" in youth's MAR in Atlas. If a specific PRN is listed in the youth's MAR in Atlas, they will "add pass" to that PRN. If the general OTC PRN is used, staff include name of PRN and dosage in comments section.
- Staff will note any clarifying comments as needed.

Medication Refusal:

- If a youth refuses a medication, documentation shall include the name of the medication refused, data and time of the refusal, the reason for the refusal, who was notified of the refusal, and any observed results of the refusal.

Special Considerations:

- Medications can be delivered to a youth with the shift supervisor's approval. The youth will still be provided privacy while passing the medication, and the staff will process the medication as stated above.
- If a youth will be out of the facility on pass or on an outing for one day, the youth's guardian or supervising staff will be given an individual dose of each medication in a sealed and labeled envelope with time and instructions for use. The youth's guardian or supervising staff will deliver the medication at the time ordered by the Prescribing Physician. If the pass is for more than one day requiring multiple doses, the entire packaged and labeled supply (bubble pack or bottle) of medication will be given to the youth's guardian to pass the medication from.
- If an asthmatic or allergic youth leaves the facility for any extended time (pass or outing), his/her inhaler and/or Epi-pen will be given to the guardian or supervising staff.
- STRTP Med Staff are not permitted to draw up or inject insulin or any other medication. A resident must have a note from their attending physician stating that they have been trained and are capable of injecting the medication prescribed. STRTP Med Staff will provide the medication kit to the resident and supervise the injection. In some cases, a nurse may be utilized to monitor and give the injection(s).

Procedure for Disposing of Medications: Medication(s) may be disposed of for various reasons including medication discontinued, pill was dropped, or if a resident has transitioned out and the medication was left behind.

Prescription medications which are not taken with the client upon termination of services, or which are not to be retained shall be destroyed by the facility administrator, or a designated substitute, and one other adult who is not a client. When the facility administrator cannot destroy a medication, the designated substitute will be the supervisor on duty. Both the administrator/supervisor and other adult shall sign a record, to be retained for at least one year, which lists the following:

- Name of the client.
- The prescription number and the name of the pharmacy.
- The drug name, strength and quantity destroyed.
- The date of destruction.

This information will be added to the Centrally Stored Medication and Destruction Record and retained for at least one year.

In any situation where STRTP Med Staff are disposing of medications, they will follow the same procedures listed below.

- Staff count the remaining medications.

- They highlight in yellow the medication being destroyed on the MIC and write D/C and indicate the doctor that discontinued the order, the date, and staff first initial and last name.
- Staff then fill out the Centrally Stored Medication and Destruction Record. This is located in a labeled binder in the cabinet in the med room. They look up the resident's record under their last name. If there is not a current sheet, staff will need to create one.
- Staff fill out the sheet completely and give to the shift supervisor to initial.
- They then fill out a second Destruction Record at the back of the binder. There will be destruction records in chronological order. Staff will re-enter the information on this record.
- STRTP Med Staff will place the medication in a bag. The bag will be given to the shift supervisor to put in the Program Manager's office. The Program Manager will give to contaminated waste disposal personnel at their next visit.
- If the medication is a loose pill, the pill will be placed into a manila envelope with the name of the resident, the name of the medication, dosage, staff first initial and last name, and date on the envelope. On the count log, the med staff will write an asterisk in the note section and document how many pills were destroyed of the medication.
- Staff document in the youth's Med Com Log.

Psychotropic Medication

If a youth at the STRTP needs psychotropic medication or a change in psychotropic medication, it is necessary to petition the court, using a JV-220 – Application for Psychotropic Medication form, to authorize administration of the medication. The court authorization must be based on a request from a physician accompanied by a JV-220(A) attachment completed and signed by the physician. Prior to seeking court authorization to administer or change psychotropic medication, FY&C must also submit the treating physician's recommendations to an independent child and adolescent psychiatrist retained by the County Behavioral Health Division for review and evaluation as well as consultation with the prescribing physician if warranted.

The JV-220 must contain the following information:

- Information about the youth, type of request, and any emergency circumstances
- Name of the youth's social worker
- The youth's feelings about starting psychotropic medications
- The caregiver's reasoning for beginning, renewing, or modifying psychotropic medication
- Information about mental health treatment alternatives considered
- Information about the prescribing physician, including medical specialties
- Information about the physician's evaluation of the child
- A description of the youth's symptoms, response to any current medications, and alternatives to psychotropic medication that have been tried
- The youth's diagnoses
- Therapeutic services that the youth will participate in while taking the medication(s)

- Relevant medical history
- Relevant lab tests performed or ordered
- Significant side effects, warnings/contraindications, drug interactions, and withdrawal symptoms for each recommended psychotropic medication
- The youth's response to being told the anticipated benefits and side-effects of psychotropic medication, or the reasons for not telling the youth this information (e.g., age, incapacity)
- The youth's present caregiver's response to being told the anticipated benefits and side-effects of psychotropic medication
- The names, doses, and treatment durations of all psychotropic medication being administered or continued
- All psychotropic medicines being stopped if the application is granted
- All known psychotropic medications discontinued in the past

The FY&C Supplemental Information Form, for Foster Family Agencies and residential treatment facilities, requests the following information to accompany all JV-220 packets:

- Diagnoses, behaviors, or mental health concerns and issues
- Treatment goals
- List of treatments and interventions employed before seeking psychotropic medication
- Other treatment, pro-social activities, and interventions to be employed in tandem with the psychotropic medication
- Conversations with and disclosures to the youth regarding the medication(s)
- Date that the prescribing doctor will see the youth to monitor the medication(s)
- Plan for titration or determining when youth might be able to decrease dosage or cease need for medication(s)
- Indication of whether direct caregiving staff know why the youth is taking the medication(s)

<u>When A Child In The Dependency System May Need To Begin Or Change Psychotropic Medications</u>

The following procedures apply when FY&C seeks a court order authorizing psychotropic medication for a youth in the juvenile dependency system, typically in this order:

1. If psychotropic medications are recommended, the youth's treating physician completes the JV-220(A)
2. The social worker will review the JV-220(A) to ensure that the prescribing physician has completed all required sections and return incomplete forms to the physician for completion

