

Table Of Contents

PART I: PROGRAM IDENTIFICATION (SECTION 1)	1
PART II: PROGRAM POPULATION, SERVICES & CAPABILITIES (SECTION 2).....	2
PART III: PROGRAM NARRATIVE	7
A. PROGRAM DESCRIPTION.....	7
PURPOSE, METHODS, GOALS (SECTION 3)	7
PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES (SECTION 4).....	11
PERSONAL SERVICES (SECTION 5).....	17
CLIENT MEDICAL ASSESSMENTS (SECTION 6)	17
TRANSPORTATION (SECTION 7)	19
B. ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES	20
ADMISSION/INTAKE (SECTION 8).....	20
NEEDS & SERVICES /ASSESSMENT (SECTION 9)	24
DISCHARGE/REMOVAL (SECTION 10).....	24
VISITATION RULES & POLICY (SECTION 11)	28
HOUSE RULES (SECTION 12).....	29
C. GENERAL POLICIES AFFECTING CHILDREN PLACED.....	31
DISCIPLINE POLICIES/PERSONAL RIGHTS (SECTION 13).....	31
EMERGENCY INTERVENTION PLAN – SECTION 14.....	38
RUNAWAY PLAN (SECTION 15).....	59
CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES (SECTION 16)	62
HANDLING OF CHILDREN'S FUNDS, ALLOWANCES & SALARIES (SECTION 17)	63
CHORES (SECTION 18)	64
NUTRITION/SAMPLE MENU (SECTION 19)	65
CLOTHING & INCIDENTALS (SECTION 20).....	65
D. STAFFING/ADMINISTRATIVE ORGANIZATION	66
STAFF SCHEDULE (LIC 500 OPTIONAL) (SECTION 21).....	66
STAFF QUALIFICATIONS (SECTION 22).....	66
JOB DESCRIPTIONS (SECTION 23)	68
INSERVICE TRAINING FOR STAFF (SECTION 24).....	70
ADMINISTRATION (SECTION 25)	87

VOLUNTEERS (SECTION 26).....	89
CONTROL OF REAL PROPERTY (SECTION 27).....	89
FACILITY SKETCH (LIC 999 OPTIONAL) (SECTION 28)	89
PAY WARRANTS (SECTION 29)	89
BOARD OF DIRECTOR'S STATEMENT (SECTION 30)	89
APPENDIX.....	90

PART I: PROGRAM IDENTIFICATION (SECTION 1)

Applicant/Licensee Name: County of Fresno, Department of Social Services
Mailing Address: P.O. Box 1912, Fresno, CA 93718
Program Name: Department of Social Services (DSS) Transitional Shelter
Contact Person: Novina Holland
Title: Division Chief
Phone Number: (559) 600-3230

The facility will not operate any other activities other than a TrSCF.

PART II: PROGRAM POPULATION, SERVICES & CAPABILITIES (SECTION 2)

The County of Fresno DSS Transitional Shelter Care Facility, is a non-residential facility designed to provide transitional shelter for hard-to-place children and youth with high level needs when no other viable placement option is available to them. The facility will operate 24 hours per day and will be staffed and administered by the Department of Social Services (DSS), however, may also include contracted staff.

DSS Transitional Shelter is a therapeutic, warm, and welcoming setting that supports young people as they navigate the trauma of placement disruption. DSS Transitional Shelter is specifically designed to minimize the impact of this trauma by providing safety, care, comfort, and therapeutic supports while the best and most appropriate placement is coordinated. The facility serves young people in Fresno County who are removed from their home, returning from elopement, or otherwise experiencing a loss of placement. When they arrive at DSS Transitional Shelter, they are met by empathetic and well-trained adults that provide a calm, stable environment while their individualized needs are assessed and placement is secured.

DSS Transitional Shelter will accommodate a maximum of six (6) ambulatory children and youth, ages 12-17. There will be a 1:4 shelter worker to child (or fraction thereof) staffing ratio during waking hours and 1:6 awake child care worker to child (or fraction thereof) during sleeping hours. The facility will serve dependent, neglected, emotionally disturbed, and predelinquent youth. The facility may serve ambulatory youth with physical or developmental disabilities if they do not have special health care needs. DSS Transitional Shelter will serve youth inclusive of all sexual orientations, gender identities, and gender expressions (SOGIE). In accordance with the principles and intention of Continuum of Care Reform, the overarching goal of the DSS Transitional Shelter is to provide trauma informed, culturally responsive care and therapeutic intervention to support youth in transitioning smoothly to a new home-based placement.

The facility will not serve children with special health care needs including needs that require specialized in-home medical care such as, but not limited to, g-tubes for eating, tubes for breathing, medication requiring injections to be given such as insulin (unless the child or youth is of age where they can self-administer the medication).'

The facility will also not admit children or youth who have an active mental health crisis such as youth who pose a danger to themselves or someone else and would qualify for a Welfare Institutions Code (WIC) Section 5150 hold.

The goal of DSS Transitional Shelter is to provide a safe and temporary placement while a more appropriate and permanent placement is found. Children and youth can stay at DSS Transitional Shelter for up to nine (9) days within a 30-day period. On some occasions, children and youth may remain longer due to special circumstances.

The proposed facility has a communal area that can be used by staff and children and youth, office space that meets the needs of staff while they are serving the children and youth, a dining area and six private bedrooms. Children and youth will have access to clean clothes, meals, age-appropriate activities and be allowed to rest and sleep as needed.

Transitional Shelter Care Services to be Provided

DSS Transitional Shelter provides a high standard of care for youth who enter the program, including supervision, engagement in therapeutic activities, play, and supervised rest and relaxation. DSS Transitional Shelter staff also contribute to an overall assessment of needs, risk factors, and strengths, referral to additional Mental Health Services upon discharge, safety planning as needed, case

management and collaboration with the child and family team. DSS Transitional Shelter staff will involve bioparents, other family, and future caregivers in the treatment process at the facility whenever possible to ensure a successful transition to the next placement for the youth as they maintain a connection to important natural supports.

Specific services provided to each youth in placement include, but are not limited to:

- Coordination of the provision of medical and mental health screenings.
- Collaboration with the child's case carrying social worker in identifying the child's needs and services needed to meet those needs.
- Implementation and modification of the medical and mental health screening results.
(Addressed in more detail in Section 6: Client Assessments)
- Implement trauma-informed policies and procedures for the discharge and/or removal of youth from the facility. (Addressed in more detail in Section 10: Discharge/Removal)

Medical and Mental Health Screenings

All youth will receive a medical and mental health screening (or evaluation) completed by a licensed physician or designee who is also a licensed practitioner which is documented in the client's DSS electronic client record accessible by all DSS Transitional Shelter staff members. At the time of admission and no later than 24 hours after admission, the staff member completing the intake will access the youth's current medical and mental health screening and/or comprehensive evaluation(s) available within the DSS electronic client record. The staff member completing the intake process will review the current screenings and evaluations to identify immediate medical or mental health needs and services. The facility staff may also obtain supplemental information from the referring social worker, the youth, family members, and/or the previous placement provider. DSS Transitional Shelter staff will utilize this information to:

- Identify current medical and behavioral health services.
- Identify immediate unmet medical, dental, and/or mental health needs requiring follow up during or after the placement period.
- Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program, if available.
- Note upcoming medical, dental, or behavioral health appointments to ensure no disruption in care while the youth is enrolled at DSS Transitional Shelter and subsequent placements.
- Confirm current medications including dosing, instructions, and documentation of informed consent (JV220).
- Develop or modify existing client safety plan.

Additionally, DSS Transitional Shelter staff will screen for experiences, symptoms, and impacts of trauma. Staff will utilize direct observation of behaviors and knowledge of past experiences gained from youth, caregivers, CFT members and previous providers.

The DSS Transitional Shelter social work staff, in partnership with the youth's case carrying social worker and CFT, will utilize the initial screening information to coordinate services required to address immediate and ongoing needs.

Identification of Needs and Services: Participation of the Case Carrying Social Worker

The Fresno County model for Transitional Shelter Care Services benefits from the seamless partnership between the facility staff and the case carrying social work staff. Facility staff and placement social work staff work closely together to ensure the continuity of care for enrolled youth by sharing information regarding the needs and services of youth in a timely and comprehensive manner. Needs and services are fully documented in each youth's electronic record which is accessible to TrSCF staff and placement

social work staff allowing for real-time case updates aiding in the identification of an appropriate placement for the youth.

The DSS Transitional Shelter staff will consider the youth's medical and mental health screening, observe, and evaluate the youth's behaviors, social interactions, and other important characteristics for the purpose of informing the youth's case carrying social worker about the youth to facilitate appropriate and timely placement of the youth in an approved or licensed home or facility.

Policies and Procedures for the Youth's Removal and/or Discharge

In the unlikely event that the DSS Transitional Shelter intake staff, in consultation with the Administrator, determine that the facility cannot meet the needs of a youth after considering all the information in the medical and mental health screenings, the Administrator or designee will inform the youth's case carrying social worker and request that the child be relocated to a facility that can provide the needed services. The facility will follow all approved policies and procedures related to removal and/or discharge.

Trauma-Informed Program Practices, Programs, and Supports

The youth placed in DSS Transitional Shelter benefit from our county's focus on trauma-informed care for young people who have experienced complex trauma. Trauma-informed care requires recognition of and attention to (1) the connection between exposure to trauma and a client's presenting symptoms and problems, (2) the developmental impact of trauma, and (3) the vulnerabilities and needs that may be triggered by service delivery. Trauma-informed care views symptoms and behaviors as adaptive coping strategies to deal with the cognitive, physiological, emotional, and neurobiological ramifications of trauma, rather than signs of pathology. Our trauma-informed practices and strategies include (1) universal screening of clients for trauma, an evidenced-based screening tool, (2) focusing on the amplification of strengths and resiliency factors, and (3) decreasing staff turnover to promote consistency for children and families.

DSS Transitional Shelter provides a safe, organized, and supportive structure while developing relationships, accomplished by engaged staff that are respectful, informed and connected with the clients. Facility staff are trained to be empathetic with youth, recognizing that behaviors, including crisis behaviors, serve a function and are a means of meeting a need for that youth. Staff are trained to recognize that crisis behaviors are oftentimes an attempt on the part of the youth to cope with a difficult or triggering situation. In creating and maintaining a trauma-informed culture within the program, youth feel emotionally and physically safe which allows them to begin to heal and stabilize in order to transition as quickly as possible to a family-based setting. Thinking about behaviors from a trauma-informed framework shifts the thinking from a deficit-based mindset to a strengths-based mindset.

Trauma Informed Intervention and Treatment Practices

Many children and youth referred to DSS Transitional Shelter have faced multi-generational experiences of trauma, placement instability, complex behavioral health challenges, abuse and neglect, system involvement, and experiences of "failure" in other programs. Addressing these profound challenges requires cross-sector collaboration, creativity, flexibility, cultural humility, clinical expertise, and a program-wide commitment to trauma-informed interventions and practices. DSS Transitional Shelter is guided by the county's extensive experience serving youth and families impacted by significant behavioral challenges and complex stressors such as repeated loss, trauma, and generational poverty. Our treatment practices address the complex and interrelated factors that impact each young person's wellbeing, resilience, physical safety, psychological safety, and permanency. In

all areas of service, the standard is to ensure the safety and stability of each youth. Our focus is to ensure that all children and youth can grow up in safe and loving families. The physical and psychological safety and wellbeing of the youth drives the provision of treatment and service while maximizing placement stability and achieving permanency at the earliest possible time. Highly individualized interventions implemented by DSS Transitional Shelter staff are designed to be trauma-informed and help support each youth in preparing for permanency. Our treatment approach incorporates the following elements when working with youth and families in order to increase their well-being and resilience:

- *Maintain Curiosity with Youth and Families:* at the time of arrival, as well as throughout the duration of the placement, DSS Transitional Shelter staff work to gather information from clients and families about their lives, background and experiences. Staff maintain a stance of curiosity with clients and families, gathering information about the client's experience with traumatic stress including possible triggers. They seek understanding and awareness about the client's cultural background and their sexual orientation and gender identity (SOGI). Facility staff understand that the client is related to their perspective and experience and work to ensure an accurate understanding of the client's perspective in order to effectively inform decisions related to interventions, placement, and transition.
- *Relationship and Attunement:* Throughout the placement period, staff focus on being attuned to clients and their families in order to accurately understand their individual needs thereby intervening and responding to needs in the most appropriate manner. This includes staff being attuned to what may trigger a youth's traumatic response, allowing for appropriate and helpful intervention.
- *Strengths-based Perspective:* DSS Transitional Shelter staff are trained and supervised to maintain a strengths-based mindset when working with clients and families. Staff focus on the client's resilience and strengths throughout the assessment, intervention and transition phases of treatment. The strengths-based perspective is used when talking to youth and families and also when talking about youth and families.
- *Consistency and Predictability:* The facility maintains a positive treatment environment focused on consistency and predictability for youth. A consistent and predictable environment allows youth to feel safe and less anxious, ultimately leading to increased well-being and resilience.
- *Opportunities for Making Choices:* Whenever possible, program staff identify opportunities for youth to make their own choices, allowing the young person to have a greater sense of control. These opportunities provide youth with the experience of practicing skills learned in the program, while also leading to a greater sense of empowerment.

Written Policies and Procedures Regarding Trauma-Informed Care

Trauma-informed principles are embedded throughout DSS Transitional Shelter's written policies and procedures, including but not limited to the following principles:

- A child's need to feel safe, be respected, informed, connected, and hopeful regarding their own experience with trauma.
- The interrelationship between trauma and impacts of trauma including, but not limited to, neuro-cognitive problems, neuro-psychological issues such as depression and anxiety, and behaviors.
- The need to work in a collaborative way with a child and human services agencies in a manner that will empower the child.
- The trauma informed interventions, treatment practices, or both, that will be used in serving children.

Staff Training: Trauma-Informed Services

Our approach to providing trauma-informed services includes staff understanding and sensitivity to the trauma-related issues. Pre-service and annual training for DSS Transitional Shelter staff includes information related to the types of trauma experienced by children, the effects and impact of abuse, neglect and trauma, how trauma may manifest itself in daily functioning and behaviors, how to provide care and supervision that is trauma informed, how to facilitate healing, and how to reduce risk of re-traumatization.

Trauma-Informed Emergency Interventions and De-Escalation Techniques

DSS Transitional Shelter utilizes a trauma-informed approach to emergency interventions as outlined in the Emergency Intervention Plan. Emergency Interventions are used to prevent serious injury or harm to the youth or others, and to see the youth through the crisis stage and return them to safety, both physically and emotionally. Emergency Interventions may be used to prevent a youth who exhibits assaultive behavior from injuring or endangering themselves or others. DSS Transitional Shelter staff prioritize a continuum of interventions to de-escalate crisis situations in the least restrictive manner (e.g., crisis communication, time-out, separation from group, counseling, etc.). At the core of the program's crisis response model is an understanding that any manual restraint has the potential to be re-traumatizing. These more restrictive interventions may only be used when other techniques have been unsuccessful, and the youth continues to present an imminent danger of injuring or endangering themselves or others. All staff hired to provide childcare to youth must complete training on the program's crisis response/emergency intervention model prior to working with youth.

Accessing Services and Supports to Support Healing from Trauma

The DSS Transitional Shelter Administrator will ensure program staff and program supervisors provide support for both children and facility staff in identifying and accessing services and supports to heal from trauma, reduce the risk of re-traumatization, and foster well-being and resiliency. This may include but is not limited to:

- Development of coping, communication, and self-regulation skills.
- Development of independent living skills that foster self-esteem, self- advocacy, and empowerment.
- Training on how to access specialty, health, and community services.
- Extracurricular activities.
- Healing practices.
- Engagement with family and loved ones.
- Maintaining connections to important people in the child's life; and
- Ensuring the provision of a positive, safe physical and emotional environment, as well as services which are strength-based and promote positive development.

Trauma-Informed Services: Procedures for Collaboration

Fresno County values youth and family voice and feedback as an essential aspect of culturally responsive care. Fresno County staff receive feedback directly from youth and their caregivers as part of regular service delivery. County staff and families are in consistent dialogue surrounding services and each Child and Family Team meeting includes space to share feedback regarding both what is and is not working for all members of the team. This valuable information is used to adjust and improve services.

At the heart of the county's service approach is the knowledge that individuals and agencies working together to support youth and families are far more effective than fragmented or uncoordinated efforts. DSS Transitional Shelter is part of a larger system of care within Fresno County including a diverse

array of community based and non-profit agencies, social services, behavioral health, juvenile probation, school districts, and other public agencies that are committed to serving children and families. DSS Transitional Shelter staff build and strengthen relationships with outside mental health service providers to ensure that treatments provided for their clients are trauma-informed through the following methods: (1) engaging partner agencies as regular participants in clients' CFT meetings; (2) maintaining continuous communication regarding client progress and significant events; and (3) holding regular meetings to identify and address program barriers, sources of conflict, and areas for improvement, as well as celebrate program successes. experience services and adjust accordingly.

PART III: PROGRAM NARRATIVE

PROGRAM DESCRIPTION

PURPOSE, METHODS, GOALS (SECTION 3)

Purpose

The primary purpose of DSS Transitional Shelter is to serve children and youth between the ages of 12-17 years of age who have high level needs and who may have experienced placement disruption or require significant coordination to locate appropriate placements. DSS Transitional Shelter will operate as a Transitional Shelter Care Facility located in the city of Fresno and operated by Fresno County DSS. The shelter will provide a supportive, welcoming place where children and youth can be brought in and looked after safely while a more thoughtful and permanent placement is located. A primary purpose of the facility is to provide a Transitional Shelter Care program for children moved from their prior living arrangement in order to enable the county to address gaps in the continuum of care and to develop its capacity and use of home-based care and short term residential therapeutic programs necessary to meet the stability and permanency needs of children.

Methods

DSS understands that youth in foster care have particularly high rates of trauma exposure. The Department will actively work to reduce the re-traumatization of youth in care through training and integrating trauma-informed practices into the facility's policies, procedures, and practices. All childcare staff will be trained in the facility's safety protocols, de-escalation, and additional training to ensure the safety and well-being of admitted youth (See section 24). DSS staff will assess and supervise youth during business hours. It is the intent that supervision of youth after business hours and weekends will be provided by a contracted provider. DSS will ensure that the contracted vendor will meet CCL minimum qualifications and be trained on protocols required in the program statement. The Administrator is responsible for making certain all contracted staff meet minimum qualifications, training requirements, and are in compliance with all County and State procedures, regulations, and standards. The Administrator will ensure contracted providers receive the supervision and support necessary to provide high quality services. Contracted provider staff are embedded in the program and provide childcare services. They participate in staff meetings, training, and are essential members of the DSS Transitional Shelter team. Contract staff and county staff provide a seamless service delivery model. Utilizing contracted staff provides the program with greater flexibility and efficiency in minimizing staff vacancies. Contract provider staff will meet all criminal record requirements specified in the Transitional Shelter Care Facility Operating Standards sections 86619 (Criminal Record Clearance), 86619.1 (Criminal Record Exemption), and 86619.2 (Child Abuse Central Index). Contract provider staff fingerprints will be submitted to the State for clearance.

