

Flexible Family Supports and Home-Based Foster Care Request for Funding Letter of Intent

*This form is to be completed by counties that elect to access the funding. Letters of Intent will be **accepted on a rolling basis through July 1, 2024**. All funding expires on June 30, 2025, and all services using these funds must be encumbered by this date.*

County Name: Fresno County Department of Social Services

Indicate the primary contact regarding the request for funding.

Contact Name and Title: Elizabeth Guerrero, Program Manager

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I. PROGRAM DETAIL: SERVICES AND SUPPORTS TO BE PROVIDED

In the Letter of Intent, please address the following:

1) If you have an existing program that provides additional services and supports to children, youth, and their foster caregivers, please describe your current program and how you will utilize the funding to enhance that program including the projected number of children/youth who will be served with these additional funds.

The Department currently provides limited additional services and supports to foster youth and foster caregivers, as follows:

- Respite care for other resource homes is informal and non-compensated.
- The Department provides limited financial support for extracurricular and enrichment activities.
- Provision of concrete supports primarily to remove barriers associated with relative placements. The Department provides selected furniture, such as cribs, beds, dressers, and etc. In addition, hotel stays and/or other housing needs are met through a variety of other resources.

It is estimated that 75% of resource family homes may benefit from expanded respite reimbursements and/or concrete supports, and an additional 150 foster youth assisted with enrichment activities.

2) Describe your capacity to design and implement any additional services and supports through the Flexible Family Supports and Home-Based Foster Care funding to either your existing program(s) or to start a new program. Please include any steps that will need to be taken in order to maximize the use of the funding. For example, include items related to developing or finalizing formal partnerships with contractors.

The Department maintains the capacity to enhance and/or implement additional services. The intent is to use Flexible Family Supports and Home-Based Foster Care funding to enhance and expand the services indicated above. Changes in protocols/process would need to be developed followed by staff training. In general, enhancements would not require specific subcontracting, however, the benefit of subcontracting may be assessed, for the enrichment and enhancement activities and/or specific concrete supports. Funding will also be used for additional activities not currently provided. This includes but is not limited to:

- gas reimbursement for resource families to drive youth to enrichment activities, as well as for travel from school to home
- costs associated with building relationship with family members of foster youth
- respite care for resource families when attending required agency trainings
- costs associated with maintaining cultural connections and relationships to their community and/or tribe
- purchase of equipment to assist with Resource Family Approval for home based in-person training, such as mobile live scan, iPads, and etc.

3) Describe the county plans to provide financial assistance that will be available to support the expenses associated with securing and maintaining home-based placements (clothing, furniture, etc.). Counties should leverage community-based organizations (CBOs) for tangible items first.

The Department plans on providing tangible supports. Many items are currently provided, as stated above, through furniture stores, however, additional items are also provided as deemed needed to maintain a placement. Resources from other community-based providers are consistently used as a first option. This will continue and will be incorporated and reiterated as part of revised protocols/processes.

II. COUNTY WELFARE DIRECTOR'S/CHIEF PROBATION OFFICER'S CERTIFICATION

I certify that the County will administer the Flexible Family Supports and Home-Based Foster Care funding pursuant to the conditions set forth by the California Department of Social Services. I certify that the information completed above and attached is true and correct.

Director's Name: Sanja Bugay

Signature: _____

Date: 7/27/23