3. VMCC staff will provide the social worker with a completed FY&C Supplemental Information Form
4. The social worker will complete the JV-220 and other required JV forms
5. The social worker will contact the parent and youth regarding the treating physician's recommendation for medication and the fact that the application will be made to the court to approve the use of psychotropic medications and discuss the prescription with them as appropriate
6. The social worker will give the JV-220/JV-220(A) packet to the FY&C Legal Support Unit, and Legal Support staff will send the packet via email to an independent youth and adolescent psychiatrist retained by the County Behavioral Health Division for review
7. The reviewing psychiatrist will utilize the California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care when assessing prescriptions
8. Within two business days, the independent psychiatrist will either return the packet to the Legal Support Unit by email or inform the Legal Support Unit of his or her need to consult with the prescribing physician
9. After the packet is returned from Behavioral Health, the Legal Support Unit will notify the attorneys for the parents and youth, as well as any appointed CASA or tribal representative, of the pending application
10. The Legal Support Unit will submit the JV-220 packet to the court, and the court will either authorize, modify, deny the request, or schedule a hearing if needed
11. Upon receipt of the signed court order from the juvenile court, Legal Support staff will, within two days, email, mail, fax, or deliver in person a copy of the order authorizing psychotropic medication to the youth's current caregiver, including the last two pages of form JV-220(A) and all medication information sheets that were attached to form JV-220(A)
12. Additionally, Legal Support staff will email, mail, or fax a copy of the signed court order, along with copies of the last two pages of the JV-220(A), to: Parents or Legal Guardians; Minor (if over 10); Payee; Minor's physician; County Counsel; All attorneys; CASA (if applicable); Tribes (if applicable).
13. The Legal Support staff will scan and import the entire JV-220 packet, including the order, into the Child Welfare Services/Case Management System (CWS/CMS) and will send an email to the assigned social worker that the packet is stored therein
14. The entire hardcopy of the packet will then be given to the FY&C Public Health Nurse(s) for entry into CWS/CMS
15. The Social Worker will follow up with the youth and/or the caregiver to ensure that the start date entered into CWS/CMS matches the date that the youth begins taking the medication. The referenced PUB 488, Foster Youth Mental Health Bill of Rights – Questions to Ask About Medications, should be provided to youth who are taking psychotropic medications.

Whenever a child/youth at the VMCC STRTP begins taking a newly prescribed psychotropic medication, the child/youth must be seen by the prescribing or another doctor, within 30 days of the first dosage being taken, for monitoring of the impact on the

child/youth taking the medication. Ideally, this appointment should be made at the time the prescription is made.

Note: Orders delegating consent to the parent(s) are revisited at all subsequent review hearings, which must include authorization of why and how the parents continue to meet the criteria to authorize medication. New JV-220(A) or (B) forms are completed every six months, as needed.

Note: If a new medication is being added or the dosage or frequency is changing for a current medication, a new JV-220(A) is required and the above procedures will be followed, depending on whether a court order or parental consent is necessary.

When A Child Needs Emergency Medication

California Rules of the Court, Rule 5.640(i) allows the emergency administration of psychotropic medications in certain situations. An emergency situation occurs when (a) a physician finds that the youth requires psychotropic medication to treat a psychiatric disorder or illness, (b) it is impractical to obtain authorization from the court before administering the psychotropic medication to the youth, and (c) the purpose of the medication is:

- To protect the life of the youth or others, or
- To prevent serious harm to the youth or others, or
- To treat current or imminent substantial suffering.

In situations involving the emergency administration of psychotropic medications for youth at the STRTP, the social worker will contact County Counsel as soon as possible, but in no case more than two court days after the emergency administration, and will provide County Counsel with a physician's statement containing (a) the psychotropic medications administered, (b) their dosage, and (c) which of the aforementioned three purposes applies.

County Counsel will request emergency authorization from the court as soon as is practicable but in no case more than two court days after the emergency administration of the psychotropic medication. Once the court's response to the emergency request is received, the social worker will resume the appropriate JV-220 petition process described above and in Welfare and Institutions Code § 369.5.

When A Youth Has Started Or Changed Medications

Within thirty (30) days of starting or changing psychotropic medication, the youth will return to the treating physician for a follow-up visit to review the efficacy of the new medication. The social worker will document the follow-up visit in the youth's case file.

When Medication Is Stopped

It is not necessary to petition the court if the physician recommends the medication be stopped. It is imperative that the social worker and Valley of the Moon STRTP staff discuss with the youth and caregivers the medications the youth is taking and include this information in the case documentation. The social worker should end date the medication in CWS/CMS using the date the youth took the last dose of the medication.

When A Child Changes Caregivers

Whenever the youth changes placements, the social worker must, if applicable, provide the new caregiver with a copy of the order, the last two pages of form JV-220, and the medication information sheets that were attached to form JV-220(A).

20. DOCUMENTATION OF ACCREDITATION

Documentation of Accreditation

Short-term residential therapeutic programs have up to 24 months from the date of licensure to obtain accreditation.

Valley of the Moon STRTP shall:

1. Submit documentation of accreditation or application for accreditation with the application for licensure.
2. Provide documentation to the licensing agency reporting accreditation status at 12 months and at 18 months after the date of licensure.
3. Provide a copy of the final accreditation summary report to the licensing agency within 30 days of its release date.
4. Provide a copy of the corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency

21. MENTAL HEALTH PROGRAM APPROVAL

21.2 Description of how STRTP will meet mental health service needs of children

Provide documentation of current mental health program approval

Mental health program approval will be obtained following issuance of the provisional license.

List the county placing agencies from which you anticipate accepting placements

The Valley of the Moon STRTP will only be accepting placements from the Sonoma County Human Services Department, Family Youth and Children Services (FYCS) division.

List each county mental health plan which has responsibility for the provision of Specialty Mental Health Services to any child placed in the facility. Specify whether the facility has a contract in place.

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 the facility. Sonoma County Human Services Department is currently collaborating with Sonoma County Behavioral Health and Recovery Services on the contracting process and setting up the Medi-Cal quality improvement, compliance, and billing processes. The contract will be executed in advance of program opening.

Describe the referral, screening and assessment process used to establish eligibility with each county MHP for specific SMHS

Given that the STRTP will only be accepting referrals from Sonoma County, eligibility criteria will be established at the point of referral and then confirmed through the screening and assessment process.

- 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.

Demonstrate an understanding of the broad network of organizational providers in each county that provide SMHS to children placed in the facility as well as the network of non-specialty providers available to meet the non-specialty mental health needs of children placed in the facility

The STRTP will be operated at the VMCC, which is a part of the Family, Youth, and Children's Services Division (FY&C) of Sonoma County's Human Services Department. FY&C has established partnerships and contracting relationships with the existing SMHS and non-SMHS provider networks. Currently, BHRS and FY&C contract directly for different services from the same organizations and have a strong partnership with BHRS.

Demonstrate an understanding of MHP specific appeal processes and describe facility appeal practices

The STRTP will post and apply the same grievance procedures as BHRS. The specific details will be included in the Medi-Cal Program Application and Site Survey.

Describe efforts to reduce the use of psychotropic medication at the facility including monitoring of clinical side effects and a description of non-pharmacological interventions used at the facility. Describe how these efforts are reflected in your CQI.