While at DSS Transitional Shelter, children and youth will be provided with a safe and nurturing living environment. This will be accomplished through a concerted effort to minimize the mental and emotional trauma experienced by placement disruption. DSS Transitional Shelter will provide a stable and safe location to assist children and youth in their transition. Consistent with the TrSCF Operating Standards section 86622(b)(20), all youth will have individualized assessments. Each assessment will focus on, but not be limited to, the reason(s) the youth was moved from his/her prior living arrangement(s) and a case plan developed to include a plan for the provision of services the child will need for transition to their next placement. To screen for experiences, symptoms, and impacts of trauma, a mental health screening will be conducted within 24 hours of admission. Direct observation of behaviors and knowledge of past experiences gained from youth, caregivers, CFT members and previous providers will be incorporated into the screening. Through the assessment process, a youth's trauma history and trauma-related symptoms or problems, and how that history is included in the child's client record, as applicable, upon admission.

Procedures for Making Referrals for Trauma-Informed Services

Once a need has been identified by a DSS Transitional Shelter staff member, the youth, and/or a member of the CFT, the DSS Transitional Shelter social work staff explores local options for referrals and linkage to providers that utilize trauma-informed evidence based and/promising practices. The social work staff works to make the referral process collaborative and transparent, involving the family and youth in each step. DSS Transitional Shelter social work staff support CFT involvement, including providing coaching to build a parent/caregiver's skills for exploring local resources, providing resource lists for the parent/caregiver to explore, or jointly calling a resource line. Once a linkage is identified, the social work staff supports the youth and/or caregiver to access the resource, including problem-solving any potential barriers to access. After the youth and family have been linked to a resource, DSS Transitional Shelter social work staff monitors if the resource is being utilized, if it addresses the identified need, and if any needs remain outstanding.

The children and youth served at DSS Transitional Shelter will be in the care and custody of DSS and will have an assigned social worker. Children and youth will most likely have established relationships with medical and mental health providers and pertinent information regarding the child's medical/mental health, and current medical/mental health provider will be provided to facility staff. Assigned social workers will provide linkages to immediate assessments as necessary. DSS Transitional Shelter will admit only children and youth with high level needs that make it difficult to find an appropriate placement to meet their complex needs or due to a placement disruption.

Ensuring the Safety of Youth in Care

All youth placed at DSS Transitional Shelter will be supervised by on-site staff during the entirety of their placement. Most planned activities while at the TrSCF will take place on site, with the exceptions being scheduled appointments, school, or participation in ongoing extracurricular activities. All program child-to-staff ratios will also apply during community outings.

The essential elements of trauma-informed practice maximize physical and psychological safety for youth, their families, and TrSCF staff; identify trauma related needs; and enhance youths' well-being and resilience.

Daily interactions between youth and staff in the TrSCF are designed to maximize physical and psychological safety for children/youth, their families, and TrSCF staff, while identifying and responding to children/youths' unmet needs in ways that enhance their well-being and resilience. Interactions

between children/youth and TrSCF staff are characterized by safety, trustworthiness and transparency, collaboration and mutuality, empowerment, voice and choice, and understanding of children/youths' cultural, historical, and gender issues.

Part of ensuring safety in the TrSCF is ensuring predictability for youth in care, which includes predictable staffing, scheduling, meals, group and individualized activities, staff behavior, rules and rule enforcement, and consequences for behavior both positive and negative. Staff engage children/youth in predictable activities of daily living which include rising at an agreed upon time, bathing, grooming and otherwise engaging in self-care, making their beds, cleaning their rooms, assisting in meal preparation, assisting with cleaning and organizing the common areas of the TrSCF, eating meals as part of a group as often as possible, engaging in group and individual recreational and extra-curricular activities, and going to bed at an agreed upon bedtimes.

TrSCF staff do not demean, insult, put down, use sarcasm or humiliate children/youth at any time, regardless of the circumstances or children/youths' behavior. TrSCF staff treat youth with respect, providing them with clear directives regarding situationally appropriate behavior, whenever possible offering them options from which they may choose. Staff then coach children/youth as they engage in the behavior, providing correction as needed, then thanking them and acknowledging each child/youth's appropriate behavior with positive interpersonal responses that may be paired with positive reinforcement, as needed. The goal is for at least 80% of all staff-youth interactions to result in positive staff responses.

When youth do not comply with staff requests or directions, it is the responsibility of the staff member to set appropriate limits and assist the child/youth in problem-solving which of 8 key unmet needs are involved:

1. Clarity of request or directions;
2. Capability of child/youth to carry out the request or direction at that moment;
3. Opportunity to carry out the request or direction;
4. Skills to carry out the request or direction;
5. Resources to carry out the request or direction;
6. Safety for child/youth to carry out the request or direction;
7. Permission for child/youth to carry out the request or direction;
8. Motivation to carry out the request or direction.

Especially when problem-solving, the crucial skill staff must possess is "listening" in order to be able to understand situations from the child/youth's perspective so that staff can respond effectively and appropriately, and the child/youth can experience success. Staff model "Stop-Think-Act" when responding to child/youth noncompliance, so that children and youth, when faced with conflict in their own lives, learn to stop before reacting, think about options and potential consequences, then act.

When others have been harmed in some way by a child/youth's behavior, staff employ a restorative practices approach to answer the following key questions:

- Harms and Needs: Who was harmed, what was the harm? How can it be repaired?
- Obligations: Who is responsible and accountable and how can he/she repair the harm?
- Engagement: Those who harm and those who have been harmed have active roles in the restorative process.

Engagement of children/youth in this restorative process is voluntary but is acknowledged and highly rewarded.

Youth who have a Propensity for Behaviors that Result in Harm to Self or Others

Youth staying at DSS Transitional Shelter may have a history of exhibiting behaviors that result in harm to self or others. The following precautions are taken when working with youth who have a history of exhibiting behaviors that result in harm to self or others:

1. *Individualized Case Plan*: Upon intake into the program, the social work staff gathers information regarding the client's history of harm to self or others, including any psychiatric hospitalizations or evaluations. The social work staff or designee works with the client and authorized representative to develop an individualized case plan, which includes the client providing information about what they need and what works best for them when they begin to feel like they may exhibit behaviors that result in harming themselves or someone else. The plan includes specific interventions that staff may use to intervene with the client. The social work staff distributes the plan to all DSS Transitional Shelter staff so that everyone working with the youth is informed about the planned interventions.
2. *Assessment to guide intervention planning*: Staff will utilize the mental health screening to assess for youth safety, psychiatric or substance use concerns, as well as ecological factors that may have contributed to the crisis, such as disruption in placement, experience of trauma or loss, or change in medication. Additionally, the mental health screening will be used to identify the presence and severity of factors that may contribute toward crisis behaviors like risk behaviors, functioning difficulties, juvenile justice involvement, or experiences of abuse, neglect, or domestic violence.
3. *Universal Safety Precautions*: DSS Transitional Shelter will implement universal safety precautions for all clients in addition to the individualized safety plans, which include but are not limited to:
 - a. High levels of staff supervision.
 - b. Ensure clients do not have access to objects that could cause serious bodily harm, including, for example, glass, razors, matches/lighters, knives.
 - c. Identify client's antecedents to dangerous behaviors and intervene early with crisis counseling and de-escalation techniques.
4. *Emotional Regulation Skills*: Throughout a client's time in the program, the clinician and child care staff are continually teaching and practicing emotional regulation skills with the client in order to decrease the likelihood of future crises and increase the client's readiness to return to a home-based environment. When clients begin to exhibit behaviors that may lead to them being a danger to self or others, staff immediately assist clients in practicing the emotional regulation skills.

5. In the event that staff believe a client is imminently dangerous to themselves or others, staff will utilize the agency's Equilibrium Model to respond to and de-escalate the situation, including an assessment for psychiatric hospitalization.

Goal

It is the goal of DSS Transitional Shelter to provide children and youth who need immediate transitional care with a safe, welcoming, and nurturing environment while a more permanent and appropriate placement is located. As a transitional shelter, DSS Transitional Shelter will assist with the preparation and transition of youth to their next placement or other plan developed for them by following the Department's Policy and Procedures Guide (PPG) 03-05-035, Placement Search Process. As stated above, DSS Transitional Shelter will operate based on a trauma-informed care model that reflects the following core principles.

- Safety – ensure a safe physical and emotional environment for both youth and staff.
- Trustworthiness/Transparency – build and maintain trust with youth and staff.
- Collaboration – recognition that youth are the experts of their situation and must be included in delivery of services.
- Empowerment, Voice and Choice – program activities that promote empowerment and skill-building and help youth regain a sense of choice and control over their daily lives to build their competencies.
- Cultural, Historical and Gender Issues – provide access to cultural and gender responsive services and recognizes historical trauma.

PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES (SECTION 4)

The Facility Manager is responsible for ensuring that engaging, age-appropriate, and safe activities are planned for youth in the program. The Facility Manager will develop, maintain, and oversee the implementation of a plan to ensure that activities are provided to the youth. Youth will be given the opportunity to participate in planning, preparation, execution, clean-up, and critique of planned activities. The plan will also be based on the interests, cultures, and identities of the clients in the program. Activities will include, but are not limited to:

- Activities that support group interaction
- Planned recreational activities to encourage socialization
- Physical activities, including but not limited to games, sports and movement or dance
- Appropriate use of unstructured leisure time
- Education activities, including attendance at an educational program in accordance with state law, and supervision of afterschool study
- Activities which meet the training, money management, personal care, grooming needs, and any other independent living skills identified in children's needs and services plans.
- Use of home-like environment to assist children in the acquisition, testing, and refinement of community living and interpersonal skills.

Social and Recreational Activities

DSS Transitional Shelter will develop, implement, and maintain the following plan to ensure activities are provided for all children including, but not limited to:

- Individual and group interaction activities.

- Games, sports, and exercise activities; and
- Leisure time.

The recreational program will support the varying ages and developmental abilities of the children and youth admitted to the facility. All activities will be culturally relevant, trauma informed, and based on the identified needs or interests of youth. Facility staff will be reflective of Fresno County's diverse community and will be trained in cultural diversity and child/adolescent development (please see section 24). No youth will be compelled to participate in social/recreational activities, and staff shall be cognizant of youth reactions to facility activities.

DSS may utilize local libraries, school districts and facility staff to assist with activity development. Activities will focus on developing children and youth's communication, listening, and social skills. Activities and resources will be provided on the grounds of DSS Transitional Shelter and DSS will ensure the availability of necessary equipment and supplies.

Adequate indoor activity space is available for relaxation and quiet time, games, and activities. There is currently limited outdoor space available for activities at DSS Transitional Shelter, however, children and youth will have access to local parks and outdoor events when available and practical.

Individual child or youth activities will include puzzles, games, arts and crafts, reading/story time, and more. Group activities will include games, outdoors sports, arts and crafts, and movie/television time.

Leisure Time

To promote stabilization and encourage comfort during the traumatic experience of placement disruption, youth in the DSS Transitional Shelter program have access to preferred leisure activities, which can include individual art activities, journaling, room time, music, games, age-appropriate movies or shows, or another activity of the youth's choosing.

Educational Activities and Services

The assigned social worker, DSS education liaison staff, and the educational rights holder will determine how to best maintain educational continuity/support for children admitted to the facility. A youth who is not attending school at the time of entering the shelter shall be enrolled and the most appropriate school setting should be determined through collaboration with their educational rights holder. Assigned social workers will transport or arrange transportation of the child or youth to their school of origin.

Important Milestone Events

DSS Transitional Shelter will maintain a plan to ensure that youth can attend important milestone events. As part of the intake assessment, shelter staff will inquire as to upcoming events that the youth identify as important to attend and/or shelter staff will be advised by the social worker of these events. The assigned social worker will ensure that children and youth will be able to attend identified events that cannot be rescheduled, if desired by the child or youth, and if it is determined that attendance is in the child/youth's best interest. The social worker/shelter staff will coordinate to ensure appropriate transportation to the event.

Age and Developmentally Appropriate Participation in Activities

The administrator or facility manager, or their designee, will allow a child to participate in age-appropriate and developmentally appropriate extracurricular, enrichment, and social activities at the facility. Additionally, the administrator or facility manager, or their designee will apply the "Reasonable and Prudent Parent Standard" as specified in Section 86667 of the TrSCF Operating Standards, when determining whether to allow a child to participate in age-appropriate and developmentally appropriate extracurricular, enrichment, and social activities at the facility.

Community Resources

A list of community resource used by the program is attached.

Sample Daily Activity Schedule

The following are the program's daily activity schedules. This may vary depending upon number of youth at the facility and individual needs of youth in the program.

Non School Schedule Monday- Friday	
7:00am	Hygiene
7:30 am	Breakfast
8:00am	Quiet Activities (puzzles, brain/mind activities)
9:00am	Reading/Teen Resource Hour
10:00am	Snack and interactive/social time
11:00am	Arts & Crafts
12:00pm	Lunch
1:00pm	Group Activity (Board games, exercise, outside activities)
1:00-2:30pm	ILP Office Monday, Wednesday & Friday
3:00pm	Snack
4:00pm	Tuesday & Thursday (life skills, education, TILP, information & activities)
5:00pm	Continue activity or group activity
6:30pm	Dinner
7:00pm	Television time
8:00pm	Snack, Continue television time
9:00pm	Bedtime prep and quiet activities
10:00pm	Bedtime in assigned room

* Wednesday/Thursday an outing will be scheduled for the youth for 1 to 3 hours sometime between the hours of 12-5p.m and no later than 8pm, if appropriate.

*Every Saturday or Sunday an off-site outing will occur, if there are no concerns for a public outing.

Weekend Schedule

8:00am	Hygiene
8:30am	Breakfast
9:00am	Quiet Activities/free time
10:00am	Television time
11:00am	Snack & physical activities
11:30am	Movie time
12:00pm- 5:00pm	Outing w/youth on Saturday or Sunday <i>No outing continue w/schedule below</i>
1:30pm	Lunch
2:00pm	Arts & Crafts
4:00pm	Snack & free time
5:00pm	Board games/outside activities
6:30	Dinner
7:00pm	Television Time
8:00pm	Snack, continue television time
9:00pm	Bed time prep & quiet time
10:00pm	Bed time in assigned room

***Every Saturday or Sunday an off-site outing will occur if there are no concerns for a public outing.**

School Schedule Monday –

6:30am	Hygiene
7:00am	Breakfast
8:00am- 3:00pm	School
4:00pm	Tuesday & Thursday (life skills, education ILP, information & activities).
5:00pm	Continue activity or group activity
6:30pm	Dinner
7:00pm	Television time
8:00pm	Snack, Continue television time
9:00pm	Bedtime prep & Quiet Activities
10:00pm	Bedtime in assigned room

*** Wednesday/Thursday an outing will be scheduled for the youth for 1 to 3 hours sometime between the hours of 12-5p.m and no later than 8pm, If appropriate.**

***Every Saturday or Sunday an off-site outing will occur if there are no concerns for a public outing.**

PERSONAL SERVICES (SECTION 5)

Laundry services will be provided for youth staying at DSS Transitional Shelter. All bedding and clothing will be sent to an outside vendor for laundering. Children and youth will not assist in the laundering of clothing other than providing facility staff the clothing or items needing to be washed. Other personal services may be added according to any specific needs of the children and youth. Laundry services are provided off-site by:

Bright Laundry Services
3020 W Bullard Ave
Fresno, CA 93711

DSS Transitional Shelter will not admit any child or youth when his or her admission presents an imminent health and safety risk to another child/youth. When a child or youth residing in the facility poses a threat to him/herself or others, the Department will employ methods of protection that may include separation, close monitoring, and increased and/or specialized staff.

CLIENT MEDICAL ASSESSMENTS (SECTION 6)

Children and youth entering the facility will have had a placement disruption due to behavioral or other issues. As current court dependents, they will already have completed medical and mental health screenings with their established medical or mental health provider which will be on file with the Department when they arrive at DSS Transitional Shelter. No later than 24 hours after acceptance of a client, the DSS Transitional Shelter staff will obtain a written medical and mental health screening of the child as provided in section 86668.1 of the TrSCF Operating Standards, which enables the program to determine our ability to provide necessary health-related services to the client. At the time of placement and no later than 24 hours after acceptance of the client, medical and mental health assessments will be supplied to facility staff which will be documented and filed in the client's chart. To prevent the re-traumatization of foster youth, children and youth will not be subjected to additional medical or mental health screens unless there is a need for a current or immediate assessment. All medical and mental health assessments will be conducted in a trauma-informed manner at the time of placement. Medical and mental health screenings provided to the DSS Transitional Shelter staff will meet the following requirements:

- The medical and mental health screening will be performed by a licensed physician or designee, who is also a licensed professional.
- The medical and mental health screening will include the following:
 - a. Identification of the client's existing medical or mental health problems and needs.
 - b. Identification of any prescribed medications being taken by the client, if available.
 - c. Identification of physical restrictions, including any medically necessary diet restrictions, to determine the client's capacity to participate in the licensee's program, if available.
 - d. Identification of other medical conditions, including, but not limited to, whether the client is a "child with special health care needs".
 - e. Documentation of prior medical services and history if available.
 - f. Current medical status including, but not limited to, height, weight, and blood pressure.
 - g. Identification of the client's needs as a result of any medical information contained in the report.

The DSS Transitional Shelter Administrator and staff will comply with any request from Community Care Licensing to obtain a medical or mental health assessment to verify the appropriateness of a client's placement.

The assigned social worker will assess the child or youth's medical/mental health history, medication, and connect with current medical/mental health providers. Should immediate medical or mental health services be needed, facility staff will contact emergency services (911). Furthermore, based on information gleaned during the intake process, the assigned social worker will make a determination about whether or not an additional medical and/or mental health screening is indicated in order to develop a comprehensive plan for services and supports. For example, if the client presents with medical or mental health concerns that are not addressed in the most recent evaluation/screening, and the concerns do not require emergency response, the assigned social worker will contact the client's medical and/or mental health provider to coordinate an additional screening and/or evaluation.

Documentation will be maintained of interagency agreements with local agency partners, if applicable, that ensure the availability and coordination of medical and mental health screenings which identifies each child's needs and the services required to meet such needs and enable timely transitions from the facility.

Procedures for Implementation and Modification of the Medical and Mental Health Screening Results

Ongoing supportive services identified during the medical and mental health screenings shall be provided as needed during the youth's placement in the facility. DSS Transitional Shelter staff will utilize the results of the screenings to coordinate services for the youth while they are in the facility which may include, but not limited to:

- Ensure youth receive all necessary medical, dental, or behavioral health care, including referrals to new services such as wraparound.
- Identification of specific trauma-informed interventions to utilize with the client while in the program based on client's preferences and safety plan.
- Ensure youth's prescribed medications are on-site, and they are documented, stored, and self-administered according to relevant policies and procedures.
- Modify menus to accommodate dietary and nutritional needs.

Modifications to the medical and mental health screening will be documented in the client's electronic chart, which will be accessed by the case carrying social worker. Critical or urgent modifications will be communicated to the case carrying social worker via email or phone. The DSS Transitional Shelter social work staff will also communicate with the case carrying social worker regarding the client's identified needs, effective interventions, ineffective interventions, and recommendations for ongoing placement and services.

Should a child or youth need routine medical, dental, or mental health related services during their stay at DSS Transitional Shelter, facility staff will ensure that the child or youth receive first aid (if necessary) and the assigned social worker will oversee any other medical, dental, or mental health services required, including the arrangement of services and transportation.

All medications, including over the counter (OTC) drugs will be documented by facility staff and kept in a central location (in a locked cabinet or refrigerator). Medications will only be issued from the original container of a current prescription and according to the instructions of the prescribing physician.