Youth who are admitted to the STRTP may currently be prescribed or 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 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 youth admitted to the STRTP will receive a psychiatric review, and any youth being prescribed psychoactive medication will receive a second opinion from another psychiatrist. Additionally, all staff receive training in the side effects of common psychotropic medications, and all concerns and questions will be directed to the onsite Physician Assistant and/or psychiatrist. Nursing staff who support medication administration will observe for side effects at every dose. Medication utilization will be monitored on a quarterly basis as a part of our ongoing CQI processes in order to ensure that medication is not being overly prescribed at the STRTP when other interventions may be adequate.

Identify whether mental health services provided by external providers are provided onsite or at an alternative location.

VMCC is not currently planning any mental health services that are provided by external providers.

8.3 Description of how the facility will ensure access to mental health services

Describe process to ensure SMHS identified in the MHP client plan or a child and family team are accurately reflected in the needs and services plan

Needs and services planning begins at the time of referral. The Mental Health Head of Service (HOS), Social Worker, and Facility Administrator will meet to review the referral and determine what initial services may be indicated at the time of placement and during the initial assessment phase. 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. If this is not feasible or appropriate to do so in advance of placement, the interview and feedback will be gathered at intake. Based on this information, the STRTP will create an initial needs and services plan that includes initial SMHS and that can be in place in advance of intake.

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. 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 an initial needs and services plan, inclusive of SMHS 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. This initial needs and services plan will also delineate if the child can transition back into a family environment with additional supports based on the results of the assessment or if the child should continue placement at the STRTP for intensive services.

The STRTP will also meet with the youth and their CFT on a monthly basis to review progress, celebrate accomplishments, address any barriers to treatment, and update the needs and services plan. During each CFT meeting, the team will discuss and document the expected course of treatment, any modifications to the SMHS, anticipated timeline to discharge, and goals to be accomplished prior to discharge.

8.4. Specialty Mental Health Services

Describe which mental health service, by County MHP, that the facility is at a minimum contracted directly to provide

The Sonoma County Human Services Department is currently negotiating with Sonoma County Behavioral Health and Recovery Services includes the following the types of service and procedure codes:

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

8.5 Plan for Service Provision in advance of MHP Approval

If the facility has not obtained a mental health program approval or is not contracted to provide some necessary services, describe how the facility will ensure access to integrated, appropriate specialty mental health services. This should include a description of which organizational providers are contracted to provide the full range of SMHS described under the Mental Health Program Approval Protocol to children in the facility during the interim, and what are the steps you are taking to obtain a SMHS contract through the county.

VMCC does not intend to open the STRTP until the mental health program approval is obtained.

8.6 Consultation Plan

Monthly Consultation

The STRTP will obtain monthly consultation form a psychologist, psychiatrist, and/or licensed clinical social worker to review the program and services being provided. The consultation process will focus on areas where additional support may be needed, which may be identified through the regular review of incident reports, crisis debriefing process, staff meeting or supervision meetings, house meetings with the youth, case conference or CFT meetings, complaints and/or grievances. Additionally, the case carrying social worker, family member, or the youth themselves may request that a youth's treatment receive additional consultation. The consultation itself may focus on individual cases, such as a second opinion medication review for a youth who is on psychoactive medication, or consultation at the program level about issues such as trends in incident reports or feedback from youth and/or families. Depending on the type focus, and goal of the consultation, the process may focus on feedback to program leadership or be inclusive of staff, CFT, and/or treatment team.

22. NURSING SERVICES

22.2. STRTP Plan for Providing Nursing Services

VMCC has an on-site medical and dental clinic that can provide screening and services for youth at the STRTP. A Physician Assistant will conduct a health screening and Youth Health and Disability Prevention (CHDP) exams for youth admitted to the Valley of the Moon STRTP. Additionally, there is a Social Worker Assistant (SWA) to transport youth to any medical appointments in the community.

For any youth who are in need of medical services, Valley of the Moon STRTP has a medical referral process where the program can obtain services from in-house and outside providers.

In-House Referrals:

- For any youth who needs nursing services, STRTP staff will generate a referral to the on-site Valley of the Moon Family Physician Assistant (PA).
- Valley of the Moon STRTP staff will monitor the youth until they can be assessed by the PA and communicate to the shift supervisor any changes in the youth's condition and care provided.
- The PA will review requests for medical evaluation on a daily basis. If a same day exam is needed, the PA will coordinate with the Med Staff. At the time of appointment, the youth will walk to the medical area; if needed, youth will be accompanied by staff.
- If a resident needs to be seen by an outside provider for follow-up care, the PA will forward the referral form to the Social Work Assistant to arrange the appointment. If immediate follow-up care is required, the PA will inform the Shift Supervisor.

Outside Referrals:

- Periodically, the PA determines that additional, outside evaluation/treatment is required. In these cases, the PA will complete a Medical Referral form for medical consultation and forward to the SWA to make an appointment and assemble transport.

The STRTP shall ensure the availability of licensed nursing staff in the program.

- A PA or nurse will be available on site 5 days per week and shall provide care within the scope of their practice. To ensure 24 hour access to medical services, the STRTP will utilize the Nurse Advice line for the local area hospitals as well as emergency services (available 24 hours per day, 7 days a week).
- If a child placed in the STRTP requires regular onsite nursing care and does not require inpatient care in a licensed health facility, the STRTP will partner with the County placing agency to arrange for the nursing care to be provided.
- The FY&C department in the County, in consultation with the State Department of Health Care Services, will further develop guidance to implement nursing care.

22.3 Direct Employer to Employee Relationship

The STRTP will not be required to acquire nursing staff solely through means of a direct employer to employee relationship and will utilize other options, if needed, to ensure above nursing services meet Health and Safety Code.

23. FOOD AND NUTRITIONAL PLAN/SAMPLE MENUS/ SCHEDULE

Food and Nutritional Plan/Sample Menus/Schedule

Attached are sample menus which include, one week's worth of planned meals, including snacks from the four basic food groups, portion sizes, and times meals are served. Samples contain one week of planned meals for our Pre-Teens/Teens (ages 6-17), as well as portion sizes.

Mealtimes

Breakfast: 8:00am-9:00am (Summer/Holidays) and 7:00am-8:00am (School Year)
Lunch: 12:00pm-1:00pm
Dinner: 5:00pm-6:00pm

Healthy snacks are always available for early risers and throughout the day. They are accessible in both the residential areas as well as the Dining Hall.

Describe any provisions available for children with special dietary needs:

Dietary needs are assessed during the welcoming process for every youth. Special diets will be provided to those residents who have certain therapeutic, medical, and/or religious mandates that require specific dietary requirements. Special Diet orders will be directly connected to the "Needs and Services" form for each child welcomed to Valley of the Moon STRTP. We always carry provisions for special diets including, but not limited to, Gluten Free, Dairy Free, Vegan, and Soft Food Diets, as well as separate cooking utensils used specifically for specialty diets due to food allergies. Medical personnel will be consulted, if necessary, in order to provide appropriate options for specialty diets due to medical reasons.