If a child or youth needs medication, and does not have an adequate supply with them, obtaining the proper medication becomes priority. The assigned social worker will arrange for the prescription to be

filled and consult with medical staff if needed. The social worker is responsible for picking up the medication when ready and providing it to DSS Transitional Shelter facility staff for safe keeping and dispensing. The facility staff will be responsible to ensure the child is provided with the required medication.

If and when the child needs medication, facility staff will provide the child with medication to be self-administered and document the action on a log to track when a dosage is given. Facility staff will record their observations and indicate in the record if the youth self-administered the medication or refused to take the medication. When dispensing the medication, facility staff will consult with a public health nurse as needed.

All prescription medications will be sent with the child upon discharge or delivered to the appropriate care provider as soon as practicable. Prescription medications which are not sent with the child or youth shall be destroyed by the facility administrator or designated substitute and witnessed by one other facility staff member.

Both individuals shall sign a record, which will list the following:

- a) Name of the child or youth
- b) The prescription number and the name of the pharmacy
- c) The drug name, strength and quantity destroyed
- d) The date of destruction

TRANSPORTATION (SECTION 7)

Transportation for children and youth will be primarily provided/arranged by their assigned social worker, however, may also be provided by DSS facility staff. Social workers and/or DSS facility staff transporting youth shall adhere to the DSS's Policy and Procedure Guide 10-04-002, Use of Cars for Official Business. A copy of the policy is attached.

Only drivers with a proper, valid driver's license for the type of vehicle operated and County approval will be permitted to transport children and youth. There will be no use of personal vehicles to transport children. Social workers will use county owned and insured vehicles to transport children and youth in alignment with County protocols.

The vehicle manufacturer's rated seating capacity will not be exceeded. Motor vehicles used to transport children will be maintained in safe operating condition. To ensure vehicle are maintained in a safe operating condition, county-owned and operated vehicles are scheduled for servicing at every 5,000 miles or 5-month intervals, whichever comes first. Vehicle utilization and GPS tracking is monitored by the Department.

Items for winter servicing include:

- Windshield Wipers, Washer Fluid and Nozzles
- Heating System and Anti-Freeze
- Charging System, Belts, Lights and Tires

Items for summer servicing include:

- Air Conditioning System
- Cooling System
- Charging System,
- Belts, Lights and Tires

Vehicles are replaced when they meet two (2) out of the three (3) following criteria:

- Seven (7) years of age or greater
- 80,000 miles driven
- \$10,000 or more in accumulated repair costs

Identification and replacement of vehicles are completed by DSS Facilities staff in conjunction with the County's Internal Services Department.

Staff are not allowed to smoke or permit others to smoke any substance in a motor vehicle, whether the motor vehicle is moving or at rest. There will be no use of any cell phones, electronics, or hands-free devices while the vehicle is being operated.

In the event of a medical or mental health emergency, facility staff will call 9-1-1 for immediate medical attention, response, and transportation to the nearest hospital or appropriate emergency medical care center. Staff and facility manager will also prepare a written incident report and notify the child or youth's assigned social worker within 24 hours. Should a child or youth require immediate transportation from facility staff due to an emergency, DSS facility staff will transport as necessary.

ADMISSION/ASSESSMENT/DISCHARGE POLICIES AND PROCEDURES

ADMISSION/INTAKE (SECTION 8)

DSS Transitional Shelter will be a safe, child-friendly, trauma-informed, and welcoming environment. It is recognized that children and youth have complex needs, rooted in various trauma and a mutually respectful environment is critical in the support and stability for these children and youth. This will be imbedded in admission/intake procedures. Every effort will be made to support children and youth and not subject them to intrusive procedures. To this end, an individualized process that recognizes and validates the individual needs of each child will guide the intake process. The following procedures are followed for DSS Transitional Shelter Admissions:

9. Receive referral and gather collateral information: The assigned case carrying social worker will notify facility staff of a planned Transitional Shelter Care Facility placement before transporting the child or youth to the facility and will provide a warm handoff upon arrival. This will include advising staff of the child or youth's current case status and the youth's connections. The child or youth's medical and/or mental health screening information will also be provided to staff as part of an intake packet within 24 hours, including any recent issues the child or youth may have with self-harm or threats to others. Information regarding the child/youth's prior placements and/or residences and the reason(s) for removal will be provided to facility staff by the case carrying social worker. Staff will use this information to inform the admission process for each child/youth. DSS Transitional Shelter intake staff will ensure the facility receives (or has access to) the following information:
 - a. Name of client.
 - b. Birthdate.
 - c. Sex at birth.
 - d. Gender identity.
 - e. Date of admission.
 - f. Names, addresses, and telephone numbers of the authorized representative.
 - g. Name, address and telephone number of physician and dentist, and other medical and mental health providers, if known.
 - h. Medical and mental health screening, including ambulatory status, as specified in Sections 86668.1 and 86669.
 - i. Record of any illness or injury requiring treatment by a physician or dentist and for which the facility provided assistance to the client in meeting their necessary

- medical and dental needs.
- j. Record of current medications, including the name of the prescribing physician, and instructions, if any, regarding control and custody of medications, if known.
- k. The date and time of a child's admission to the facility and the date and time the child is transferred from the facility, which will be documented on a written log in the facility.
- l. An account of the client's cash resources, personal property, and valuables entrusted as specified in Section 86626 of the TrSCF Operating Standards.
- m. A signed copy of the admission agreement specified in Section 86668 and detailed below.

Information listed above (a-m) will be updated as necessary to ensure accuracy of the client record.

10. Complete Admission Agreement: DSS Transitional Shelter staff will complete an individual written admission agreement with each client and the client's authorized representative. Staff will provide each child and the child's authorized representative with an individualized copy of the Admission Agreement, ensure that they understand it, make any needed modifications, ask them to sign the Agreement so the TrSCF can provide care and services, and provide each with a paper copy of the signed Agreement. The Agreement will specify the following:
- a. Basic services that will be provided to the child and family.
 - b. Available optional services.
 - c. Right of CCLD to interview children and staff members, without prior consent in a private setting.
 - d. Conditions under which the agreement may be terminated.
 - e. The TRSCF's policy concerning family visits and other communication with children.

The admission agreement will be signed and dated by the client, their authorized representative, and the Administrator or designee no later than 24 hours following admission. Modifications to the original agreement will be made whenever circumstances covered in the agreement change and will be dated and signed by the persons specified above. As part of the admission agreement process, DSS Transitional Shelter staff will complete and maintain in the client's file a Telecommunications Device Notification form (LIC 9158, 5/97) for each client whose pre-admission appraisal or medical assessment indicates they are deaf, hearing-impaired, or otherwise disabled. A copy of the draft agreement is attached.

11. Welcome Youth to DSS Transitional Shelter: DSS Transitional Shelter staff will welcome the child and orient them to the TrSCF including what will happen in the next few hours. Intake staff will complete the following:
- a. Review Behavioral Guidelines (House Rules) in an age-appropriate manner.
 - b. Complete a personal inventory of the child's personal items and complete the Clothing Inventory Form. A list of the personal items the child arrives at the facility with will be documented and will be reviewed with the child or youth before a planned discharge to ensure they leave with all their belongings.
 - c. Orient child to the DSS Transitional Shelter space and conduct an assessment of their basic needs and provide food, water, clothing, hygiene, activity, and space to rest as needed. Show client to their room.

Evidence-based or informed screening or assessment tools: Once client is settled and feeling comfortable in the facility, and once it is clinically appropriate to do so, DSS Transitional Shelter staff will meet with the youth to conduct **Pediatric Symptom Checklist- Youth Report**. These tools will be utilized to identify trauma history and trauma-related symptoms or problems, which will be included in the

child's client record, as applicable, upon admission.

Safety Considerations

Once at the facility, children and youth will be allowed to enter free from unreasonable searches of personal belongings (WIC 16001.9). Children and youth will be advised that to keep all staff and other youth safe, there cannot be any weapons or drugs at the shelter. Youth will have the opportunity to disclose to staff if they have any of these items and will be asked to turn these items over to facility staff. If there is reasonable belief, based on the history of the youth, that the youth may be in possession of drugs or weapons, personal belongings will be searched if the youth does not disclose that they have such items.

Items, including but not limited to drugs and/or drug paraphernalia, and weapons will be confiscated and not returned to the child upon discharge. Illegal drugs will be destroyed with witness of a second facility staff member. This procedure will be explained to the youth, and the youth will have the option to observe the destruction.

Any confiscated weapons will be given to the Fresno County Security Officer and/or the Sheriff's Department. This will be separately and in a manner that does not identify the youth and/or cause police contact or charges for the youth. All confiscations/disposals of the child or youth's personal property and valuables will be documented in the youth's file.

As part of the intake process facility staff will assess whether the child may represent a threat to self or to any other child, or whether the child may be a risk of harm from another child in care. Should a youth be identified as a threat to self or others, the social worker will be notified and/or a 5150 assessment will be initiated. If a youth refuses placement at the facility, efforts will be made to determine why and facility staff and/or social worker will attempt to address any concerns or issues raised by the youth.

Facility Intake Log

The facility will maintain a written intake log for each child and/or youth. The intake log will include the child or youth name, date of birth, emergency contact name and phone number, and date and time of entry. Additional information will be provided based upon availability and relevance. This may include medical and/or mental health information and/or Child Welfare case information. Facility staff will coordinate the provision or receipt of health/medical screening information within one business day of entry.

Transition Planning and Overstays

A child or youth's stay at the facility is intended to be transitional while their social worker finds permanent placement. The goal is to find an appropriate placement as immediate as possible. DSS will follow Policy and Procedure Guide (PPG) 03-05-035, (attached), which details protocols social workers follow when seeking crisis or planned placement services for children or youth in need of new placement. Social workers will work closely with the child or youth's assigned social worker to continue the search for appropriate placement in resource homes, foster family agency homes, STRTPs, Intensive Treatment Foster Homes and enhanced family finding efforts, as appropriate.

Fresno County seeks to be licensed to allow children and/or youth to stay in the facility for a maximum duration of nine (9) days. The clock will commence upon initial entry at the facility. The clock will stop upon a child's placement in an approved or licensed home or facility. The clock shall pause if the child runs away from the facility and will resume if the child returns within a period of 30 days. The clock will stop and reset to zero if a child who runs away from the facility does not return to the facility within a 30-day period. The clock will stop and reset to zero upon a child's acceptance of placement in an approved or licensed home or facility.

The facility will be licensed for six (6) children/youth and will not exceed this licensed capacity. Social workers will continue to explore all other viable alternative placement resources for high-risk youth to mitigate circumstances where more than six youth will be at the facility.

Monthly Reporting to CDSS

TRSCF staff will submit a written report to CDSS by the 5th day of each month providing the following data from the prior month for each child residing in the facility during the reporting period:

- a. Child's date of birth, sex at birth, gender identity, race, and client identification number, obtained from the placing agency.
- b. Placing agency.
- c. Date of admission.
- d. Reason for admission to the facility.
- e. Date of discharge for any child discharged during the reporting period.
- f. Length of stay in the facility.
- g. Barriers to subsequent placement, if applicable; and
- h. The child's next placement, if applicable.

Contingency Plan

In the event the facility exceeds its licensed capacity, additional facility staff members will be provided to meet the care and supervision needs of all children and youth at the facility. Fire and life safety measures approved by the Fresno County Fire Department will be utilized to ensure the safety of all persons in the facility. Although it is anticipated to be very infrequent, any admissions that result in over capacity would be due to having no alternative placement options for these youth. DSS Transitional Shelter can accommodate up to two additional youth. Roll away beds, linen, and storage space will be available for these situations if they occur.

Fresno County will follow Policy and Procedure Guide (PPG) 03-05-035 (attached) related to alternative placement procedures and resources for locating available placement locations.

The facility administrator is responsible for writing and submitting a Plan of Correction to the Community Care Licensing Division in the event capacity is exceeded. The plan will include the number by which the facility is over capacity and will explain how the overcapacity will be addressed. The Plan of Correction will be submitted within 24 hours of exceeding licensed capacity.

NEEDS & SERVICES /ASSESSMENT (SECTION 9)

Facility staff will be provided with the most current medical and mental health information on incoming youth prior to their arrival. Should facility staff determine that they cannot meet the needs of the child or youth due to medical, mental, health matters, the child will not be admitted, and the assigned social worker will be notified before the child is transported to the facility. The assigned social worker will need to find an appropriate alternative placement for the child or youth that best meets their needs.

The DSS Transitional Shelter staff will utilize all information gleaned during the intake process, including the outcome of evidence-based screenings and assessment tools to determine the appropriate level of care and supervision for each youth. Interventions and supervision levels will be determined based on the youth's individual needs. When necessary, the program will ensure increased staffing levels to ensure the health and safety of children during their entire stay at the facility.

Facility staff will consider a youth's medical and mental health information and their observation and evaluation of the youth's behavior, social interactions, and other characteristics to assist the youth's social worker in finding a placement. This assessment will be guided by a trauma-informed practice lens that considers culture, age, and developmental needs. If the child or youth has a mental health or medical crisis that requires hospitalization, staff will contact emergency services. If the child presents with violent behavior, causes injury to staff or another child at the facility, or causes destruction to property, law enforcement and/or security will be contacted.

If facility staff determines that it cannot meet the needs of a child, procedures will be followed to relocate the youth to a facility that can provide the needed services. Facility procedures shall include, but not be limited to, 1) having facility staff discuss the situation with the facility manager, and ultimately the facility administrator; 2) facility administrator must concur with the determination that the facility cannot meet the youth's needs; 3) facility staff shall contact and inform the child's caseworker and request that the child be relocated to a facility that can provide the needed services; 4) a mutually determined time for relocation shall be established, but no later than one business day; 5) facility staff shall document the rationale for the determination and relocation request.

Identification of Needs and Services: Participation of the Case carrying social worker

The Fresno County model for Transitional Shelter Care Services benefits from the seamless partnership between the facility staff and the placement social work staff. Facility staff and placement social work staff work closely together to ensure the continuity of care for enrolled youth by sharing information regarding the needs and services of youth in a timely and comprehensive manner. Needs and services are fully documented in each youth's electronic record which is accessible to TrSCF staff and placement social work staff allowing for real-time case updates aiding in the identification of an appropriate placement for the youth.

The DSS Transitional Shelter staff will consider the youth's medical and mental health screening, observe and evaluate the youth's behaviors, social interactions, and other important characteristics for the purpose of informing the youth's case carrying social worker about the youth to facilitate appropriate and timely placement of the youth in an approved or licensed home or facility.

DISCHARGE/REMOVAL (SECTION 10)

It is recognized that children and youth have complex needs, rooted in various trauma and a mutually respectful environment is critical in the support and stability for them. This will be embedded in discharge/removal procedures. Every effort will be made to support children and youth, to be transparent with them regarding the transition to their next placement, to listen and validate any

concerns, needs, or fears they may have with this change, and to ensure any cultural and developmental needs are considered and addressed.

For a planned discharge, procedures will include the following. The assigned social worker will notify facility staff when placement is found for a child or youth. Facility staff and the social worker will mutually establish a date/time for the planned discharge. Facility staff and/or the social worker will discuss the planned discharge with the youth, including the type of placement, the timeline for move, and concerns/issues the youth may have in the transition. Facility staff will provide discharge information to the social worker when they arrive to provide transportation of the youth to the new placement. Staff will also ensure that the child or youth leaves with all clothing, personal items, and medicine that belongs to them by having the child or youth initial each item on their intake/exit log.

Procedures for situations when a child or youth refuse discharge, removal or transition out of the facility include the following. The social worker and/or facility staff will meet with the child or youth to obtain input, and/or identify and address their concerns/barriers regarding the new placement. The goal would be to find a mutually determined understanding and agreement to transition to a selected placement resource.

If a child or youth's behavior seriously disrupts the well-being of other children and youth or staff, is dangerous, or is a threat to the facility, staff will use appropriate interventions to bring the situation under control. Such interventions may include de-escalation, additional staffing, supervised time out, escort/removal from the area, and/or emergency discharge or removal. In the event of a medical and/or mental health emergency, staff will immediately contact emergency assistance (9-1-1) and notify the child or youth's assigned social worker. In the event a child or youth continues to act in a violent or threatening way where emergency intervention techniques fail to de-escalate the situation or contain a youth's behavior, staff will contact security and emergency assistance (9-1-1) and will notify the child or youth's assigned social worker. Behavior which would require further assistance from security or emergency assistance include serious attempts to injure staff or other youth at DSS Transitional Shelter such as attempted assault or actual assault and continued threats to harm or injure another individual in the facility.

A child or youth's stay at the facility is intended to be transitional while their social worker finds permanent placement. DSS will follow Policy and Procedure Guide (PPG) 03-05-016, Placement Search Process (attached), which details protocols social workers follow when seeking crisis or planned placement services for children or youth in need of new placement. These social workers work closely with the child or youth's assigned social worker to search for appropriate placement in resource homes, foster family agency homes, and/or STRTPs, when needed. Upon receiving the referral for placement, the FPR social worker is required to immediately begin searching for placement.

All removals and/or discharges from the facility will occur in partnership with the case carrying social worker except when the youth:

- a. Is placed in an approved or licensed home or facility.
- b. Endangers the health and safety of the child or others in the facility by the continued presence of the child in the facility.
- c. Commits an unlawful act and must be detained in a juvenile institution.
- d. Requires physical health care in an acute care hospital; or
- e. Requires mental health services in an acute psychiatric hospital or community treatment facility.

Maximizing Physical and Psychological Safety for Youth During Removal/Discharge

A transfer or removal from a placement is likely to increase the possibility of crisis for youth, requiring prompt services and supports to help the young person through the period of transition. In the event of a transfer or removal from the program, planned or unplanned, the DSS Transitional Shelter staff communicate closely with the case carrying social worker regarding the specific service needs of the youth and the plan to ensure there are no gaps in services. With appropriate releases in place, the DSS Transitional Shelter staff will be available to speak with new service providers to ensure a thoughtful, therapeutic transition in services for the youth.

Periods of transition due to removal or transfer from the program are likely to be retraumatizing for youth who have experienced repeated disruptions in caregivers and treatment providers. Program staff understand that sudden or inadequately explained transitions including removal or transfer from the program can create feelings of danger, abandonment, or instability. Strategies utilized to mitigate the potential impact and re-traumatization to the youth because of the transfer or removal include but are not limited to:

- Through initial pre-service training and annual ongoing training, staff develop awareness and skills to address the needs of clients whose transfer or removal may trigger memories of the trauma.
- Staff allow for time and space for clients to express their perspectives and emotions while reminding them to exercise emotional-regulation skills,
- Staff are attuned to a youth's feelings of fear and uncertainty related to the transfer or removal, which may be triggering and potentially (re)traumatizing, offering empathetic support to the youth,
- When youth exhibits trauma-response behaviors, staff are mindful that efforts to control and contain a client's behaviors can produce an abnormal reaction. Staff look for opportunities to increase the youth's control and power in the situation.
- Program staff provide information and updates regularly to the youth, even when there is nothing particularly new to say.
- The youth's routine is kept as similar as possible during the transfer/removal period, allowing the youth to experience predictability and a greater sense of control of the situation.

Trauma-Informed Communication with the Youth During the Transition

DSS Transitional Shelter staff understand the importance of trauma-informed communication with all youth, but in particular during periods of crisis or transition when the likelihood of re-traumatization is very high. DSS Transitional Shelter staff utilize a variety of communication strategies with youth during periods of transition which focus on empowerment, choice, collaboration, safety, and trustworthiness. Specific strategies include but are not limited to:

- In an age and developmentally appropriate manner, provide frequent updates, even when there is no significant update.
- Elicit and honor the youth's preferences and requests whenever possible even if the request seems insignificant; explain rationale if requests are not feasible.
- When possible, offer the youth multiple viable options from which to choose.
- Using empathy and compassion, be truthful with youth when relaying information regarding the transfer/removal
- Respect confidentiality with the youth and family
- Remind youth of successes and future goals
- Encourage utilization of emotional regulation skills to promote safety.

- Do not make commitments or promises to the youth that may be difficult to fulfill.
- Explicitly recognize the youth's strengths as a source of empowerment

The staff will notify a youth of an upcoming transfer or removal in a manner that is consistent with trauma-informed practices including those mentioned above. In partnership case carrying social worker, the team will identify the best person to communicate with the youth about the transition taking into consideration strength of relationship with the youth. In the context of a trusting relationship, the DSS Transitional Shelter staff will work with the youth to develop a trauma-informed plan focused on empowerment, choice, collaboration and safety to support a successful transition to the youth's next placement.

Overstay Reporting

Should a child or youth's stay exceed the maximum duration at the facility (9 days within a 30 day period), facility staff will notify CCLD of the overstay and of the actions that have been taken to find placement up to that point in time.

The Administrator will be responsible for preparing a written report for each child whose stay in the facility exceeds the maximum duration. The Administrator will submit the report to the Department, through a process determined by the Department, no later than 24 hours after the child's placement reaches maximum duration. The Department's standardized report shall contain the following information:

- a. Child's name, date of birth and client identification number, obtained from the county placing agency;
- b. Date of admission; and
- c. The reasons and circumstances for the child's overstay.
- d. If requested by the Department, the licensee shall provide additional information on youth who have overstayed.

The Administrator will provide telephonic notice to the child's case carrying social worker when that child's stay has exceeded the maximum limit, no later than 4 hours after the time limit was reached. The date and time of the provided telephonic notice will be documented and maintained in the client's file.

Exit Log

Facility staff will maintain a written intake and exit log for each child/youth. The exit log will contain:

- a. The date and time the child is admitted into placement.
- b. The date and time the child exits from placement; and
- c. The location and type of placement made for the child after the child's exit from the facility, if known by the licensee.

VISITATION RULES & POLICY (SECTION 11)

DSS Transitional Shelter is designed to stabilize, treat, and support each youth in returning to a family setting as quickly and safely as possible. As a result, treatment will be family-focused and family visits will be a central component of the overall program. DSS Transitional Shelter's policy concerning family visits and communication is designed to encourage regular family involvement with the client and provides ample opportunities for family participation in activities at the facility. It is the policy of the TrSCF to ensure children/youth visit with family members, attorneys, designated Court Appointed Special Advocates (CASA), mental health providers, and any other community support individuals approved by the court and communicated by the child/youth's social worker.

Consistent with any applicable court orders, and in accordance with the child's best interest, DSS Transitional Shelter staff will facilitate participation of family members in the child's placement, including but not limited to the assessment, the transition plan, and plan for ongoing services. DSS Transitional Shelter staff will be available to contribute to the Child and Family team which is responsible for ongoing service planning, and which brings together the youth, family (including biological, foster, and fictive kin), mental health provider team, case carrying social worker and other service providers to coordinate treatment. The CFT allows the youth and family to lead treatment planning, while (1) giving space to all team members to share input regarding service goals and (2) ensuring that treatment is individualized, coordinated, and provided at the appropriate level of intensity.

Fresno County recognizes the importance of family connections to each youth in our care. We understand that for many youth, connectedness to family is vital to their healing process. The TrSCF prioritizes outreach to families from the moment a youth enters our program. We also recognize that many youth who have been in out of home placement, have lost touch with relatives including siblings. For youth with limited family connections, Fresno County prioritizes family finding efforts to support permanency planning and connectedness. Staff cast a wide net to identify, locate, and connect with extended family members, both locally and beyond the local area. When family members express interest in participating in services, Fresno County will facilitate meetings between the family and young person in a way that feels comfortable for all parties. Family members are also invited to participate in the CFT to contribute to the youth's treatment and permanency planning. The DSS Transitional Shelter staff ensures that all contact information for relatives and nonrelative extended family members is maintained in the youth's record and provided to the case carrying social worker. To the extent appropriate and permissible, the DSS Transitional Shelter staff ensures that the youth has access to contact information for their friends, relatives and nonrelative extended family members.

In-Person Visitation

Family visitation will be coordinated by the assigned social worker. The location of the visit will be determined based on what is most comfortable for the client, as well as what location affords a high degree of safety for the client and their visitor(s). In-person visitation may occur in a private space in the facility, such as a meeting room or in a private living room area that will not be accessed while the visit is occurring. Visits may also occur at the DSS Visitation Center or the DSS contracted provider's site for visitation services. On-site visitation with family members, friends, and others may occur for a youth during waking hours, except for during school hours and scheduled services such as therapy. If DSS Transitional Shelter staff have any safety concerns, or if the family has any court-ordered restrictions on unsupervised visitations, DSS Transitional Shelter staff will be available to monitor the visit if a monitored visit is required. Additional staff will be utilized, if necessary, to ensure that minimum child-to-staff ratios are maintained while visits are occurring.

Depending upon court order, visitation may involve unsupervised visitation, or third party facilitated visitations offsite, as coordinated and arranged prior to placement at DSS Transitional Shelter. These protocols are trauma-informed, culturally appropriate, age and developmentally appropriate. The continuity of visitation arrangements and location is essential to minimize disruption and trauma.

Visits will be coordinated by the case carrying social worker and communicated to facility staff, which will be documented. All visitation determinations will be made in a trauma-informed, culturally relevant, age and developmentally appropriate manner and will consider the individualized needs of each child/youth. Youth will have a choice and will not be forced to visit.

Visitors at the facility will comply with the following rules and policies:

1. Visitors must sign the visitation log indicating their name and agency or relationship to the child/youth, contact information, time of arrival, and time of departure.
2. Visitors will only interact with the child/youth they are visiting and will not interact with other children/youth at the facility.
3. Visitors may not bring anything to the child/youth without prior approval including, but not limited to food, letters, toys, pictures, money, etc.

Other Communication

DSS Transitional Shelter staff will ensure that communication from family members or the youth's case carrying social worker are answered promptly and completely.

The facility will accommodate alternative forms of communication between clients and their family and friends such as text messaging and video calls (FaceTime, Zoom, etc.).

Client Rights and Visitation

It is the policy of DSS Transitional Shelter to uphold the rights of clients to have visitors visit privately during waking hours without prior notice, provided that such visitations do not infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order. Additionally, the child has the right to private visits and contact with the following:

- a. Siblings, family members, and relatives. Visits by the child's siblings, family members, and relatives can only be prohibited by court order.
- b. Authorized Representative.
- c. Other visitors.

HOUSE RULES (SECTION 12)

All youth will be accounted for at all times. Facility staff will maintain an accurate daily log of supervised and approved unsupervised activities. If a youth is approved to be off the facility site, facility staff shall document destination, phone number, name, departure, and arrival times.

Adherence and/or enforcement of all house rules will be administered by the staff in a non-punitive manner that is trauma-informed, culturally relevant, and age and developmentally appropriate and suits the individual needs of each child/youth. If there is non-compliance with any of the primary rules below, facility staff or social workers will engage in discussion with the youth to try to ascertain what they are feeling/experiencing. It is recognized that facility staff may need to be flexible on house rules on a case-by-case basis.

Curfew

Youth that do attend school will be transported after school back to the facility or to other scheduled appointments. Youth involved in work, school extracurricular or community activities will be expected

to return to the facility immediately after. All children and youth will be accounted for by 7:00 pm on school nights. During weekends or holidays, and/or if a youth does not attend school, they will be expected to remain at the shelter and will not be allowed to leave the premises unattended.

Smoking Policy

There will be no indoor smoking, however smoking will be allowable in a designated outdoor smoking area. The designated smoking area will be at least 20 feet away from the main facility.

Phone

A telephone will be made available to youth in the facility for personal use. Children and youth will be allowed to use the phone to make, send, and receive personal and business phone calls daily and at designated times throughout the day, unless prohibited by court order. Personal cell phones and their use will be allowable; Youth will always be allowed to call the following people, in private without restriction or punishment.

- a. Community Care Licensing
- b. Service providers
- c. Foster youth advocate or CASA
- d. Education rights holder
- e. Tribe or tribal representative
- f. Office of the Foster Care Ombudsperson
- g. Assigned DSS Social Worker
- h. Attorney

Use of such cell phones and/or other computer/tablet device to access/navigate explicit websites is inappropriate, and if facility staff determine this is occurring, they will engage the youth to increase knowledge of the negative impacts of this material, and ideally minimize their access to these sites.

Homework

Children and youth will complete all homework assigned to them during their stay at the facility.

Cleaning

Children and youth will be responsible for maintaining the cleanliness of the bedroom areas. Children and youth sharing a bedroom should not let their personal items co-mingle. Children and youth will also share the responsibility of maintaining the cleanliness of common spaces, such as the restroom and shower areas, kitchen, and any other shared areas.

If a child/youth does not follow the cleaning policy, it is the responsibility of the facility staff and/or janitorial services to ensure the cleanliness of the facility.

Entertainment Equipment

Children and youth will be allowed to use their own technology provided they are not recording other children, youth or staff or providing facility location information to other parties. Livestreaming on any type of social media is not allowed.

Child/Youth Relationships

Inappropriate touch or sexual contact between children and/or youth in the facility is not allowed. Children/youth are expected to respect boundaries and personal space of others.

GENERAL POLICIES AFFECTING CHILDREN PLACED

DISCIPLINE POLICIES/PERSONAL RIGHTS (SECTION 13)

Discipline

Every effort will be made to maintain the safety of everyone at the facility, i.e., admitted youth, facility staff and visitors. The County and all facility staff have the responsibility to ensure children and youth are free from any physical, sexual, emotional, or other abuse. In any event a child or youth's behavior seriously disrupts the safety, security, and/or wellbeing of other children and youth and/or is a threat to staff or the property, appropriate interventions that consider the physical, intellectual, and emotional maturity of the children and youth will be instituted.

While general usage of personal technology, such as personal cell phone, is allowable, misuse of personal technology may result in disciplinary actions if it compromises the safety, security, and/or wellbeing of other children, youth, and facility staff. Misuse includes recording or livestreaming any children, youth, staff, and/or DSS Transitional Shelter location information and any communication involving gang communications, Commercial Sexual Exploitation of Children activities, confidentiality, etc.

Staff will issue a verbal warning as the first method before considering any acceptable disciplinary actions listed below. In the event a child or youth continues to exhibit inappropriate and unacceptable behavior, staff will consider the physical, intellectual, and emotional maturity of the child or youth before issuing any of the acceptable disciplinary actions. In every instance where discipline is used, the child or youth must be informed of the reasons the disciplinary measures are being taken.

The following are acceptable forms of discipline:

- Counseling: Social workers and counselors may meet with the child or youth to discuss their behavior, reasons why they are unacceptable, and identify alternatives with more positive choices.
- Written assignment: Staff may assign a written exercise to reflect on what happened and other choices that might have been made.
- Privilege loss: Staff may withhold a privilege(s) from a child or youth as a consequence for unsatisfactory behavior. Specific privileges include, but are not limited to, watching television, participating in any given activities, or utilizing personal technology like cell phones. Staff may restrict technology usage, however confiscation a child or youth's technology for misusing/disregarding the Technology Policies will require the assigned social worker to file an ex parte motion with the Dependency Court requesting that the child or youth's technology be removed.
- Any phone or phone or technology restriction will be for a specified length of time and will be based on a youth's disciplinary needs. Facility staff will engage the youth to mutually determine the length of restriction; however, this may be reduced as the youth engages in positive behaviors. Youth will be able to contact their social worker, attorney, CCL, OFCO, service provider(s), advocate, and/or Tribe regardless of their disciplinary plan anytime they request.

The following are **unacceptable** forms of discipline:

- Calling or threatening to call law enforcement.
- Mechanical restraints including handcuffs, restraining chairs, leather cuffs, belts, restraining sheets, or any other physical device intended to restrict the movement of any part of a child or youth's body.
- Aversive behavior modification interventions including body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation, and electric shock.
- Intentionally producing pain to limit the child or youth's movement including arm twisting, finger bending, joint extensions, and headlocks.
- Any methods of restricting a child or youth's breathing or circulation.
- Corporal punishment including slapping, hitting, shaking, or any other method of inflicting physical pain on a child or youth.
- Placing blankets, pillows, clothing or other items over the child or youth's head or face or using body wraps with sheets or blanket. Pillows or padding placed under the head of the child or youth to prevent injury are permitted.
- Use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of staff to control a child or youth who is exhibiting assaultive behavior.
- Techniques that can reasonably be expected to cause serious injuries to a child or youth and will require medical attention.
- Verbal abuse or threats (physical and emotional) by staff. This includes threats to call the police as a form of discipline.
- Isolation of a child or youth in a locked room by means of key lock, deadbolt, security chain, flush, edge or surface bolt, or similar hardware which is inoperable by the child or youth inside the room.
- Manual restraints
- Prone containment techniques
- Any manner of using food as a reward or punishment

Additionally, staff will not discipline a child for refusing to take their medication. When a child refuses to take their medication, the staff will document the child's medication refusal and contact the child's caseworker as soon as possible, but within no more than 24 hours. When determining whether a child who has not taken a prescribed psychotropic medication is able to safely participate in an activity the licensee shall use the Reasonable and Prudent Parent Standard. The determination shall be based upon an individualized consideration of the specific situation and the cognitive, emotional, physical, and behavioral capacities of the child.

Staff, children or youth, and authorized representatives will receive copies of these policies and procedures. Children and youth will be provided with information on the rules for behavior and discipline system upon admission to the facility. In the event a form of discipline must be used, staff will document the type of discipline and reason for discipline on the child or youth's records.

Personal Rights

The facility shall uphold the personal rights of children and youth in its care.

DSS Transitional Shelter staff will ensure that children and their authorized representative are informed of the child's personal rights by completing the following steps at intake, when requested by the client, and if changes are made to the list of client personal rights:

- a. provide an age or developmentally appropriate orientation that includes an explanation of the rights of the child and address the child's questions and concerns.
- b. provide a written copy of the client's rights.
- c. provide information regarding agencies the child may contact concerning violations of these rights and other complaints, including the address, email address, and telephone number of the California Department of Social Services Community Care Licensing Division and Foster Care Ombudsperson.
- d. provide information regarding the provisions of law regarding complaints including, but not limited to, the confidentiality of complaints.

The rights are as follows:

- To live in a safe, healthy, and comfortable home where they are treated with respect. If the child is an Indian child, to live in a home that upholds the prevailing social and cultural standards of the child's Indian community, including, but not limited to family, social, and political ties.
- To be free from physical, sexual, emotional, or other abuse, corporal punishment, and exploitation.
- To receive adequate and healthy food, adequate clothing, grooming and hygiene products, and an age-appropriate allowance. Clothing and grooming and hygiene products shall respect the child's culture, ethnicity, and gender identity and expression. To be placed in the least restrictive setting possible, regardless of age, physical health, mental health, sexual orientation, and gender identity and expression, juvenile court record, or status as a pregnant or parenting youth, unless a court orders otherwise.
- To be placed with a relative or nonrelative extended family member if an appropriate and willing individual is available.
- To not be locked in any portion of their foster care placement, unless placed in a community treatment facility.
- To have a placement that utilizes trauma-informed and evidence-based de-escalation and intervention techniques, to have law enforcement intervention requested only when there is an imminent threat to the life or safety of a child or another person or as a last resort after other diversion and de-escalation techniques have been utilized, and to not have law enforcement intervention used as a threat or in retaliation against the child.
- To not be detained in a juvenile detention facility based on their status as a dependent of the juvenile court or the child welfare services department's inability to provide a foster care

the United States Constitution, the California Constitution, and all applicable state and federal laws.

- To have storage space for private use.
- To be free from unreasonable searches of personal belongings.
- To be provided the names and contact information for social workers, probation officers, attorneys, service providers, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and education rights holder if other than the parent or parents, and when applicable, representatives designated by the child's Indian tribe to participate in the juvenile court proceeding, and to communicate with these individuals privately.
- To visit the facility with their relatives and/or authorized representative(s) prior to admission.
- To visit and contact siblings, family members, relatives, authorized representative(s), and other visitors privately, unless prohibited by court order, and to ask the court for visitation with the child's siblings.
- To have visitors visit privately during waking hours without prior notice, provided that such visitations do not infringe upon the rights of other children; do not disrupt planned activities; and are not prohibited by court order.
- To make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order.
- To possess and use their own cash resources except as specified in Section 86626 and to maintain a bank account and manage personal income consistent with the child's age and developmental level, unless prohibited by the case plan.
- To have social contacts with people outside of the foster care system, including, but not limited to, teachers, coaches, religious or spiritual community members, mentors, and friends. If the child is an Indian child, to have the right to have contact with tribal members and members of their Indian community consistent with the prevailing social and cultural conditions and way of life of the Indian child's tribe.
- To attend religious services, activities, and ceremonies of the child's choice, including, but not limited to, engaging in traditional Native American religious practices.
- To participate in extracurricular, cultural, racial, ethnic, personal enrichment, and social activities, including, but not limited to, access to computer technology and the internet, consistent with the child's age, maturity, developmental level, sexual orientation, and gender identity and expression.
- 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 and expression, mental or physical disability, or HIV status.
- To have caregivers, child welfare and probation personnel, and legal counsel who have received instruction on cultural competency and sensitivity relating to sexual orientation, gender identity and expression, and best practices for providing adequate care to lesbian, gay, bisexual, and transgender children in out-of-home care.
- To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records, to be referred to by the child's preferred name and gender pronoun, and to maintain privacy regarding sexual orientation and gender identity and expression, unless the child permits the information to be disclosed, or disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order.

- To have child welfare and probation personnel and legal counsel who have received instruction on the federal Indian Child Welfare Act of 1978 (25 U.S.C. Sec. 1901 et seq.) and on cultural competency and sensitivity relating to, and best practices for, providing adequate care to Indian children in out-of-home care.
- To have recognition of the child's political affiliation with an Indian tribe or Alaskan village, including a determination of the child's membership or citizenship in an Indian tribe or Alaskan village; to receive assistance in becoming a member of an Indian tribe or Alaskan village in which the child is eligible for membership or citizenship; to receive all benefits and privileges that flow from membership or citizenship in an Indian tribe or Alaskan village; and to be free from discrimination based on the child's political affiliation with an Indian tribe or Alaskan village.
- To access and receive medical, dental, vision, mental health, and substance use disorder services, and reproductive and sexual health care, with reasonable promptness that meets the needs of the child, to have diagnoses and services explained in an understandable manner, and to participate in decisions regarding health care treatment and services. This right includes covered gender affirming health care and gender affirming mental health care and is subject to existing laws governing consent to health care for minors and nonminors and does not limit, add, or otherwise affect applicable laws governing consent to health care.
- To view and receive a copy of their medical records to the extent they have the right to consent to the treatment provided in the medical record and at no cost to the child until they are 26 years of age.
- Except in an emergency, to be free of the administration of medication or chemical substances, and to be free of all psychotropic medications unless prescribed by a physician, and in the case of children, authorized by a judge, without consequences or retaliation. The child has the right to consult with and be represented by counsel opposing a request for the administration of psychotropic medication and to provide input to the court about the request to authorize medication. The child also has the right to report to the court the positive and adverse effects of the medication and to request that the court reconsider, revoke, or modify the authorization at any time.
- 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 any age, to consent to or decline services regarding contraception, pregnancy care, and perinatal care, including, but not limited to, abortion services and health care services for sexual assault without the knowledge or consent of any adult.
- At 12 years of age or older, to consent to or decline health care services to prevent, test for, or treat sexually transmitted diseases, including HIV, and mental health services, without the consent or knowledge of any adult.
- At 12 years of age or older, to choose, whenever feasible and in accordance with applicable law, their own health care provider for medical, dental, vision, mental health, substance use disorder services, and sexual and reproductive health care, if payment for the service is authorized under applicable federal Medicaid law or other approved insurance, and to communicate with that health care provider regarding any treatment concerns or needs and to request a second opinion before being required to undergo invasive medical, dental, or psychiatric treatment.
- To confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law.