Provide the information of the vendor contracted to provide nutritional services:

We currently do not contract with an outside vendor to provide nutritional services. We employ a full time Chef who is responsible for the nutritional services provided to our youth. The requirements for this position ensure that our chef can develop appropriate recipes and menus for our youth in accordance with nutritional standards and can properly prepare special diets.

See sample menus attached.

Valley of the Moon STRTP Menu

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	3 oz. Scrambled Eggs 2 slices Bacon 1 cup Cold Cereal 6 oz. Yogurt 1-piece Fruit	1 cup Cereal 6 oz. Yogurt Half Pint Milk 4 oz. Fruit	1 cup Cereal 6 oz. Yogurt Half Pint Milk 4 oz. Fruit	1 cup Cereal 6 oz. Yogurt Half Pint Milk 4 oz. Fruit	1 cup Cereal 6 oz. Yogurt Half Pint Milk 4 oz. Fruit	1 cup Cereal 6 oz. Yogurt Half Pint Milk 4 oz. Fruit	2 oz. Potatoes 2 Slices Bacon 2 oz. Scrambled Eggs 1 cup Cereal 6 oz. Yogurt Half Pint Milk 1-piece Fruit
Lunch	Taco's 3 oz. Chicken 1 cup Shredded Lettuce/Tomato 1 oz. Cheese ½ cup Spanish Rice ¾ cup Tossed Salad 4 oz. Fruit	Soup & Sandwich 1 cup Soup 2 Slices of bread 3 oz. Protein 3 oz. Cheese ¾ cup Salad Bar 4 oz. Fruit	Soup & Sandwich 1 cup Soup 2 Slices of bread 3 oz. Protein 3 oz. Cheese ¾ cup Salad Bar 4 oz. Fruit	Soup & Sandwich 1 cup Soup 2 Slices of bread 3 oz. Protein 3 oz. Cheese ¾ cup Salad Bar 4 oz. Fruit	Soup & Sandwich 1 cup Soup 2 Slices of bread 3 oz. Protein 3 oz. Cheese ¾ cup Salad Bar 4 oz. Fruit	Soup & Sandwich 1 cup Soup 2 Slices of bread 3 oz. Protein 3 oz. Cheese ¾ cup Salad Bar 4 oz. Fruit	Italian Sausage 5.5 oz. Sausage Sandwich 1 Bread Roll 4 oz. Mixed Peppers and Onions 1 Bag Chips (1.5 oz.) ¾ cup Tossed Salad 4oz. Fruit
Snack	2 oz. Hickory Smoked Almonds	2 oz. Chocolate Raisins	2 oz. Trail Mix	2 oz. Animal Crackers	Dried Fruits	.75 oz. WW Gold Fish	Cooks Choice
Dinner	Nacho Bar 4 oz. Beef 4 oz. Salsa 2 oz. Tortilla Chips 3 oz. Cheese 3/4cup Dinner Salad 4 oz. Fruit	6 oz. Sausage 4 oz. Potato 4 oz. Caramelized Onion/Pepper's 3/4cup Salad Bar 4 oz. Fruit	1 Cup Beef Stew 1 Dinner Roll w/ Butter 3/4cup Salad Bar 4 oz. Fruit	4 oz. Sweet and Sour Pork 1 cup Bell Peppers/Onions 2- 1.5-oz. Egg Rolls 3/4cup Salad Bar 4 oz. Fruit	Ravioli 1 cup Cooked Pasta ½ cup Tomato Sauce 3/4cup Salad Bar 4 oz. Fruit	Roasted Chicken 5-ounces Chicken ½ Cup-Roasted Potatoes 3/4cup-Salad Bar 4 oz. Fruit	Baked Potato Bar Salad Bar 1 Large Potato 1 oz. Bacon 1 oz. Broccoli 1 oz. Shredded Cheese 1 oz. Sour Cream ¾ cup Salad 4 oz. Fruit
Snack	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Fresh Fruit	Special Snack (Sweet Treat) Fresh Fruit	Special Snack (Sweet Treat) Fresh Fruit

- Second helpings are offered on Salad Bar and all Vegetable items.

Valley of the Moon STRTP
Tykes Menu

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit	1 Scrambled Egg ½ cup Low Fat Milk ¼ cup Dry Cereal 1 Yogurt ½ cup Fresh Seasonal Fruit
Lunch	1 Peanut Butter and Jelly Sandwich ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Grilled Ham and Cheese Sandwich ½ cup Carrots and 1 oz. Ranch Dippers ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Turkey Sandwich ½ cup Carrots and 1 oz. Ranch Dippers ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Turkey Sloppy Joe ½ cup Carrot and 1 oz. Ranch Dippers ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	¼ c Pasta with Grated Cheddar Cheese ½ cup Carrots and 1 oz. Ranch Dippers ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Sandwich 4 oz. Split Pea Soup 1 Apple Sauce Cup ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Bean and Cheese mini Burrito ½ cup Carrots and 1 oz. Ranch Dippers ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit
Snack	½ cup Fruit 1/2 oz. Gold fish	½ cup Fruit 1/2 oz. String Cheese	½ cup Fruit 1 Gogurt	½ cup Fruit 1/2 oz. Gold fish	½ cup Fruit 1/2 oz. String Cheese	½ cup Fruit 1 Gogurt	½ cup Fruit 1/2 oz. Gold fish
Dinner	2 oz. Egg and Cheese Omelet ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	2 oz. Shredded Chicken 1 oz. Mashed Potatoes ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Whole Wheat Grilled Cheese Sandwich ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	¼ cup Homemade Macaroni and Cheese ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	2 oz. Gluten Free Chicken Fingers 1 oz. Mashed Potatoes ½ cup Vegetables ½ cup Low Fat Milk ½ cup Fresh Seasonal Fruit	1 Whole Wheat Grilled Cheese and Turkey Sandwich ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit	2oz Turkey Hamburger 3/8 cup Cooked Beans ½ cup Vegetables ½ c Low Fat Milk ½ cup Fresh Seasonal Fruit
Snack	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers	½ cup Milk Graham Crackers

- Second helpings are offered on Salad Bar and all Vegetable items. Milk is offered at every meal.

Valley of the Moon STRTP

Salad Bar Menu

Proteins 3/day
Nuts (raw or toasted)
Seeds – (Pumpkin, Sunflower)
Beans - (Garbanzo/ Kidney)
Hardboiled eggs
Tuna salad - per Recipe
Cheese - grated, cubes

Grains/Breads, whole grains 2/day
Bread Sticks
Crackers (whole grain)
Naan Bread
Pita Bread
Quinoa Salad

Canned Items 1-3 only
Beets
Baby Corn
Jalapenos, slices or whole
Pepperoncini
Pickles

Freshly Prepared Seasonal Salads 1-2 ONLY
(per VMCC scratch recipes)
Bean Salad
Chicken Salad
Egg
Pasta / Macaroni
Potato
Tuna

Lettuces / Greens
Mixed Greens/ Spring Mix (no bitters)
Baby Spinach
Butter
Cabbage
Iceberg (only mixed with dark leafy lettuce green leaf)
Red Leaf
Romaine

Extras
Dehydrated Veggie Chips
Croutons
Trail Mix
Raisins

Salad Dressings
Olive Oil
Vinegars
Ranch (1 oz. portion)
Ken's Dressings
House-made Dressings

24. EMERGENCY INTERVENTION PLAN (INCLUDING RUNAWAY PLAN)

24.2 Written Emergency Intervention Plan that Includes a Runaway Plan

The STRTP will adopt the following Emergency Intervention Plan that includes a runaway plan as outlined below.