- To attend school, to remain in the child's school of origin, to immediate enrollment upon a change of school, to partial credits for any coursework completed, and to priority enrollment in preschool, afterschool programs, a California State University, and each community college district, and to receive all other necessary educational supports and benefits, as described in the Education Code.
- To have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for career, technical, and postsecondary educational programs, and information regarding financial aid for postsecondary education, and specialized programs for current and former foster children available at the University of California, the California State University, and the California Community Colleges.
- To attend Independent Living Program classes and activities, if the child meets the age requirements, and to not be prevented by caregivers from attending as a consequence or punishment.
- To maintain a bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
- To work and develop job skills at an age-appropriate level, consistent with state law.
- For children 14 to 17 years of age, inclusive, to receive a consumer credit report provided to the child by the social worker or probation officer on an annual basis from each of the three major credit reporting agencies, and to receive assistance with interpreting and resolving any inaccuracies.
- To be represented by an attorney in juvenile court; to have an attorney appointed to advise the court of the child's wishes, to advocate for the child's protection, safety, and well-being, and to investigate and report to the court on legal interests beyond the scope of the juvenile proceeding; to speak to the attorney confidentially; and to request a hearing if the child feels their appointed counsel is not acting in their best interest or adequately representing their legal interests.
- To receive a notice of court hearings, to attend court hearings, to speak to the judge, to view and receive a copy of the court file, subject to existing federal and state confidentiality laws, and to object to or request the presence of interested persons during court hearings. If the child is an Indian child, to have a representative designated by the child's Indian tribe be in attendance during hearings.
- To the confidentiality of all juvenile court records consistent with existing law.
- To view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost to the child until the child is 26 years of age, subject to existing federal and state confidentiality laws.
- To be involved in the development of their own case plan, including placement decisions, and plan for permanency. This involvement includes, but is not limited to, the development of case plan elements related to placement and gender affirming health care, with consideration of the child's gender identity. If the child is an Indian child, the case plan shall include protecting the essential tribal relations and best interests of the Indian child by assisting the child in establishing, developing, and maintaining political, cultural, and social relationships with the child's Indian tribe and Indian community.
- To review the child's own case plan and plan for permanent placement if the child is 10 years of age or older, and to receive information about their out-of-home placement and case plan, including being told of changes to the plan.
- To request and participate in a child and family team meeting, as follows:
 - Within 60 days of entering foster care, and every 6 months thereafter.
 - If placed in a short-term residential therapeutic program, or receiving intensive home-based services or intensive case coordination, or receiving therapeutic foster care services, to have a child and family team meeting at least every 90 days.
 - To request additional child and family team meetings to address concerns,

including, but not limited to, placement disruption, change in service needs, addressing barriers to sibling or family visits, and addressing difficulties in coordinating services.

- To have both informal and formal support people participate, consistent with state law.
- To be informed of these rights in an age and developmentally appropriate manner by the social worker or probation officer and to be provided a copy of the rights in this section at the time of placement, any placement change, and at least once every six months or at the time of a regularly scheduled contact with the social worker or probation officer.
- To be provided with contact information for the Community Care Licensing Division of the State Department of Social Services, the tribal authority approving a tribally approved home, and the State Foster Care Ombudsperson, at the time of each placement, and to contact any or all of these offices immediately upon request regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.

EMERGENCY INTERVENTION PLAN – SECTION 14

Background

“Emergency Intervention” refers to the justified use of early interventions and/or otherwise prohibited manual restraints to protect the child or others from imminent danger and harm. All DSS Transitional Shelter child care employees are trained and certified in Crisis Prevention Intervention (“CPI”) methods and techniques by certified CPI trainers. Employees and contracted staff providing child care must be CPI trained and certified before working with any clients and must complete biannual refresher training to continue working with clients. Documentation of CPI training is maintained in the individual’s personnel record. The following positions will be trained in CPI prior to working with clients:

- Administrator
- Facility Manager
- Child care Staff
- Social Work Staff

The following policies and procedures were developed to meet both Community Care Licensing standards, CPI guidance and to clearly outline the conditions under which Emergency Interventions are used and the appropriate implementation and reporting of these interventions.

Design and Approval of Plan

This plan was reviewed and approved in partnership with Fresno County by Dr. Marianne Jackson, a Board-Certified Behavior Analyst-D (Doctoral BCBA). Further, Board of Director’s approval will be obtained prior to enactment of this plan.

Dr. Jackson received her Master’s and Doctoral Degrees in Psychology (with an emphasis in Behavior Analysis) from the University of Nevada Reno. She is currently a Professor of Psychology at California State University, Fresno where she serves as the director of the Master’s program in Applied Behavior Analysis and as the clinical director of ABA Services at Fresno State. Her research interests include complex social skills including humor, perspective-taking, and safety skills, the motivational functions of verbal behavior, and interventions to increase health and fitness behaviors. Dr. Jackson has served on the ABAI executive council, the CalABA Board of Directors, and as an advisor to the Cambridge Center for Behavioral Studies. In 2011, she was selected as the PsiChi Faculty of the year, in 2014 was named as one of the Provost’s Outstanding New Faculty, and in 2017 received a Distinguished Faculty Service award from the College of Science and Mathematics. While at Fresno State, she has secured grants and contracts totaling over \$6 million. She presents regularly at state and national conferences and has provided teaching, training, and clinical services in the countries of Scotland, Ireland, Jordan, Bosnia, and Georgia.

This plan is designed and approved to meet the following criteria:

- The plan is appropriate for the client population served by the Transitional Shelter Care Facility.
- The plan is appropriate for the staff qualifications and staff emergency intervention training.
- The plan incorporates trauma-informed concepts and practices as described in Section 86678.2, where applicable.

Philosophy Regarding Trauma-Informed Emergency Interventions

In accordance with Fresno County's overall values and principles, we strive to treat all clients and their families with dignity and respect. Toward that goal, we are committed to creating an environment where staff are thoroughly trained and encouraged to use a wide range of interventions to limit or avoid the use of physically restrictive interventions as often as possible. Because of this, physically restrictive interventions should only be used as a last resort, and staff should review each incident of crisis behaviors with each other and with the client, to determine how the situation can be avoided in the future.

Many of our clients have had experiences in prior significant relationships of being inadequately contained. They have come to our Transitional Shelter Care Facility, in part, because prior settings – hospitals, residential treatment programs, schools and even their families – have been unable to or have not had the resources to provide them with safe, neutral, non-retaliatory containment. This failure to create reliable limits leads to the collapse or loss of engagement and relationship and is inevitably associated with poor treatment outcomes. Conversely, the common-sense knowledge of generations of parents and caretakers as well as the evidence of psychological and developmental research shows clearly that limits and safe physical containment promote the creation and deepening of relationships. It is these relationships which are the basis or the engine of change.

Our own capacity to safely contain dangerous behavior with methods which are safe, neutral and non-retaliatory is a key ingredient in maintaining a safe and therapeutic program. Our use and reliance on these interventions in our program must never exceed our efforts to support the child in developing a capacity to manage their own behavior.

Use of Emergency Interventions

Emergency Interventions may be used to prevent a youth who exhibits assaultive behavior from injuring or endangering themselves or others. A continuum of interventions, starting with the least restrictive (e.g., refocusing, separation from group, counseling, etc.) must be used prior to the use of manual restraints. These more restrictive interventions may be justified when other techniques have been unsuccessful and the youth continues to present an imminent danger for injuring or endangering themselves or others.

Emergency interventions may be justified if:

- The restraint is reasonably applied to prevent a child exhibiting assaultive behavior from exposure to immediate injury or danger to themselves or others; and
- The force used does not exceed that reasonably necessary to avert the injury or danger; and
- The danger of the force applied does not exceed the danger being averted; and
- The duration of the restraint ceases as soon as the danger of harm has been averted.

Types of Emergency Interventions Used

The Transitional Shelter Care Facility may use *manual restraint*, defined as the use of hands-on or other physically applied technique to physically limit the freedom of movement of a child.

General Provisions for the Use of Emergency Interventions

All DSS Transitional Shelter staff (and contract staff) hired to provide child care to youth must complete the initial new hire training, which includes CPI training prior to working with youth. This training includes behavior modification techniques, counseling skills, safety issues, orientation to the facility, policies and procedures, child abuse reporting standards, medication policies and procedures and Crisis Response instruction.

Continuum of Early Interventions

The use of each of these interventions will vary based on each youth's individual needs and preferences, and the assessment of the staff regarding its appropriateness to the crisis situation. When determining the appropriateness of an intervention for a specific youth, staff members consider information gleaned during the intake mental health screening for that youth, which may include information related to a functional behavior assessment. Early interventions are implemented with the intent to de-escalate volatile situations.

Planned Ignoring	attending to the positive, pro-social behaviors of group members while not attending to the unacceptable behavior displayed by the youth having difficulty.
Refocus	directing a client to have a seat and refocus themselves is an immediate way to signal that their behavior should not continue. This measured sit time away from the community allows the client to reflect on their behaviors, and when, returning to the activity, to engage in other preferred behaviors.
Verbal Prompt	stating a clear expectation to stop the behavior.
Non-Verbal Prompt	staff may use eye contact, proximity, a shake of the head, etc. to signal to a client to interrupt their behavior.
Sit Time	staff may coach the youth to engage in an approved activity that can help them calm themselves, such as meditating, journaling, or reading. The client's individualized plans may be used to individualize the parameters of sit time.
Proximity	moving closer to or farther away from the youth.
Introduce Neutral Third Party	sometimes a situation may be helped by the introduction of staff member not involved in the original interaction, especially if a youth is upset with another staff member, to help mediate the situation or take over interventions.
Distraction	suggesting a different activity, providing the client with a favorite toy, or changing the topic of conversation to help a client detach from whatever is upsetting them and focus on something else.
Sensory Interventions	offering visual interventions (such as calm lighting), auditory interventions (such as music), or proprioceptive interventions (such as a weighted blanket, isometric exercises, or going for a walk) to help youth regulate their bodies and emotions.
Humor	providing appropriate humor in situations that may begin to become tense at times alleviates the anxiety of all youth involved.
Proactive Attention	often we can anticipate which youth will need some extra support during particular periods of the day. Careful consideration and placement of staff with youth that we anticipate will have difficulty may often avoid a crisis
Regrouping	changing where each youth is located in a group setting may decrease the possibility of a youth going into crisis, especially if two youths have demonstrated difficulty with each other.
Rewarding	using positive reinforcement for those youth who are displaying acceptable behaviors provides a strong message to all youth.
Praise and Encouragement	pointing out to a youth when they have made positive behavioral changes.
Redirection	shifting youth's attention from potentially antecedent behavior toward a more proactive/positive emphasis.

Processing	a discussion of emotion and/or behavior that targets a youth's functioning, with the intention of increasing insight.
Naming and Validating Feelings	repeating the client's stated emotions and acknowledging them. Often it is helpful to assure the client that even though their behaviors may be inappropriate, the feelings behind them are natural and understandable.
Values Reminder	staff may remind a client of specific values they have stated they want to live by (e.g., patience, kindness, courage, etc.).
Goals Reminder	staff may remind a client of a goal they have set for themselves and help client recognize how their behavior may jeopardize their goals.
Discuss Alternatives	clients may not be able to easily identify alternatives to their behaviors, especially if they are feeling escalated. Staff can help clients identify alternative behaviors in the moment. To do so, Staff are encouraged to continuously refer to a client's needs and services plan to remain familiar with alternative behaviors that have been successful for the client in the past.
Voluntary Separation from the Milieu	staff will direct the youth to separate themselves from the milieu. <i>Involuntary</i> separation from the milieu is not an early intervention
Crisis Communication	staff will communicate with the youth in a brief, simple, and direct manner attempting to talk the youth into stopping their dangerous behavior
Evasion	if the assault is imminent, the staff member shall use evasion techniques trained through the CPI course, to evade any physical assault to staff or others
Deflection	if the staff member cannot get out of the way of the assault, they shall attempt to deflect or block the blow to minimize physical harm

A Description of Each Emergency Intervention Technique to be Used

All childcare staff are trained to use a variety of interventions to respond to a client presenting dangerous behaviors. Before utilizing restraint, less-restrictive interventions must be utilized. Interventions should include individualized responses based on the client's trauma history, needs, and preferences. Other interventions may include:

- Counseling Interventions
- Interruption Interventions
- Sensory Interventions
- Motivational Interventions
- Crisis Communication
- Evasion and Deflection

In a situation where a client is presenting imminent risk of danger to themselves or others, and other less restrictive interventions have been attempted and were not effective, a lead staff will make a determination whether to initiate a manual restraint based on the severity of the situation, the safety of other clients, and the client's trauma history. All staff will be trained on evasion and deflection principles to protect themselves in violent situations when adequate staffing is not available for a manual restraint and may also engage in these strategies as a means of avoiding a manual restraint when safe and/or appropriate. When deciding to utilize manual restraint, staff should assess the situation and use the least-restrictive method that will safely contain the client and takes into account any client-specific plans or needs. Staff are trained how to safely support clients in a number of different physical interventions, including:

- **Escort** – a mobile physical redirection of a client by two staff members, ranging on a continuum from assisting a client in voluntarily moving to a neutral location to compulsorily moving a client involuntarily away from a dangerous situation;
- **Holding in a Seated Position:** there are three options for holding a client in a seated position based on the assessed level of risk: low risk, medium, risk, high risk. Each position becomes increasingly more restrictive of the client's movement. Staff will only hold the arms of the client while in this position.
- **Holding in a Standing Position:** there are three options for holding a client in a standing position based on the assessed level of risk: low risk, medium risk, high risk. Each position becomes increasingly more restrictive of the client's movement.
- **High-Level Holding in a Standing Position-Team Control Position:** a hold position for high risk behaviors.
- **Children's Control Position:** there are three options for holding a youth considerably smaller than the involved staff in a standing position based on the assessed level of risk: low risk, medium risk, high risk. Each position becomes increasingly more restrictive of the client's movement. The Children's Control Position is designed to be used with children considerably smaller than the staff member implementing the hold.

Staff members are trained to manage the arms, the incline, and the mobility of the client to ensure the safety of the young person. Staff are also trained to take into consideration the key principles of physical holds: position, posture, and proximity.

Maximum Time Limits

Maximum time limits for each emergency intervention technique are not to exceed maximum time limits as specified by Community Care Licensing (CCL).

- Children may not remain in a manual restraint beyond 15 minutes unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator designee or approved supervisory staff. Whenever possible, the client should be constantly monitored by the administrator, administrator designee, or approved supervisory staff who is approving the continued restraint. At the very least the administrator, administrator designee, or approved supervisory staff will conduct visual assessments every 15 minutes of the client until the restraint is terminated and will document these assessments in the client's record. The person approving the continuation of the restraint and the person providing visual checks/assessments of the client must be a person other than the individual who restrained the child. As appropriate to the type of restraint or seclusion, the assessment will include assessment of needs in the following areas:
 - Correctness of the application of the physical hold.
 - Signs of any injury associated with restraint or seclusion.
 - Nutrition and hydration.
 - Circulation and range of motion in the extremities.
 - Vital signs such as breathing and temperature.
 - Hygiene and elimination.
 - Physical and psychological status and comfort.
 - Readiness for discontinuation of restraint or seclusion (justification for continued use of manual restraint)
- Staff will make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.
- Should the child remain a danger to self or others beyond 15 minutes of restraint, the administrator, administrator's designee, or approved supervisory staff will contact law enforcement to request a Crisis Mobile Response in order to provide crisis mental health services to the child.
- Should the Crisis Mobile Response be delayed such that a child is approaching being manually restrained for more than 30 consecutive minutes in a 24 hour period and continues to present a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator, administrator's designee, or approved supervisory staff. If the facility social work staff are not onsite to provide written approval, verbal approval will be obtained. Written approval will be obtained within 24 hours of verbal approval.

In What Situations Each Emergency Intervention is Not to Be Used

Emergency interventions shall never be used for the following purposes:

- a. Punishment or discipline;
- b. Replacement for on-duty childcare staff;
- c. Convenience of facility personnel;
- d. As a substitute for or as part of a needs and services plan;
- e. As a substitute for or as part of a behavior modification plan;

- f. Harassment or humiliation;
- g. To prevent a child from leaving the facility, except as specified in Section 86722.22 of the TrSCF Operating Standards.

Manual restraints will not be used when a child's medical assessment documents that they have a medical condition that would contraindicate the use of manual restraints; and when the child's current condition contraindicates the use of manual restraints.

Expected Outcome, Benefits to the Child

The expected outcome of any emergency intervention is to prevent serious injury or harm to the youth or others, and to see the youth through the crisis stage and return them to safety, both physically and emotionally.

A Statement Specifying What Emergency Intervention Will Never Be Used

Fresno County's DSS Transitional Shelter TrSCF prohibits the use of any type of mechanical restraint (physical device or equipment which restricts the movement of the whole or portion of a youth's body). The DSS Transitional Shelter TrSCF will not use protective separation or chemical restraints. DSS Transitional Shelter will never use aversive behavior modification interventions including, but not limited to, body shaking, water spray, slapping, pinching, ammonia vapors, sensory deprivation, and electric shock. Additionally, the following techniques will never be used:

- Intentionally produce pain to limit the child's movement, including but not limited to, arm twisting, finger bending, joint extensions, and headlocks.
- Methods of restricting a child's breathing or circulation.
- Corporal punishment.
- Placing blankets, pillows, clothing or other items over the child's head or face; body wraps with sheets or blankets.
- Pillows or padding, placed under the head of a thrashing child to prevent injury, are permitted.
- The use of psychotherapeutic or behavior modifying drugs as punishment or for the convenience of facility personnel to control a child who is exhibiting assaultive behavior.
- Techniques that can reasonably be expected to cause serious injuries to the child that require medical treatment provided by a health practitioner.
- Verbal abuse or physical threats by facility personnel.
- The isolation of a child 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 child inside the room.
- Manual restraints for more than 15 consecutive minutes in a 24-hour period, unless as specified in Section 86722 of the TrSCF Operating Standards.
- Manual restraints for more than four cumulative hours in a 24-hour period.
- Any emergency intervention technique not approved for use as part of this Emergency Intervention Plan.

Law enforcement must not be contacted as a substitute for effective care and supervision or the facility's approved continuum of emergency interventions.

A Description of the Circumstances and the Types of Behaviors That May Require the Use of Emergency Intervention

Specific behaviors which may require the use of emergency intervention include (but are not limited to):

- a. Suicidal gestures or attempts or behaviors that are a significant risk of danger to themselves. This includes a client demonstrating self-injurious behaviors that pose a risk of immediate harm or putting themselves in dangerous situations, such as running in front of moving vehicles.
- b. Assaulting or attempting to assault another person, the presence of clear antecedent behaviors which, through observation of the youth's behavior, have been determined to result in assaultive or self-injurious behavior that pose a risk of immediate harm. In this event, staff will first direct the child, with supportive verbal instructions, to a neutral area. If a child's behavior continues to escalate; the child continues to exhibit signs of assaultive behavior; and verbal redirections that have been previously identified as supportive to the youth are proving ineffective, staff may escort the child to a neutral area. If the child continues to escalate, and the behavior is determined to be dangerous to self or others, staff will intervene, and restrain the child as appropriate to ensure the safety of everyone concerned, including the child, other children and staff.

Procedures for Determining and Using Age and Size Appropriate Emergency Intervention Techniques

When using a manual restraint, staff must ensure that an appropriate number of people are involved to ensure the client's safety, that these staff are utilizing appropriate height and weight ratio standards, and that any individualized plans the client may have are being followed. Using the CPI methods as a guide, the administrator will ensure that the appropriate techniques are used based on each youth's age, developmental ability, size, behavioral history, and any additional information available about the youth's needs and services plan.

All staff will be trained on evasion and deflection principles to protect themselves in violent situations when adequate staffing is not available for a manual restraint and may also engage in these strategies as a means of avoiding a manual restraint when safe and/or appropriate. If staff are not able to ensure a client's safety through use of crisis interventions, they should seek outside assistance, including notifying an on-call administrator to immediately provide more staffing or, if absolutely necessary in an extreme emergency situation, by contacting the local law enforcement department or 911.

Procedures for Utilizing the Assessment to Inform Emergency Intervention Techniques

Through the intake screening process, DSS Transitional Shelter staff obtains the following information to help minimize the use of Crisis Interventions:

- The client's need for methods or tools to manage aggressive behavior;
- Pre-existing medical conditions or physical disabilities and limitations that would place the client at greater risk during Crisis Interventions;
- History of sexual or physical abuse that would place the client at greater psychological risk during Crisis Interventions;
- Other physical, psychosocial, or environmental factor(s) that would place the client at greater risk during Crisis Interventions, as needed or identified.

During the placement, staff compile information on the client's history and any disabilities or medical concerns upon intake. During this screening process, the DSS Transitional Shelter staff will gather any available information about client's history of crisis behaviors and identify preferred intervention methods to address and prevent these behaviors. This information may provide staff with relevant information on the client's trauma history, potential crisis behaviors, an understanding of the function of

target behaviors, effective interventions, and any Crisis Interventions to avoid due to physical limitations or history of trauma.

Procedures for Using Emergency Interventions if More Than One Child Requires the Use of Emergency Intervention at the Same Time

The lead staff member must assess whether they have sufficient numbers of staff available to use manual restraints on more than one youth at the same time. If the lead staff person determines that two youth cannot be safely contained through the use of emergency interventions, an administrator, administrator designee, or supervisory staff assists in determining the next level of intervention required. If necessary, the administrator, administrator designee, or supervisory staff will assign additional emergency on-call staff to the site. If additional staff are needed, on-call staff will be assigned to the site as soon as possible. In extreme situations, staff may exercise their own judgment to ensure the safety of all children in the facility. Options available include contacting the community's Mobile Response Team (FURS), local law enforcement department, or calling 911 to request emergency assistance.

The administrator, administrator designee, or supervisory staff will ensure that all available staff are sent to the facility, and the administrator, administrator designee, or supervisory staff will assist in providing care and supervision for other youth in the facility.

Procedures for Ensuring the Maintenance of Care and Supervision in the Facility During the Use of Emergency Interventions

DSS Transitional Shelter will ensure adequate staffing at all times to minimize circumstances that may lead to crisis, and to maximize safety when crisis interventions must be used. Staffing requirements to maximize safety include having adequate staff members to provide individualized interventions to clients that support avoiding crisis situations, to utilize appropriate staff- to-client height and weight ratios when crisis situations do occur, and to utilize an administrative designee to monitor client safety. In the case that more staff are needed to retain appropriate supervision and staff ratios during the use of emergency interventions, a staff member will contact the on-site or on-call administrator, administrator designee, or supervisory staff to immediately provide more staffing.

Procedures for Reintegrating the Child Back into the Facility Routine After an Emergency Intervention Has Been Used

Staff will follow instructions, included in CPI training manual, to determine when it is safe to release a child from a manual restraint. Determining that it is safe to release a child from manual restraint requires observation that a child is demonstrating calm physical behavior, has returned to a normal breathing pattern, and is able to follow simple compliance instructions.

- a. A staff person processes the situation with the youth, discussing the triggering event, the feelings associated with that event, and ideas about other ways of handling those feelings.
- b. The staff person (or lead staff if appropriate) makes an assessment of the youth's potential for re- escalation, depression, suicidality, and/or running away and an individualized crisis plan is made accordingly.
- c. The staff person involved will discuss the youth's reintegration into the milieu, which begins with structured activities with limited emotional impact on the youth.
- d. When appropriate, part of the youth's reintegration will include a group discussion of the impact of their behavior on the group.

Criteria for Assessing when an Emergency Intervention Plan needs to be Modified or Terminated

As part of the program's continuous quality improvement process, the administrator or administrator designee will conduct an analysis of patterns/trends of use of emergency interventions in the previous six (6) month period. Specific trends may include circumstances such as but not limited to: review of records related to the use of emergency interventions for accuracy and completeness, review of the use, effectiveness and duration of each emergency intervention including a determination of the effectiveness and appropriateness of the intervention technique used in each situation, review of the frequency of emergency interventions, utilization of law enforcement, or injury to client or staff.

If the administrator or designee determines that a modification is needed, the administrator will ensure all modifications are reviewed and approved in accordance with Fresno County policies and TrSCF Operating Standards.

Procedures for Responding to a Crisis Situation to Prevent a Child Who is Exhibiting Assaultive Behavior from Injuring or Endangering Themselves or Others

In a situation where a client is presenting imminent risk of danger to themselves or others, a lead staff will make a determination whether to initiate a manual restraint based on the severity of the situation, the safety of other clients, and the client's trauma history. The lead staff who initiates a restraint may be any staff member who has received the crisis intervention training, in accordance with California state law. A manual restraint should be used only toward the goal of assisting the client in safely calming down and never as punishment, coercion, or for staff convenience. Because these restraints should only be used as a last resort, staff are trained in a variety of less-restrictive interventions. Staff should also continue to use less-restrictive interventions should a manual restraint occur.

When using a manual restraint, staff must ensure that an appropriate number of people are involved to ensure the client's safety, that these staff are utilizing appropriate height and weight ratio standards, and that any individualized plans the client may have are being followed. All staff will be trained on evasion and deflection principles to protect themselves in violent situations when adequate staffing is not available for a manual restraint and may also engage in these strategies as a means of avoiding a manual restraint when safe and/or appropriate. If staff are not able to ensure a client's safety through use of crisis interventions, they should seek outside assistance, including notifying an on-call administrator, administrator designee, or supervisory staff to immediately provide more staffing or to contact the local law enforcement department or 911 in extreme emergency situations.

Staff should make every effort to make each manual restraint as brief as possible and should continue the use of other, less-restrictive interventions while supporting the client to de-escalate to reduce the amount of time spent in the restraint. As soon as the client is again demonstrating the ability to keep themselves and others safe, staff will begin the process of releasing the client from the restraint. The lead staff will clearly communicate with the client and the other staff members during this process and will explain what the client's next expectations will be.

Because DSS Transitional Shelter may provide services to children with significant and complex behavioral health needs, we also work with each client to identify specific behaviors that are predictable indicators that they are likely to engage in further unsafe and uncontrolled behaviors, known as critical antecedent behaviors. By doing this, staff can respond earlier when clients are beginning to escalate to the point of becoming violent and potentially respond with less-restrictive interventions. These critical antecedent behaviors should be clearly documented through the initial screening process and on an ongoing basis through updates to the screening and other client plans. Because the ultimate goal is to

reduce the amount of violence in the milieu and to increase safety, staff may decide to support the client with an escort to a neutral location when the client is displaying these documented behaviors. If the client is demonstrating behaviors that are not an immediate danger but do have a severe disruptive effect on other clients and their emotional well-being, staff may also choose to escort the client to a neutral area. In this instance, staff should first allow the client an opportunity to walk away by themselves before initiating an escort.

Procedures for Accessing Community Emergency Services, Including, But Not Limited to, the Law Enforcement Department If the Use of Emergency Interventions is Not Effective or Appropriate

In consultation with the administrator, administrator designee, or approved supervisory staff, the staff on duty may decide to involve law enforcement by dialing 911 or the nonemergency number if the dangerousness has not yet exceeded a critical level. In the event that there is law enforcement involvement, the administrator, administrator designee, or approved supervisory staff should be in contact with the outside agencies and act as liaison and facilitator during this intervention.

DSS Transitional Shelter staff maintain a calm and supportive presence when interfacing with law enforcement, taking into account each youth's relationship and history with law enforcement. DSS Transitional Shelter staff stay with the youth while law enforcement is present.

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. If there is an immediate risk of serious harm to a child or others and delaying a call to law enforcement would increase the risk of harm, staff may call 911 prior to seeking supervisor approval. A supervisor should be contacted as soon as it is safe to do so. DSS Transitional Shelter will maintain a list of supervisors who may approve a call to law enforcement, which will be communicated to all staff and kept on file at the facility.

Procedures for Ensuring a Child's Safety When a Manual Restraint is Being Used Including, But Not Limited to, the Titles of Facility Personnel Responsible for Checking the Child's Breathing and Circulation

All staff persons present during a manual restraint are responsible for ensuring a youth's safety during emergency intervention. To ensure the safety of everyone involved and to comply with Community Care Licensing regulations, upon every restraint an administrator should be notified immediately. When contacted by staff, the on-call administrator will discuss with staff:

- The situation that led to the manual restraint, staff reasoning, and client behavior;
- What special concerns or precautions are listed in any client plans related to crisis and if staff are using interventions detailed in these plans;
- Whether the restraint is necessary or whether other less-restrictive interventions would be more effective in assisting the client in staying safe;
- The overall state of the milieu and whether staffing is adequate to safely continue the crisis interventions being used and also to continue to provide appropriate care for other clients.

Designee Duties

During every restraint, a staff member must be identified to closely monitor the situation for its duration to ensure the client's safety and well-being, and to lead staff to help the client regain self-control. If the contacted administrator, administrator designee, or approved supervisory staff is unable to perform these duties, they will assign a designee to do so. Staff will receive training during their initial orientation as well as on-going training on how to effectively perform the duties of a designee and will be evaluated by the trainers or their supervisors for competency in performing these duties. Except in extreme situations, this designee should not be physically involved in the situation but should be monitoring the status of all involved.

The designee's most crucial duties involve monitoring the client's physical conditions. Whenever possible, the client should be constantly monitored by a designee, but at the very least the designee will conduct assessments every 15 minutes of the client and will document these assessments in the Incident Report. As appropriate to the type of restraint, the assessment will include assessment of needs in the following areas:

- Correctness of the application of the physical hold;
- Signs of any injury associated with restraint;
- Nutrition and hydration;
- Circulation and range of motion in the extremities;
- Vital signs such as breathing and temperature;
- Hygiene and elimination;
- Physical and psychological status and comfort;
- Readiness for discontinuation of restraint.

The designee should notify the on-call nurse of any injuries or medical concerns or contact 911 in emergency situations. If the client appears unresponsive, the designee should immediately use the program's responsiveness protocol and contact emergency services if the client is not responsive. The designee's other responsibilities include:

- Ensuring that staff are adhering to any client plans related to crisis;
- Supporting staff in using less-restrictive interventions in conjunction with any crisis interventions that are being used.
- Consulting with an administrator upon the initiation of a restraint and any time the situation changes substantially, as well as determining with the administrator if staffing is adequate and the situation is safe for all involved, including other clients;
- Facilitating staff in frequently switching out of the restraint if needed;
- Ensuring that a required documentation is completed for every use of restraint;
- Upon the initiation of each restraint, as soon as reasonably possible, notifying a family member or primary caretaker of the client, or ensuring that another staff member makes the notification. Which family members will be contacted and how frequently will be determined by the program policies or clinician on intake and may be updated depending on the therapeutic needs of the child or the program's incident notification requirements.

Procedures for Determining When a Medical Examination is Needed During or After a Manual Restraint
If during or after a restraint any staff person identifies a potential physical injury or suspected injury to a youth, or if the youth report a medical problem or injury, the staff person shall contact the administrator, administrator designee, or approved supervisor immediately. The administrator, administrator designee, or social work supervisor must see and talk with the child before a determination can be made. The determination cannot be made over the phone. If the youth is clearly in imminent medical danger, the staff shall call 911 for immediate medical response. If no physical examination is necessary, this decision must be documented on the Incident Report form.

Any post-emergency intervention injury or suspected injury observed by staff, or any complaint of injury reported to staff must be reported immediately to the administrator or social work staff.

Procedures for Ensuring That: (a) The Amount of Time a Child is Restrained is Limited to the Amount of Time When the Child is Presenting an Immediate Danger to Themselves or Others; (b) Restraints Will Not Cause Injury to the Child

The following procedures are used in the listed order to ensure that the youth is restrained only when presenting immediate danger to self or others, and to decrease the possibility that restraints will cause injury to the child. These procedures are posted in the staff office.

a.	A child does not remain in a manual restraint for more than 15 consecutive minutes unless written approval to continue the restraint after the initial 15 minutes is obtained from the administrator or administrator's designee.
b.	The lead staff person shall ensure that contact is made with the on-site or on-call administrator or approved supervisory staff as soon as is possible following the implementation of an emergency intervention. The lead staff person shall obtain approval from the on-site or on-call administrator or approved supervisor to continue the restraint after the initial 15 minutes. The lead staff person (or staff person designated by the administrator) then becomes the on-site "designee" and approves the continuation of any restraint.

c.	In all but the most extreme cases, the person giving approval (designee) for continuation of restraint will not be involved in the restraint. In the case where the designee must be involved in the restraint, the on-call administrator will have been notified, and additional staff will be assigned to the site. The designee will continue to monitor the appropriateness of the restraint until an additional staff member is available. The designee, who has officially assumed the role of the on-site approving staff member to monitor the implementation of an emergency intervention, will remain in regular surveillance without becoming involved in the intervention itself whenever possible.
d.	The person who visually checks the child after 15 minutes to ensure that the child is not injured and that the child's personal needs, such as access to toilet facilities, are being met, must be a person other than the individual restraining the child.
e.	Whenever possible, the client should be constantly monitored by a designee, but at the very least the designee will conduct assessments every 15 minutes of the client and will document these assessments in the Incident Report. They will closely monitor the youth's breathing, circulation, possibility for injury, and ensure that access to personal needs such as toileting, food and water are being met when youth is behaviorally stable.
f.	After the initial 15 minutes, the designee who approves the continuation of the manual restraint observes the child's behavior while the youth is being restrained to determine whether continued use of manual restraint is justified.
g.	The designee will continually assess the level of dangerousness the youth is presenting and recommend processing the youth out of the restraint when the determination is made among the team present that the youth no longer presents a danger to themselves or others.
h.	Written approval to continue a manual restraint must be documented in the child's record
i.	A child does not remain in a manual restraint for more than 30 consecutive minutes in a 24-hour period unless the child is still presenting a danger to themselves or others and written approval to continue the restraint after the initial 30 minutes is obtained from the administrator or administrator's designee or approved supervisory staff and the facility social work staff. If facility social work staff are not on-site to provide written approval, the facility may obtain verbal approval. Written approval must be obtained within 24 hours of the verbal approval
j.	For each manual restraint, the designee will continually assess the level of dangerousness (danger to self/others) the youth presents. Physical restraint should only take place as long as the team determines that a clear danger exists and will begin the process of ending the restraint as soon as safety permits. For any restraint that lasts for 15 consecutive minutes or more, staff must contact law enforcement and request Crisis Mobile Response mental health services.

k.	Should the response from Crisis Mobile Response be such that the manual restraint exceeds the initial 30 minutes, a child placed in a manual restraint must be visually checked every 15 minutes until the manual restraint is terminated, to ensure the child is not injured, that personal needs are being met, and that the continued use of the manual restraint is justified.
l.	The designee will visually check the manual restraint as often as possible, and at least every 15 minutes. Depending, however, upon a number of factors such as multiple simultaneous restraints, size of the youth involved, number of staff available, etc., it may be impossible to assign an outside designee. In this case, the staff involved in the manual restraint(s) must make the determination as to youth safety, overall level of dangerousness, and the youth's personal needs. Facility staff will notify the administrator or approved supervisor as early as possible. The administrator or approved supervisor will assign a staff to serve as the designee and if necessary, additional staff will be sent to the site. Depending upon the urgency of the situation, the administrator, approved supervisor, or facility staff may exercise their option to call for assistance through the local law enforcement department or by calling 911.
m.	This visual check must be documented in the child's record. Utilization of the addendum of the Incident Report form will serve as documentation of the visual checks during the manual restraint. These forms will be included in the child's record. The person conducting the check must not be the individual who restrained the child. In all but the most extreme situations, facility staff will be the assigned designee and complete the visual checks, documentation, and communication to the administrator or approved supervisory staff. In the situation where facility staff is not available, (i.e., supervision of remaining children in the facility preclude the staff from conducting 15 minute checks) the on-call administrator will be aware of the situation and take action to provide additional support as quickly as possible.
n.	Fifteen-minute visual checks by the approving staff member will include a continual assessment of the facility's ability to provide adequate resources to respond to the youth's needs. Assuming more resources are needed, the staff will, as standard procedure, inform the administrator or approved supervisor of those specific needs. The administrator or approved supervisor will then make the determination of the agency's ability to fulfill those needs, up to and including the on-site assistance of a supervisor. At this juncture, the administrator or approved supervisor will inform their supervisor of the need for additional resources. In any incident where availability of adequate facility resources is called into question, the administrator or approved supervisor will work with the treatment team to allocate additional county resources to bolster the facility. In the event that adequate resources are not available, the administrator or approved supervisor will make the determination as to whether the facility has adequate resources to meet the youth's needs. If the determination is made that the facility does not have adequate resources to meet the youth's needs, the administrator or approved supervisor will work with the placing agency and authorized representative to determine next steps, which could include initiating an acute hospital admission to stabilize the youth in order to return to the program

o.	Manual restraints in excess of 30 minutes will be communicated to the administrator or approved supervisor, who will in turn discuss the specifics of the current intervention and subsequently give verbal approval of continuance of the intervention. While ensuring safety at all times, the approving staff member or the treatment team will begin the documentation process by making an entry on the Incident Report form and initialing the corresponding visual checks at 15-minute intervals. The designee will call the administrator or approved supervisor back (when safe to do so) at every major increase in the dangerousness of the youth. Facility resources will continually be assessed as the needs of the youth change during the course of the manual restraint. For purposes of this plan, the administrator or approved supervisor who signs and follows up on the Incident Report will serve as the facility social work staff. The youth's case carrying social worker will receive copies of the Incident Report within 7 days.
p.	In the event that the treatment team, including the youth's authorized representative, does not feel the TrSCF services are adequate, the plan will be modified. At any point during the placement, either the DSS Transitional Shelter team or a CFT member can call an impromptu CFT meeting to discuss any and all possible changes to the youth's treatment.
q.	The administrator or approved supervisor will determine whether or not the facility has the capacity to adequately care for and treat the youth in crisis. If the appropriate resources are not available, and the level of dangerousness is increasing, the team may decide to involve community emergency services (or local law enforcement department), who will assist in defusing the crisis and removing the youth from the facility until they are stable and able to return to the facility.
r.	Staff must make provisions for responding promptly and appropriately to a child's request for services and assistance and repositioning the child when appropriate.