24.3 Runaway Plan

VMCC's Runaway Plan:

Time frames for determining when a youth is absent without permission,

- While in residence at the Valley of the Moon STRTP:
  - Youth checks occur every 30 minutes unless a youth is on a special program and needs more frequent checks. If a youth cannot be found, the Counselor will contact the Supervisor on duty to inform them. The Supervisor on duty and available staff will attempt to locate the youth on the grounds and check appointments to ensure that the youth was not scheduled to be gone. If the youth is absent without permission, a Missing Person's report will be filed with the police department within 30 minutes. If it is determined the youth left in an unsafe manner and is a possible danger to themselves, the police will be contacted immediately.
- While on a STRTP Outing-
  - If a youth is absent from an Outing, the staff will call the Supervisor on duty to inform them of the absence. The staff on the Outing will attempt to locate the youth on the grounds and check appointments to ensure that the youth was not scheduled to be gone. If the youth is absent without permission, a Missing Person's report will be filed with the police department within 30 minutes. If it is determined the youth left in an unsafe manner and is a possible danger to themselves, the police will be contacted immediately.
- While attending School-
  - When the STRTP is notified that a youth is not in school and it has been determined that the youth has runaway, a Missing Person's report will be filed either by the school or the STRTP staff. If it is determined that the youth is a danger to him or herself or others, the school will notify law enforcement immediately.
  - If a youth does not return from school at the scheduled time, attempts will be made to contact the school and bus company to determine if the youth has been seen. If it has been determined that the youth is absent without permission, a Missing Person's report will be filed within 30 minutes of the determination that the youth has indeed runaway. If it is determined that the youth is a danger to themselves or others, law enforcement will be notified immediately.

Continuum of Interventions

When a youth runs away, Counselors will make every effort to follow the youth. During this time, Counselors will talk to the youth about the risks and dangers, as well as trying to engage the youth in a dialogue about what makes them want to run away. Counselors will try to find out if they are running away from something or to something. Counselors will attempt to work with the youth to mitigate any barriers that are keeping the youth from staying at the STRTP. Alternatives to running away will be offered such as taking a walk, engaging in alternative activities, or time away from peers.

Actions to Locate the Youth

The Supervisor on duty or designated Counselor staff will notify Law Enforcement, the youth's Social Worker, Parent or Guardian, attorney, and in some circumstances, their Wraparound worker. If information is given by the youth to the Counselor as to where the youth might be headed, Law Enforcement will be notified of any leads. In some circumstances and when safe, Staff may check areas known to the youth to see if they can get them to return or contact law enforcement.

Staff Training Plan

Staff are trained in TCI to verbally intervene with youth when in crisis; runaway behavior is considered a crisis situation. Before staff are able to work with youth alone, they will undergo at least 8 shadow shifts with another staff. During that time, they will be trained on how to work with youth who want to run away or handle situations in which youth have runaway. Before being signed off to work with the youth, new staff will have a meeting with the program manager and questions will be asked to determine if the staff understands how to intervene in these situations.

Plan to Involve Law Enforcement

A report is faxed to Santa Rosa Police Department no later than 30 minutes after the youth has run away if the youth left in a safe manner or in a manner that did not pose an immediate danger. If the youth leaves supervision in a dangerous state, law enforcement will be contacted as soon as possible. If a youth is identified or suspected to be involved with CSEC activity, a modified Missing Person's report will be filed immediately with local jurisdictions to elevate the case.

Plan to Notify the Youth's Authorized Representative

The youth's authorized representative, their Social Worker, and the youth's attorney will be contacted if the youth is gone for longer than 30 minutes.

Continued Follow Up

A Runaway Roundtable is convened every other month to discuss youth that are on the run. Information is shared on where they may be located, how best to intervene, identify harm reduction strategies to support them, and next steps for the representative agencies. Participants include the youth's social worker, representatives from the SAY Teen Shelter, VOICES foster youth advocacy group, Permanency Planning Supervisor, Transition Support Supervisor, Permanency Section Manager, and Law Enforcement.

24.4 Appropriateness of Runaway Plan for Population

All counselors are trained in Trauma-Informed interventions in which they will use to work with youth on a daily basis. Training and STRTP policies and procedures emphasize ensuring runaway interventions are culturally relevant, appropriate for the age, size, emotional, behavioral, and developmental level for the youth. Staff will create specialized runaway plans, as needed, to address particular traumas of specialized populations, including, but not limited to, commercially sexually exploited children.

24.5 Communicating Runaway Plan with Youth and Authorized Representatives

At the time of welcoming and admitting a youth to the STRTP, staff will review with the youth and parent or authorized representative the types of emergency interventions used at the STRTP, including the Runaway Plan. This is also provided to the youth in a written Admissions Agreement.

24.6 Law Enforcement

If the resources provided by Valley of the Moon STRTP are not enough to meet the needs of a youth in need of emergency intervention, staff will utilize the police/sheriff. **Contacting law enforcement shall only be used as a last resort once all other de-escalation and intervention techniques have been exhausted, and only upon approval of a staff supervisor.** Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.

Prior to contacting law enforcement, STRTP staff will utilize the collaborative relationships with community-based service organization that provide culturally relevant and trauma-informed services to youth served by the facility to prevent, or as an alternative to arrest, detention, and incarceration for system -impacted youth.

The Valley of the Moon STRTP has a wide network of community resources and partners that they regularly engage, coordinate, and contract with to ensure there are a large array of resources and support to meet the needs of youth at the Valley of the Moon STRTP. Partners include numerous community agencies, law enforcement, schools, courts/attorneys, tribal partners, and mental health providers. These organizations provide regular services to youth at the STRTP to work on prosocial skills aimed, in part, on reducing contact with law enforcement. These include:

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.

For youth at the STRTP that are having an immediate crisis, where there is no need to involve law enforcement, STRTP staff will first contact mobile crisis services before engaging law enforcement.