It is imperative that the youth's safety, personal needs, and physical comfort are of the highest priority during an emergency intervention. All staff who will have client contact are extensively trained around the care and compassion necessary to help a youth endure an emotional crisis. During 15-minute visual checks, or at the request of the youth, staff are responsible for assessing the comfort level and positioning of the youth, and to make changes, as necessary.

Procedures for Documenting Each Use of Manual Restraints in the Child's Record

Manual restraints will be documented in the Incident Report form, which will be filed alongside the youth's record. This document contains a listing of behaviors that warranted the restraint, interventions used, lengths of time per intervention, initialing for visual checks, and approval by the designee. A narrative section states, in detail, the events and behaviors leading up to the manual restraint, the specific position of each staff person in the restraint, statements made by the youth or staff during the restraint, written justification for the continuance of the restraint, description of the youth's behavior before, during and after the restraint and a description of injuries sustained by the youth or staff and what medical attention was given. Use objective descriptions, avoid using emotions or vague words to describe behaviors.

Procedures for Reviewing Each Use of Manual Restraints with the Child and Authorized Representative or Parent

Upon the initiation of each restraint, as soon as reasonably possible, the lead staff notifies the authorized representative of the client or ensures that another staff member makes the notification. Manual restraints are reviewed first with the youth, their family, and DSS Transitional Shelter social work staff, usually on the first business day following the restraint.

Procedures for Reviewing Manual Restraint Use with Staff Involved

The administrator or administrator's designee or approved supervisor must discuss the use of any manual restraint with the staff involved no later than the next working day following the incident. The administrator or administrator's designee or approved supervisor must determine whether the emergency intervention action taken by the staff member(s) was consistent with the emergency intervention plan and document the findings in the child's record and facility monthly log. The manual restraint review must evaluate:

- Whether staff members attempted to de-escalate the situation
- The number and type of interventions used
- If the use of any de-escalation technique caused an escalation of the child's behavior, then the technique must be evaluated for its effectiveness
- Whether manual restraints were used only after less restrictive techniques were used and found to be unsuccessful
- Whether the child was restrained for the minimum amount of time limited to when the child was presenting an immediate danger to themselves or others

Procedures for Requiring a Licensed Professional, as Defined in Section 80001(1)(2), to Approve the Initiation and Continued Use of Manual Restraints, If the Licensee Chooses to Require This Authorization

A licensed professional will not be required to approve the initiation and continued use of emergency behavioral interventions.

Protective Separation Plan (Quiet Room)

Protective Separation/Quiet Room is **not** used.

Please Note the Following Regarding the Use of Emergency Interventions

1. All interventions are neutral with the goal of restoring self-control and youth safety. Restraint is NEVER to be used as punishment, for staff convenience or as a substitute for individual treatment.
2. Staff working with children are expected to be familiar with each youth's individual needs.
3. Restraint use shall be employed in a manner maximizing safety and preserving the youth's dignity. Every attempt must be made to minimize physical discomfort, harm, or pain to the youth.
4. Emergency interventions must not deprive a youth of eating, toileting, or other basic functions.

Staffing Requirements

1. All facility personnel who will use emergency interventions must be trained in the appropriate emergency intervention techniques approved to be used by the facility.
2. Only employees and contracted staff who have complete personnel files, have completed the new employee initial training, including 16 hours of CPI training, are authorized to implement

emergency interventions.

3. A minimum of two trained facility personnel must be available and responsible for using each manual restraint if the restraint technique requires the use of two people.
4. Additional facility personnel must be available to supervise the other children in placement when the trained facility personnel are required to use manual restraints.
5. Staff working in the facility during an emergency intervention will make every effort to supervise all youth in their immediate care. When additional staff or resources are necessary, the on-site staff will notify the administrator or approved supervisor for assistance. There may be times, however, when the necessary child to staff ratios may not be met during crisis.

Documentation and Reporting Procedure

1. All incidents requiring emergency intervention must be reported by telephone the next business day to the Department (CCL) and the child's authorized representative and followed up with an incident report within seven days. Additionally, as each incident occurs, all emergency interventions must be logged in the Incident Report form and reviewed by a supervisor no later than the next working day following the incident.
2. Incident report writing timeline for staff is preferably immediately after the incident, but no later than the end of the shift on the date the incident occurred. Following distribution, incident reports are to be filed alongside the youth's records.
3. Youth records must be on site, up-to-date, and available for licensing review at all times.
4. Incident Report form includes, but is not limited to, the following information:
 - Name of youth
 - Date and time of intervention
 - Duration of intervention
 - Name of staff participating in the manual restraint or protective separation room use.
 - Description of the type of intervention used.

Medical Examination Procedure

1. The administrator, approved supervisor, or social work staff shall be responsible for obtaining a physical examination during or after an incidence of emergency intervention when it is determined that:
 - a. There is physical injury to a child, or
 - b. there is a suspected injury to a child.
2. The administrator or approved supervisor must see and talk with the child before a determination can be made.
3. If no physical examination is necessary, this decision must be documented in the child's record.
4. Any post emergency intervention injury or suspected injury observed by facility personnel or any complaint of injury reported to facility personnel must be reported immediately to the administrator, nurse or social work staff.
5. In the event of a clear medical emergency, the facility staff will summon emergency medical services.
6. Documentation for injuries and subsequent follow up will occur in an incident report.

Internal Biannual Review Plan

1. A review is to be conducted by the administrator or the administrator's designee.
2. During the biannual review, the administrator or their designee(s) will review the summaries of all incidents requiring the use of emergency interventions during the previous six months, and

will conduct an in-depth analysis of individual incidents that fall under the following areas of concern:

- a. Incidents lasting more than 30 minutes.
 - b. Incidents that resulted in a youth being hospitalized.
 - c. Incidents that resulted in injury (child or staff).
 - d. Incidents in which trends can be identified over the review period, such as
 - o One staff person consistently involved in emergency interventions
 - o One child consistently requiring emergency interventions
3. The biannual review will also include an analysis of patterns/trends in the use of emergency interventions in the previous six (6) month period, including:
 - a. Review of all records related to the use of emergency interventions for accuracy and completeness.
 - b. Review of the use, effectiveness and duration of each emergency intervention including, a determination of the effectiveness and appropriateness of the intervention technique used in each situation.
 - c. Review of the frequency of emergency interventions in the previous six (6) month period.

Corrective Plan

1. The findings of the biannual review will be submitted to the designated Division Chief and Deputy Director with a description of any corrective action that is required. The corrective action plan must be submitted by the last day of the month of the review. The corrective action plan will be developed by the administrator.
2. The biannual review and corresponding corrective action plans for the facility will be submitted to CCL by the fifth (5th) of the following month.
3. The administrator will provide a copy of the biannual review and corrective action plan, if applicable, to the authorized representative upon request.

Ongoing Reviews

1. Following each use of an emergency intervention, the administrator or designee will review and approve the incident report describing the incident prior to sending the report to Community Care Licensing (CCL). The administrator (or designee) will review each record for accuracy and completeness prior to forwarding the report to CCL.
2. In addition, the administrator's (or designee) review will evaluate the use, effectiveness, and duration of each emergency intervention. If any concern arises based on this review, the administrator will initiate a thorough review of the situation.

Monthly Log/Review

The administrator is responsible for maintaining a monthly log of each use of manual restraint. The log includes:

- Name of each child
- Date and time of the intervention
- Duration of the intervention
- Name of the facility staff member(s) who participated in the manual restraint
- Description of the intervention and type used
- Result of review of the monthly restraint log and data

The monthly log is available for review and reproduction by the Department (CCL) upon request.

Review by the Authorized Representative Upon Request

Upon request, any youth's authorized representative may receive a copy of the most recent biannual review.

Admission Agreement: Emergency Intervention Plan

1. The facility's policy regarding the use of emergency intervention must be reviewed with the child and the authorized representative at the time of admission.
2. The administrator or designee will provide a copy of the approved emergency intervention plan to the authorized representative, upon request. In addition, the child and family members will be notified verbally or in writing of the TrSCF's use of emergency interventions, and consent will be obtained to utilize emergency interventions from the parent and/or authorized representative.

Personnel Authorization of Emergency Interventions

Only trained facility personnel will be allowed to use emergency interventions techniques. Only employees and contracted staff who have completed the new hire initial training and are certified in CPI are authorized to implement emergency interventions in our programs.

Emergency Intervention Staff Training Plan

All DSS Transitional Shelter child care staff will be trained in CPI, which is a trauma-informed and evidenced-based relational approach for responding to crisis. This training program focuses on relational interventions, problem solving, critical thinking, and behavioral support to de-escalate and avert potentially unsafe situations and avoid using restraint, but also teaches safe physical management to be used when necessary. The principles of CPI focus on safety and respecting the dignity of the client while ensuring a safe environment for clients and staff. Fresno County contracts with a certified CPI Nonviolent Crisis Intervention trainer. Each CPI training that new staff receive is led by a certified CPI trainer and consists of 16 hours of training on personal motivation and professionalism, teamwork, child relational assessments, interventions and communication, and methods for maintaining safety, as well as training in various safe restraint methods. New staff participate in discussions, complete work in their workbooks, discuss in small groups, role play, and engage with the trainer.

1. *Training requirements for new personnel:* All new personnel that will be working at DSS Transitional Shelter are required to complete the 16-hour CPI course described above, before they implement crisis interventions.
2. *On-going training required for existing personnel:* All child care staff are required to attend 8 hours of CPI refresher trainings every two years. This training is provided on site by certified CPI instructors. Each refresher focuses on a different topic from the manual.
3. *Training curriculum includes:*
 - a. Techniques of group and individual behavior management – overview of individual and group interventions that staff use on a routine basis. In addition, the training includes teaching and discussion on individual and group behavior management techniques.
 - b. Trauma-informed methods of de-escalating volatile situations including non-physical intervention techniques - specific techniques to use during Crisis situations, including Crisis

Communication, Evasion, Deflection, Restraint, and Seclusion.

- c. Alternative methods of handling aggressive/ assaultive behavior - describes a wide range of less-restrictive interventions to use in crisis situations.
 - d. Physical techniques for applying manual restraints safe techniques for using manual restraint. Each participant must participate in practice of the physical techniques taught during the CPI course and are monitored by CPI trainers for competency.
 - e. Inclusion of written hands-on competency test - All trainers review participants for competency before signing off on their completion.
4. *Plan to maintain written record of staff training:* At each initial and refresher training, all staff sign in and complete evaluations. This information is collected and entered into the employee or contracted staff's personnel file. Employees can review their individual training log at anytime. The training log for each staff include
- dates, hours, and description of the training completed
 - name and training certificate of the instructor who provided the training
 - certification from the instructor that the staff member has successfully completed the competency test
5. *Training schedule identifying when training is offered/provided:* All training is coordinated by the administrator or designee. The initial CPI training is offered during new employee initial training which occurs as needed based on the hiring schedule. In addition, the administrator or designee ensures that all child care staff receive at least 8 hours of CPI refresher trainings each year by a certified instructor. The administrator schedules trainings at the interval required to ensure all child care staff are in compliance with this emergency intervention plan.
6. *Qualifications of Trainer:* All CPI trainers are staff with experience in residential treatment settings. Fresno County contract with a certified CPI trainer that is not employed by the county.

Fresno County currently contracts with Gregory Johnson to provide training to all DSS Transitional Shelter employees and contracted staff.

Certified CPI Trainer: Gregory Johnson

Instructor ID: 436656

Date of Certification: 9/24/2021

Greg Johnson is currently the Program Director for the Quality Family Services STRTP facilities and holds a STRTP Administrator Certificate and has been with Quality for over 25 years. Mr. Johnson is certified to provide CPR First Aid and CPI training (CPI trainer for approximately 22 years). Mr. Johnson holds a BA in Social Work, and prior to joining Quality Family Services had worked as a Social Worker and at Juvenile Hall for the County of Fresno. Mr. Johnson provides trainings for several STRTP facilities including Hope for Youth Inc, New Passages, Fresno Youth, Pathways (CVRC facilities). He also provides trainings for Fresno State and Fresno Unified School personnel, Hansel and Gretel Daycares, Storyland Daycares, several other daycares throughout Fresno, and numerous other Foster Care and other agencies. Mr. Johnson received his recertification as a Master level trainer for NCI September 2021.

Fresno County will ensure that any future contracted CPI trainers have valid credentials and the necessary experience to provide CPI initial and ongoing trainings.

Security Staff

Fresno County may retain security services for the DSS Transitional Shelter TrSCF for the protection of children placed in the facility and staff. If security services are retained, the following conditions will be met:

- Security staff will comply with the fingerprint requirements contained in Section 86619 of the TrSCF Operating Standards
- Security staff may not be stationed or located within the indoor or outdoor areas of the facility. Security staff may be in a designated entry room, or on or about the outside perimeter of the facility.
- Security staff shall not perform childcare or supervision activities.
- Security staff shall not engage in behavior management of children in care.
- In accordance with the DSS Transitional Shelter's emergency intervention plan and training requirements which shall include calling 911 for law enforcement assistance, security staff may participate in emergency interventions involving children in care as a last resort to protect the health and safety of children and staff, except that security staff shall not use or possess lethal weapons such as a firearm during performance of any emergency intervention involving a child in care.
- Security staff may not inspect the person or belongings of a child in care unless reasonable cause exists based on observable factors as necessary to protect children in care.

Newly hired security staff will receive an orientation training provided by the administrator to ensure they understand their role in crisis situations.

Audio and Video Surveillance

Audio and video surveillance will not be utilized with the exception of around the outside perimeter of the facility.

RUNAWAY PLAN (SECTION 15)

The facility's runaway plan will be trauma-informed and support the health, safety, and well-being of the youth served. Every intervention used will consider the history of behavior, age and developmental status, the physical and psychological condition of the child/youth involved and recognize that running away is a symptom of various experienced trauma. Under no circumstances will facility staff prohibit a child or youth from leaving the facility by locking them in a room or any part of the facility.

Consistent with Transitional Shelter Operational Standards, Section 86722.2(a), the facility's runaway plan will be provided to, and discussed with each child and their authorized representative at the time of admission. If during the discussion, it is determined that the youth has a history of running away from placement, then facility staff and the youth's authorized representative will develop an individualized plan for that child. The individualized plan will take into account the age, size, emotional, behavioral, and developmental level of the youth. The plan shall also incorporate the individual youth's trauma history, trauma sources and triggers.

Staff will utilize the following interventions when a child or youth is suspected of planning an unauthorized leave, has a runaway history, or is outside the facility property without permission yet within view of facility staff.:

- Staff will alert the on-duty Supervisor and associate staff.
- Staff will make every attempt to de-escalate the situation and determine what is prompting the child or youth's decision to leave the facility.

- Staff will assess the situation to determine whether there is a need for contacting the child social worker, mental health clinician, wraparound provider, FURS, or other individuals of the youth's support team.

Facility staff will engage the potential runaway child or youth to:

- Discuss other options the child or youth may explore such as outings, meetings, and phone calls.
- Point out dangers and consequences of running away.
- Offer to help child or youth in contacting their assigned DSS social worker, clinician, and/or attorney.

If the child or youth is in-process of leaving, staff should follow by foot and attempt to de-escalate the situation using verbal redirection or until it presents a safety risk for the youth. For example, staff will not follow a youth in a high-traffic area where the youth may be at-risk of being struck by a moving vehicle.

Continuum of Interventions

Our continuum of interventions for runaway behavior is designed to be responsive to the impact of trauma, emphasizing the emotional and physical safety of youth and those around them. Below is our continuum of interventions utilized with youth who have a propensity to run away:

1. Preventive Interventions

- a. Assess for antecedents and triggers that may lead to the desire to run away.
- b. Utilize positive and calm verbal interventions as the earliest possible intervention.
- c. Offer problem-solving alternatives to running away such as talking to someone, journaling, etc.
- d. Utilize strategies such as distraction for youth who are at risk of an impulsive run.
- e. Incorporate calming/self-soothing activities such as listening to music, reading, exercising, cooking, etc. for youth who cannot regulate their affect.
- f. Offer a separate space for youth, away from other kids, to assist them in calming, processing, or reducing stimulation.
- g. Utilize verbal reminders about reasons to not run away, specific to that child.
- h. Utilize reminders about consequences.
- i. Offer rewards for making good decisions.

2. Utilize Relationships

- a. Identify who has a good relationship with each youth so that they may be accessed to verbally intervene.
- b. In the midst of oppositional behavior on the part of youth, staff convey that youth are wanted and the youth's safety is important to them.
- c. When appropriate, convene an emergency community group or utilize individual peer support.
- d. When appropriate, offer the youth the opportunity to speak to family members or other support people.

3. Increase levels of supervision: the program may provide 1:1 staff support for youth at risk of running away.

4. If a youth has left the facility property but is still visible to the staff, the staff will assess the youth's danger to themselves or others.
5. Staff will attempt to verbally counsel the youth to return to the facility. The facility staff will follow the youth as long as they are visible.

Note: Youth are never locked into a room or any part of the facility to prevent runaway behavior.

Runaway Procedures

Once a youth is no longer in sight and absent from the facility site without staff permission, the youth is considered "runaway". Staff will then immediately do the following:

- Search the surrounding area;
- Notify the on-duty supervisor or facility manager when, after search, the child or youth cannot be located.
- Fresno County Sheriff's will be contacted by the staff or facility manager in order to file a missing person's report and request assistance as appropriate. For youth who are assessed to be vulnerable, based on the age, size, emotional, behavioral, developmental level, risk of CSEC, or CSEC history, Sheriff Department is to be contacted immediately. Using discretion of prudent parent, if a child is at a planned or known activity and does not return within two hours of the scheduled time frame, Fresno County Sheriff Department will be contacted.
- Notify the child or youth's authorized representative
- Complete an Incident Report (LIC 624-LE) and a Runaway Report. Reports will include at least the following information:
 - Date, time, duration, and location of the incident
A detailed narrative, describing the incident and the events leading up to the incident.
 - An analysis of the incident that includes:
 - other reportable incidents involving the same child in the preceding six months.
 - description of other incidents including dates, types of incidents, and action taken by the DSS Transitional Shelter staff in response to the incidents

Children and youth who run from school will be addressed with the same procedures listed above.

Approved Leave Time

For youth who are approved to be absent from the facility for a designated amount of time and do not return timely, a grace period of up to 30 minutes will be given before enacting the same procedures listed above. Dependent on the vulnerability of the youth and other risk factors, staff may contact the Sheriff Department immediately and not wait the entire 30 minutes.

Runaway Personal Belongings Handling Procedures

While children and youth are on runaway status, their personal belongings are removed from their room, inventoried, and stored for safekeeping. All personal belongings will be held in the storage pending the child or youth's return. When children and youth are permanently released while on runaway status, their personal belongings will be provided to their assigned DSS social worker.