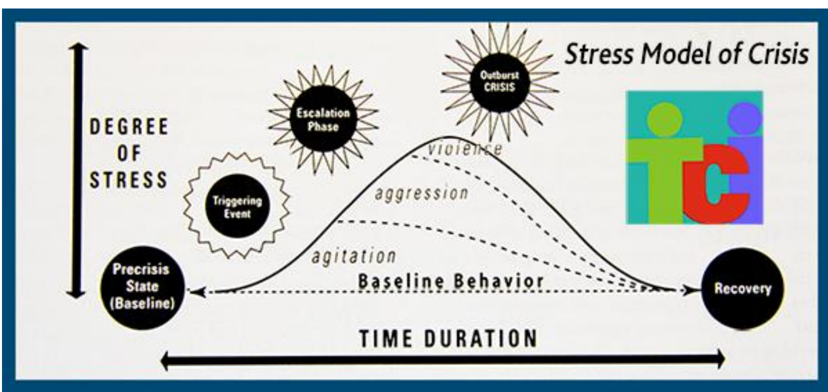
If a youth appears to need additional support during their time at the STRTP, agency staff will plan to have the youth assessed by the Mobile Support Team or Crisis Stabilization Unit to assess for risk to self or others and need for by inpatient hospitalization. In addition, if the youth can be safely transported, staff will utilize the local Crisis Stabilization Unit to determine if a youth requires the inpatient resources of a psychiatric hospital. The agency administrator will monitor the use of such resources so that they are not being inappropriately used or used as a component to a youth's program.

24.7 Description of Emergency Intervention Plan

Emergency Intervention Plan (EIP) Overview

The STRTP has a written Emergency Intervention Plan that includes a Runaway Plan as outlined below.

The Valley of the Moon STRTP Counselors will use the Therapeutic Crisis Intervention (TCI) program to handle volatile situations with youth. TCI emphasizes the need for a primary treatment plan and the use of non-physical interventions. TCI also provides training for situations when the primary treatment plan fails and non-physical interventions are not adequate to prevent dangerous behaviors. **TCI is grounded in best practices that are appropriate to the population, age and developmentally appropriate, and aimed at never re-traumatizing or punishing a child. There is a continuum of emergency interventions from least restrictive to most restrictive that may be implemented at stages in the escalation cycle** shown below:



Description of Training Plan

All Residential Counselors, Clinicians, and Supervisors will have at least 12 hours of Therapeutic Crisis Intervention (TCI) training every year. All new Counselors will be trained and certified in, and pass, a 32-hour TCI course prior to being authorized to use emergency interventions.

A written test will be administered during the initial certification phase of the training as well as the annual recertification courses. The written test will cover techniques of group and individual behavior management and methods for de-escalating volatile situations. The written portion will also cover safety in using manual restraints.

During the re-certification of the use of physical restraints, Residential Counselors, Clinicians, and Supervisors will test on the use of each manual restraint to ensure that they are done correctly and without any safety violations. Certification will be given only if these techniques are done safely and correctly. All TCI trainings are conducted by Supervisors certified and trained as TCI Trainers through Cornell University.

Names of Facility Personnel Trained to use EIP

The STRTP is a new facility targeted to open in winter of 2022. The following positions will be filled by Fall of 2022, when all staff in the positions below that supervise or counsel youth will be trained to use EIP.

Staff Title	Number of Staff	Job Classification
Human Services Section Manager (Licensee)	1	3087
Residential Clinical Manager (Head of Service)	1	3027
Program Administrator (VMCC 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

24.8 Design and Approval of Emergency Intervention Plan

In 2018, the US Department of Health and Human Services, in partnership with the National Traumatic Stress Network, awarded Cornell (through their Residential Child Care Project) a grant to share research, strategies, and learning to assist residential care settings to use trauma-informed and evidence-based models; they incorporated these efforts into the Therapeutic Crisis Intervention (TCI) program.

TCI emphasizes the need for a primary treatment plan and the use of non-physical interventions. TCI also provides training for situations when the primary treatment plan fails and non-physical interventions are not adequate to prevent dangerous behaviors. **TCI is grounded in best practices that are appropriate to the population, age and developmentally appropriate, and aimed at never re-traumatizing or punishing a child.** Additionally, TCI has updated its training and practices to further incorporate Trauma-Informed care.

VMCC staff and leadership have seen TCI's success in de-escalating crisis events and using physical interventions as a last resort and have decided to adopt it for the Valley of the Moon STRTP.

The TCI curriculum was first developed in 1980 by Michael J. Budlong and Andrea J. Mooney. Over the years, the TCI system and curriculum have been reviewed and revised with the assistance and support of many organizations and individuals, including:

- Michael Nunno, DSW, Senior Extension Associate, Bronfenbrenner Center for Translational Research, Ithaca NY
- Susan Sullivan, RN, Medical Program Director, Waterford Country School, Waterford, CT
- Zelma Smith-Pressley, LMSW, Child Welfare Consultant and Trainer, Atlanta, GA

This Emergency Intervention Plan and the larger STRTP Program Statement were informed by TCI research and were designed and approved by individuals who meet requirements for the Behavior Management Consultant including the administrator, program supervisors, child welfare director, and independent consultants to ensure

- The plan will be appropriate for the client population served by the Valley of the Moon STRTP
- The plan is appropriate for the staff qualifications and staff emergency intervention training
- The plan incorporates trauma-informed concepts and practices.

If the resources provided by Valley of the Moon STRTP are not enough to meet the needs of a youth in need of emergency intervention, staff will utilize the police/sheriff. **Contacting law enforcement shall only be used as a last resort once all other de-escalation and intervention techniques have been exhausted, and only upon approval of a staff supervisor.** Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.

24.9 Continuum of interventions

Continuum of Emergency Interventions:

Methods for de-escalating volatile situations (Early Interventions/Techniques)

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 activities will de-escalate his/her behavior.
- Separate 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 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.

Alternative methods of handling aggressive and assaultive behavior: 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. Staff 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

Justification for restraints: **Counselors will utilize manual restraints only to prevent a youth or others from being injured.** All restraints are to be used in accordance with TCI principles and training. All verbal, paraverbal and nonverbal interventions must be attempted first 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 that are NOT Used:

The following emergency intervention techniques will **not be used on a youth at any time** while at Valley of the Moon Children's Center.

- Mechanical Restraints
- A restraint or containment technique that obstructs a child's respiratory airway or circulation, or impairs a child's breathing or respiratory capacity, including techniques in which pressure or weight is placed against the child's torso or back
- Placing blankets, pillows, clothing or other items over the resident's head or face. Body wraps with sheets or blankets are not permitted. Pillows or padding, placed under the head of a thrashing resident to prevent injury will be permitted.
- Any restraint or containment technique that can exacerbate a youth's medical or physical condition
- Prone restraint if the child is at risk for positional asphyxiation as a result of a risk factor known to the provider unless written authorization has been provided by a physician. The written authorization may not be a standing order, and shall be evaluated on a case-by-case basis by the physician. Risk factors for prone restraint include, but are not limited to, the following: (A) Obesity (B) Pregnancy (C) Agitated delirium or excited delirium syndromes (D) Cocaine, methamphetamine, or alcohol intoxication (E) Exposure to pepper spray (F) Pre-existing heart condition (G) Respiratory conditions including emphysema, bronchitis, or asthma
- Any restraint or containment technique that places a child in a prone position with their hand behind their back
- Any restrain or containment technique as an extended procedure

- Aversive behavior modification interventions including, but not limited to, spanking and corporal punishment, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation and electric shock
- Intentionally producing pain to limit the resident's movement, including but not limited to, arm twisting, finger bending, joint extensions, pressure points, and headlocks
- Corporal Punishment
- The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a resident who is exhibiting assaultive behavior
- Techniques that can reasonably be expected to cause serious injuries to the resident that require medical treatment provided by a health practitioner. A health practitioner would include a physician, surgeon, osteopath, dentist, licensed nurse, optometrist, etc.
- Verbal abuse or physical threats by facility personnel
- The isolation of a resident in a room which is locked by means of: key lock; deadbolt; security chain; flush, edge or surface bolt; or similar hardware which is inoperable by the resident inside the room.
- Manual containments will not be used for more than 15 consecutive minutes in a 24-hour period, unless authorized by administrator or administrator's designee.
- Manual containments will not be used for more than four cumulative hours in a 24-hour period, unless authorized by administrator or administrator's designee.
- In addition to techniques specified above, any emergency intervention technique not approved for use as part of the Valley of the Moon Children's Center Emergency Intervention Plan will not be used at any time.
- Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.

Manual containments **will never be used for the following purposes**:

- Punishment or discipline
- Replacement for on-duty residential staff
- Convenience of facility personnel
- As a substitute for, or as part of a treatment plan
- As a substitute for, or as part of a behavior modification program
- Harassment or humiliation
- To prevent a resident from leaving the facility, except when staff perceives in imminent danger to the resident or others and the resident can safely be contained to prevent leaving
- Manual containments will not be used when a resident's medical assessment documents that he has a medical condition that would contraindicate the use of manual containments; and when the resident's current condition contraindicates the use of manual containment

24.10 Manual Restraint Plan

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 youth's arms 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 youth's arms. 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. A second staff may also be used to secure the legs if the youth continues to be unsafe, and if not securing the legs would put a youth or staff in danger.
- 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 onto 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 onto 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.

Situations Restraint Techniques will be used:

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**.

The 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.**

Maximum Time Limits: Ensuring that the amount of time a youth is contained is limited to the amount of time when the youth is presenting an immediate danger to himself or others or limited to the point where a Counselor feels the containment cannot be continued safely. TCI emphasizes

that the youth is to be restrained only as long as it requires for the youth to no longer present as an immediate danger to themselves or others. The Letting Go Process is to begin as soon as the youth is no longer a safety risk.

- A youth will not remain in a manual containment for more than 15 consecutive minutes in a 24-hour period unless the youth is still presenting a danger to himself or others. Written/verbal approval to continue the containment after the initial 15 minutes will be obtained from the administrator or administrator's designee. If the administrator or administrator's designee is not onsite to provide written approval, the facility will obtain verbal approval, which will be followed up in writing within 24 hours of the verbal approval.
- Every effort will be made to begin processing a youth out of a physical containment as soon as possible. If the youth again presents a danger, the containment may need to be reinitiated. In the absence of an administrator or administrator's designee's approval, Counselors will be trained to release the youth from a physical containment at or before 30 consecutive minutes. If after 30 minutes the youth again presents an immediate danger, the new dangerous behavior will be assessed as a separate incident.
- After the initial 15 minutes, the individual who approves the continuation of the manual containment will observe the youth's behavior while the youth is being contained to determine whether continued use of the manual containment is justified. The individual who checks on the containment will also check the risk of injury to the individual who is containing the youth. Staff can ask to switch off on the containment with another staff member at any time.
- After the initial 15 minutes, a youth placed in a manual containment will be visually checked every 15 minutes until the manual containment is terminated, to ensure the youth is not injured, that personal needs are being met, and that the continued use of the manual containment is justified.
- After the initial 15 minutes, and at 15-minute intervals, the staff applying the containment to the youth must switch with another Counselor. In the event there is an emergency precluding rotating Counselor, the switch will occur at the earliest option.
- Within the next working day of a physical restraint of 60 cumulative minutes or longer, in a 24-hour period, the youth's Needs and Services plan will be reviewed by the facility administrator/designee, or supervisor will be modified, if needed. Modifications will be communicated to the facility social worker staff if needed. If the youth has an Individual Crisis Management Plan (ICMP), that will also be reviewed and modified, if needed.
- Manual containments used in excess of 60 consecutive minutes will be approved, every 30 minutes, in writing by the administrator or administrator's designee... The continued use of a manual containment shall be documented in the resident's record.
- If a youth is nearing the two cumulative hours in a 24-hour period, agency staff will make arrangements to have the youth assessed by the Mobile Support Team or the Crisis

Stabilization Unit to assess for risk to self or others and the need for psychiatric evaluation and/or inpatient hospitalization.

- If a manual containment exceeds two (2) hours, at regular intervals not exceeding two (2) hours, the youth will be allowed to access liquids, meals and toileting and range of motion exercises when this can be done safely.
- The Counselor will make provisions for responding promptly and appropriately to a youth's request for services and assistance and repositioning the resident when appropriate.

Criteria for Assessing when EIP Needs to be Modified/Terminated: Training will emphasize that the EIP will end when a youth enters the Recovery Phase in the TCI Stress Model of Crisis. For a youth who had been restrained, they will be contained only as long as it requires for the youth to no longer present as an immediate danger to himself or others. In order to increase personal safety, TCI instructs the use of gradual release of the youth from containment. If upon release the youth responds with continued dangerous behavior, the staff should respond with proactive measures to ensure personal safety and the safety of others. Any staff who finds that for whatever reason the containment cannot be continued safely may terminate the containment, even if the youth has not reached the Recovery Phase in the TCI Stress Model of Crisis.

Procedures If More Than One Child Requires Emergency Intervention: In the rare instance that more than one youth require the use of an emergency intervention at the same time, additional staff member(s) will be instructed to come to assist. In extreme circumstances, an emergency call to 911 may be appropriate.

Procedures for Re-Integrating the Child: Clinical and safety considerations are used to determine the best way to re-integrate. The Counselors will work with the youth when ready on a Life Space Interview to discuss and clarify the events that occurred. During this interview the youth will have an opportunity to discuss their feelings and what led to the behavior, the goal is to help youth identify what their feeling when they begin to act in an unsafe manner and to consider alternatives. This interview also serves as a way for the Counselor and youth involved to begin to repair their relationship. Youth are given space and time if needed to return to baseline and re-enter the milieu. Youth are integrated into scheduled activity as tolerated by the youth.

24.11 Admission Agreement and Written Statement Regarding Types of Emergency Intervention Approved

Notifying youth and authorized representatives of plan:

- The Admission Agreement will include a written statement regarding the types of emergency interventions the STRTP has been approved to use, and this will be reviewed with the youth and their authorized representative at the time of admission.
- At the time of admission, STRTP staff will also review the policies and procedures in this Emergency Intervention Plan, including policies and procedures when youth runaway, with

both the youth and their authorized representative. During this conversation, the staff will discuss how an individualize plan will be developed for youth with a history of running away or of commercial sexual exploitation.

24.12 If the facility will Not use manual restraints, the Emergency Intervention Plan must include the following:

The STRTP will use manual restraints as outlined in the Emergency Intervention Plan.

No Counselor is expected, or required, to either start a physical containment without adequate support or if the Counselor believes that he or she stands to be injured. It is incumbent upon Counselors to take pro-active measures that will protect the safety of themselves and other youth and staff. The following guidelines will outline what is or is not in the scope of duty when confronted with a youth exhibiting dangerous behaviors.

Counselors will always attempt a verbal or environmental intervention FIRST to avoid the need to physically resolve a behavior problem.

- Counselors should not do containments alone. This poses a potential for physical injury to both staff and youth and leaves Counselors vulnerable to accusations of improper behavior from the youth. TCI does include training on Transport and Small Child Hold. A single Counselor can perform a Transport if the youth in question is half the body size and weight of the staff. The Small Child Hold can be done alone, however, every effort should be made to summon assistance, using any communication available, to have another Counselor assist, or at a minimum, to stand by and assist if necessary. In the event that there is a shortage of Counselors available, the Supervisor will arrange for frequent check-ins on the restraint hold and to check on the safety of the facility.
- Counselors should make every effort to summon assistance and not respond alone to a situation that has a potential to result in a physical confrontation. This is particularly important in incidents that involve youth that have a history of threatening and/or assaultive behavior.
- If confronted with a situation with a youth that the Counselor perceives as threatening, the Counselor should summon assistance and attempt to remove other youth and themselves from the area or situation that is perceived to be a danger.
- Counselors carry and use county-issued walkie-talkies that can be used to summon assistance in dealing with hostile and aggressive youth. When off grounds, Counselors take county-issued cell phones as well as walkie-talkies. Failure to care for, maintain and use these county-issued devices can become a subject for employee discipline.
- **Criteria for Assessing Facility Resources:** After the initial 15 minutes, and at 15-minute intervals, if the resident is still presenting a danger to himself or others, the administrator or administrator designee (typically the Shift Supervisor) will evaluate whether the facility has

adequate resources to meet the resident's immediate needs. Manual containment will not exceed two (2) cumulative hours in a 24-hour period. If a youth is nearing the two cumulative hours in a 24-hour period, agency staff will plan to have the youth assessed by the Mobile Support Team or Crisis Stabilization Unit to assess for risk to self or others and need for by inpatient hospitalization. In addition, if the youth can be safely transported, staff will utilize the local Crisis Stabilization Unit to determine if a youth requires the inpatient resources of a psychiatric hospital. The agency administrator will monitor the use of such resources so that they are not being inappropriately used or used as a component to a youth's program.

24.13 Documenting Manual Restraints

Procedures for Documenting Manual Restraints: All emergency intervention incidents, including any use of manual restraints for any period of time, will be documented using the IR (incident report) in the Atlas database and will be noted in the youth's record ensuring the Department has access to the incident report. Additionally, each use of manual restraints will be reported to the child's authorized representative by telephone no later than the next working day following the incident. If a child is restrained more than once in a 24-hour period, each use of manual restraints must be reported. All incidents will be documented immediately following the use of manual restraints or no later than the end of the working shift of the staff member(s) who participated in the manual restraint. Any report of the use of manual restraints must be reviewed, for accuracy and completeness, and signed by the administrator or administrator's designee no later than the next working day following the incident. Approval to continue a manual containment beyond 30 consecutive minutes will also be documented in the Incident Report and saved in the youth's file in Atlas. VMCC will maintain a monthly log of each use of manual restraint that includes: Name of child, date and time of intervention, duration, facility staff in the restraint, intervention type and result of licensee review. These incidents will be reviewed for trends or specific behaviors. Weekly staff meetings will be used to discuss issues regarding the emergency interventions. The emergency intervention plan will be modified as needed.

24.14 Documenting Manual Restraints in Youth Records

Any time a manual restraint is used with a youth, this incident will be logged and documented in a youth's records in Atlas. Incidents of youth restraint will be included in regular reviews, including weekly staff meetings used to discuss issues regarding the emergency interventions.

24.15 Procedures for Review of Manual Restraint Use

Procedures for Review of Manual Restraint: The administrator or the administrator's designee will see and talk with the youth after the emergency intervention to review the intervention and to determine if the youth requires any medical attention. The administrator or administrator's designee will also determine whether the emergency intervention action taken by the staff was

consistent with the emergency intervention plan and document the findings in the youth's record and facility monthly log. The manual containment review will evaluate the following:

- Did the Counselor attempt to de-escalate the situation? What interventions were utilized? Did the staff attempt non-physical interventions?
- If the use of any de-escalation technique causes an escalation of the youth's behavior, the use of the technique must be evaluated for its effectiveness. De-escalation techniques that are ineffective or counter-productive must not be used.
- Were manual containments utilized only after less restrictive techniques were utilized and proven to be unsuccessful?
- Was the youth contained for the minimum amount of time, limited to when the youth is presenting an immediate danger to himself or others?
- The administrator or administrator's designee will assess whether it is necessary to amend the youth's Needs and Services plan.
- The Administrator or the administrator's designee will arrange a check-in session with the staff members and/or team involved. After the check-in, a structured debrief may occur if the need for one is identified.

24.16 Procedures for Medical Examinations

The administrator or the administrator's designee will see and talk with the youth after the emergency intervention to review the intervention and to determine if the youth requires any medical attention. The administrator or administrator's designee will also determine whether the emergency intervention action taken by the staff was consistent with the emergency intervention plan and document the findings in the youth's record and facility monthly log.

25.17 Procedures for Biannual Review

Biannual review of the use of EI: On at least a quarterly basis, the treatment team and the authorized representative will review the use of manual containments. On a biannual basis, the team will conduct a review of the use of all emergency interventions. Biannual reports will include a copy of all significant incidents as well as incidents requiring a manual containment. In addition, the quarterly report will address the progress made on addressing dangerous behaviors. The team will use this review to identify any changes that need to be made to the Emergency Intervention Plan

25.18 Procedures for Board of Directors Approval

Procedure for Approval by Board of Directors: The Board of Directors will review and approve the EIP plan whenever there have been substantial changes. The STRTP will also provide a copy of the approved plan to the Board of Directors.

25.19 Protective Separation Room

The STRTP does not have a Protective Separation Room but does allow for taking space as part of the EI.

- "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 activities will de-escalate his/her behavior.
- Separate 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 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.