Runaway Return

Children and youth on runaway status who are gone for more than 30 days, will need to be re- admitted upon return. Runaways gone for no more than 30 days will resume accumulation of hours toward the 9- day limit to include hours accumulated at time of runaway plus hours accumulated beyond time of return. Children and youth on runaway status who are seeking reentry will be directed to the facility staff in charge of admissions to complete the intake and admissions process. Facility staff will notify the assigned social worker and police of runaway return.

Staff Training Plan

Staff will be trained on the Runaway Plan as part of the curriculum of the 8 hours of training mandated at time of hire. Training will be didactic and conducted by a Facility Administrator or Facility Manager. Refresher training will be provided as part of the required 20 annual training hours. Refresher training will also be didactic and conducted by a Facility Administrator and Facility Manager. Training topics will include:

- Timeframes for determining when a youth is absent without permission
- Continuum of interventions
- Non physical interventions
- De-escalation strategies
- Actions to be taken to locate a youth

CHILDREN'S COMPLAINT/GRIEVANCE PROCEDURES (SECTION 16)

Children, youth and their authorized representatives are permitted to file complaints/grievances with the facility manager and/or CCL regarding facility staff or operations and will not be subject to any manner of punishments and/or retaliations for expressing their concern(s).

Staff, children and youth, and authorized representatives will receive copies of the complaint and grievance procedures and the procedures will be posted in an accessible location of the facility. Each child or youth will sign a copy upon arrival to the facility and the signed copy will be placed in their records. Should a child or youth and/or authorized representative have questions about filing a complaint/grievance, staff will reference the procedure.

Complaint/Grievance Procedures

To ensure all complaints/grievances are addressed in a timely manner, the child, youth, and their authorized representatives are encouraged to first meet with the facility staff to discuss concerns and work out the best possible resolution. In the event the child, youth and/or their authorized representatives are not satisfied with the resolution at this level, they will be advised of their right to file a formal grievance with the Facility Manager or CCL.

The child, youth and/or their authorized representative may either use the provided Grievance Form, write their complaint/grievance on a sheet of paper, or express their complaint/grievance verbally to a facility staff, the Facility Manager, or directly to CCL.

- If the form is used, the complainant may drop it off with a facility staff or a provided box in an accessible location of the facility. The grievance will be reviewed, investigated, and resolved by a supervisor within three business days following the receipt of the Grievance Form.
- If a meeting with the Facility Manager is requested, the facility staff will provide the complainant's contact information and inform the Facility Manager of a grievance meeting request within 24 hours. The Facility Manager will then review the grievance report given by the staff, investigate, and contact the complainant to discuss best possible resolution within three business days following the receipt of the request.

After the investigation has been completed and a resolution and/or disposition has been reached, the complainant will receive a written notification regarding the actions to be taken to address the complaint, if any. In the event the complainant is not satisfied with the result of the grievance process, they will have the right to an appeal.

HANDLING OF CHILDREN'S FUNDS, ALLOWANCES & SALARIES (SECTION 17)

Upon arrival, a TrSCF staff member will take an inventory of the child or youth's funds, personal property, and other valuables and record them on an inventory form. This form will be signed by staff and child or youth before allowing the child or youth to keep their funds, personal property, and other valuables in their possession during their stay.

Staff may handle a child or youth's funds, personal property, and other valuables during the child or youth's stay in order to ensure their security and safety. Under those circumstances, staff shall:

- Ensure the client's property is kept on the facility premise in a locked and secure location.
- Ensure cash resources, personal property, and valuables of clients handled by the TrSCF shall be free from any liability the program or county incurs
- Ensure the child or youth's fund(s), personal property, and other valuable will be separate and intact and not commingled with any facility funds or petty cash. Nor will it be comingled with any other client's funds, property, or valuables.
- Not make expenditures from any of the child or youth's funds for any basic services provided by the facility.
- Retain any original store receipts supporting purchases or monetary expenditures made by children/youth during their stay. Staff will document such purchases in the child or youth's file.

Record of Client's Cash Resources, Property, and Valuables

DSS Transitional Shelter will maintain accurate records of accounts of cash resources, personal property, and valuables entrusted to our care, including, but not limited to the following:

- Records of clients' cash resources maintained as a drawing account, which shall include a current ledger accounting, with columns for income, disbursements and balance, for each client. Supporting receipts for purchases shall be filed in chronological order.
- Receipts for cash provided to any client from their account(s) shall include the client's full signature or mark, or authorized representative's full signature or mark, and a statement acknowledging receipt of the amount and date received, as follows:
 - "(full signature of client) accepts (dollar amount) (amount written cursive), this date (date), from (payor)."

- The store receipt shall constitute the receipt for purchases made for the client from their account.
- The original receipt for cash resources, personal property or valuables entrusted to the TrSCF shall be provided to the client's authorized representative, if any, otherwise to the client.

Upon a child/youth's discharge, TRSCF staff will return any funds and store receipts, personal property, and other valuables to the child or youth and sign out on the inventory form, including acknowledging any expenditure records, with the child or youth and the accompanying Child Welfare Service staff. A copy will also be provided to the child or youth for their records.

No TrSCF staff member shall:

- Accept appointment as a guardian or conservator of the person and/or estate of any client child/youth;
- Accept any general or special power of attorney for any client child/youth;
- Become the substitute payee for any payments made to any client child/youth.
- Become the joint tenant on any account with a child/youth.

DSS Transitional Shelter staff members are not permitted to accept monetary gifts from clients. The TrSCF does not levy fines on children or youth.

CHORES (SECTION 18)

DSS Transitional Shelter's protocols on chores will be consistent with trauma-informed practices and will consider culture, age, and developmental needs.

It will be a clear expectation that youth respect the facility property and clean up after themselves when using common rooms such as the bathroom, living room, and dining area (see House Rules for more details). Other household chores will not be assigned, but facility staff will engage with the youth to determine if they are interested in voluntarily assisting. If the child or youth volunteers, staff will consider the physical, intellectual, and emotional maturity of the youth before granting permission. This will ensure any chores done by the child or youth are age and developmentally appropriate. Engagement with the child/youth ensures youth are given a choice in the matter, and for many, helping will be therapeutic. However, it is recognized that for other children household chores may elicit a negative reaction. In general, facility staff will not require/force children or youth to perform any common household chores such as sweeping and mopping the floors and will not use chores as a disciplinary consequence.

NUTRITION/SAMPLE MENU (SECTION 19)

All food prepared and/or provided will be safe and of the quality and in the quantity necessary to meet each child or youth's needs. All meals are provided by a vendor. All food selected, stored, prepared, and served by the vendor is done in a safe and healthful manner. At least three meals per day will be provided to each child or youth with the first meal of the day being provided no more than 15 hours after the third meal of the previous day. Each meal will meet at least 1/3 of the recommended servings in the USDA Basic Food Group Plan – Daily Food Guide for the age group served. DSS Transitional Shelter staff will alert the vendor about any known allergies or client-specific nutritional needs.

In addition to the meals provided by the off-site vendor, the program supplies a wide selection of snacks available to youth in between meals. The Administrator or designee is responsible for ordering snacks to have on-site. The Snacks will be available for all children and youth anytime unless limited by dietary restrictions prescribed by a physician. Modified diets prescribed by child or youth's physicians as a medical necessity will be provided. Where indicated, food will be cut, chopped, or ground to meet individual needs.

Any milk served will be pasteurized and powdered milk will only be allowed in cooking and baking. Except upon written approval by CCL, meat, poultry, and meat food products will have been inspected by state or federal authorities. Written evidence of such inspection will be available for all products not obtained from commercial markets.

Commercial foods will be approved by the appropriate federal, state, and local authorities. All food will be selected, transported, stored, prepared, and served in a safe, healthful manner, free from contamination and spoilage, and will be fit for human consumption. Food in damaged containers will not be accepted, used, or retained and will be discarded.

A sample menu is included in the Appendix.

CLOTHING & INCIDENTALS (SECTION 20)

Upon arrival, the child or youth's clothes will be inspected and logged on the Inventory Form. If the clothes are not clean, staff will have them cleaned before the child or youth is discharged. If the clothes are ill-fitted or inappropriate, the child or youth will be given basic sets of clothing to wear. Children and youth are expected to dress according to school dress code when attending school and dress appropriately during their stay at the facility. Any gang attire or affiliation is not permitted to be worn at any given time during their stay. Staff members will confiscate any clothing that is not considered appropriate to the facility and will be returned to the child or youth upon discharge.

Staff will provide incidentals such as toothbrush, toothpaste, comb, shampoo, and other personal supplies to children and youth who need them and can take with them to their placement.

Storage space for youth to keep their belongings such as a dresser or closet will be provided to youth

STAFFING/ADMINISTRATIVE ORGANIZATION

STAFF SCHEDULE (LIC 500 OPTIONAL) (SECTION 21)

Staff Work Schedule

A tentative staff work schedule that illustrates a two-week period is included in the Appendix

The schedule reflects maintaining a facility manager 24 hours per day when children are present, and additional shelter staff, identified as child care workers, that would be available in the event more than four youth are at the facility, when additional staffing support is deemed needed, and to back fill for staffing vacation, sick or call outs. In general, for non-waking hours, one staff (facility manager) will be scheduled. The schedule is submitted in lieu of the LIC 500 Personnel Report.

Administrator Roles

The administrator will be on facility premises for the number of hours necessary to manage and administer the facility in compliance with applicable law and regulation. The administrator is responsible for DSS Transitional Shelter and no other licensed childcare facility.

STAFF QUALIFICATIONS (SECTION 22)

DSS and the contracted vendor shall employ facility personnel that are competent to provide the services necessary to meeting individual child or youth needs and are, at all times, employed in numbers necessary to meet such needs.

Copies of resumes and job applications for all facility staff will be provided to CCL once an Administrator is identified and a contract for services is in place.

The administrator will be present on the premises of DSS Transitional Shelter for the number of hours necessary per week to perform administrative duties.

Qualifications for All Staff and Volunteers

All staff, including the administrator and volunteers, shall be in good health, and shall be physically, mentally, and occupationally capable of performing assigned tasks.

- In order to ensure staff are in good physical health at hiring, all new hires shall undergo or have undergone a health screening, including a test for tuberculosis, performed by or under the supervision of a physician not more than one year prior to or seven days after employment or licensure.
- The health screening report signed by the person performing the screening and shall indicate the following:
 - a. The person's physical qualifications to perform the duties to be assigned.
 - b. The presence of any health condition that would create a hazard to the person, clients or other staff members.
- The good physical health of each volunteer who works in the facility shall be verified by a signed statement affirming that they are in good health prior to initial presence in the TRSCF.

•

All staff and volunteers providing child care to children/youth and their supervisors

Prior to employment or initial presence in the TrSCF staff and volunteers who provide any element of care to children/youth and all staff providing supervision to those staff and volunteers shall:

- Be at least 21 years of age;
- Have related experience, or shall be given on-the-job training which provides knowledge of and skill in the following areas:
 - a. Principles of nutrition, food preparation and storage and menu planning.
 - b. Housekeeping and sanitation principles.
 - c. Provision of client care and supervision, including communication.
 - d. Assistance with prescribed medications which are self-administered.
 - e. Recognition of early signs of illness and the need for professional assistance.
 - f. Availability of community services and resources.
- Obtain a criminal record clearance or a criminal record exemption, or request and be approved for a transfer of a criminal record clearance transfer.

Facility manager

The facility manager shall meet one of the following requirements prior to employment:

- One year of full-time experience, or its equivalent, as a paid or volunteer staff person whose duties required direct supervision and care of the client group served.
- Two years' experience as a member of the social work staff in a group home or STRTP.
- Completion with a passing grade, from an accredited or approved college or university, of 15 college semester or equivalent quarter units in behavioral science, 9 units of which must be in courses relating to children with behavioral problems which may be the result of abuse, neglect, or emotional trauma. The courses may include, but are not limited to curricula in Corrections, Psychology, Social Work, or Social Welfare

Prior to assuming the duties and responsibilities of the facility manager, the individual shall complete a minimum of one hour of training in facility manager duties as specified in the TRSCF facility manager training plan, in addition to the initial 24 hours of training required for the performance of child care duties.

Planned Activities Coordinator

The planned activities coordinator shall be designated by the administrator from among the staff providing child care to children/youth and have at least six (6) months' experience organizing and providing planned activities.

JOB DESCRIPTIONS (SECTION 23)

Administrator Duties and Responsibilities

DSS will designate a shelter administrator, certified by CCL. The administrator will be on the premises as necessary to manage the facility in compliance with applicable law and regulation. When the administrator is absent, the facility will be managed by a designated substitute who meets the minimum CCL qualifications.

The administrator will perform duties including but not limited to, the following:

- Direction and evaluation of the TrSCF plan of operation
- Assist in the preparation of the facility's budget and management of expenditures according to the facility's budget limitations.
- Organization of the work of the facility and delegation of responsibility to staff members and contractors.
- Assessment of the facility operations and program; and reporting to the DSS and CCL, making recommendations to address identified problems.
- Recruitment, appointment, evaluation and termination of staff.
- Recruitment, selection, and evaluation of contractors to provide care, supervision, and services to clients of the facility, and initiation of termination of contracts.
- Development of a plan for the orientation, development and training of staff, as specified in Section 86665(t).
- Review of complaints made by children or their authorized representative(s) as specified in Section 86672.2(a), and deciding upon the action to be taken to handle the complaint.

The Administrator will ensure the provision of services to all youth, with appropriate regard for the youth's needs including physical and mental well-being. A DSS Social Work Supervisor will function as the facility administrator. A job description for this position is included in the Appendix.

Facility Managers

DSS will be utilizing Social Worker I, II, III, Social Work Practitioners, and Social Worker Supervisors as facility managers. Facility managers duties will include managing and controlling the day-to-day operations of the TrSCF, supervising youth, and ensuring adequate supervision of clients by childcare staff. A facility manager will be present at all times when one or more youth are present. The facility manager will conduct an intake assessment, create a transition plan, and obtain, develop and record information necessary for the completion of the intake assessment and the transition plan. Facility managers will also conduct training as delineated in the training plan. Facility managers are responsible for office work and the completion of required licensing forms. Duties assigned to Facility Managers will not interfere with the performance of any childcare duties for which they are responsible.

Child Care Staff

DSS will be utilizing Social Worker Aide's, contracted staff, ~~and Foster Youth Supervisor Per Diem~~ as child care staff. Child care staff duties will include providing supervision, protection, and care of children individually and in groups at all times; providing assistance to each child in working with a group and in handling individual problems; administering discipline and setting limits for behavior; notating the child's progress and identifying possible needs for professional services and communication of such finding to professional staff. Child care staff will not be assigned support staff duties unless such assignments are directly related to the care of the children and do not interfere with the performance of their child care duties.

Maintenance and Housekeeping

DSS utilizes Fresno County maintenance staff for the maintenance and cleaning of the building. Maintenance staff are never alone with youth.

Cooking

DSS utilizes a contract with a local Denny's to provide cooked meals for youth. Freshly cooked meals are delivered to the TrSCF.

Job description for these positions are included in the Appendix. Job descriptions will include the following:

- Duties and responsibilities;
- Minimum qualifications, including special licenses or certificates required for the profession;
- Special skills needed to perform the job; and
- Lines of supervision

Supporting documentation in this section

- Organizational chart
- Job Descriptions

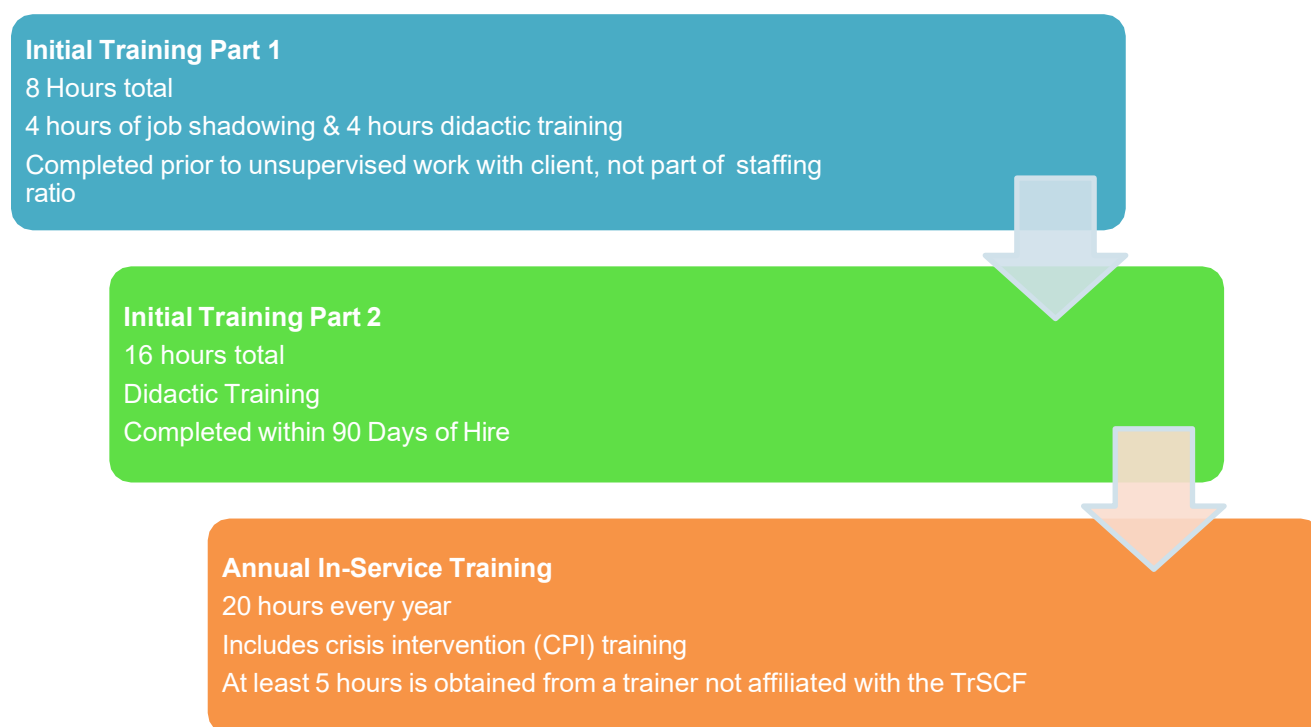
INSERVICE TRAINING FOR STAFF (SECTION 24)

General Training Requirements

DSS will develop, and maintain a written plan for the supervision, evaluation, and training of all DSS Transitional Shelter facility staff.

The training plan will require twenty-four (24)-hour training for newly hired/assigned facility staff, and 20 hours of annual training for existing staff. Training topics will be appropriate for the shelter target population and the training needs and skill level of facility staff. It will be amended as necessary. Amendments to the staff training plan will be submitted to CCLD within ten (10) days following any such occurrence.

Training Plan Overview for Full-Time Staff (County-Employed and Contracted)



New Hire Initial Training

All new staff will complete a minimum of twenty-four (24) hours of training comprised of an initial eight (8) hours of training within the first seven (7) days and sixteen (16) hours of training sessions within the first ninety (90) days for full-time staff.

Initial Training: Part 1

Part 1 of the initial training consist of two modules totaling 8 hours of training, 4 of which are job-shadowing. Part 1 is completed before new staff:

- supervise children and youth;
- are left alone with children and youth; and
- are counted in the staff-to-child or youth ratio.

Until the initial eight (8) hours of training is completed, new staff will be visually supervised at all times by facility staff who meet the training requirements specified in this section and have completed the twenty-four (24) hours of training.

Four hours of the initial eight hours of training will be job shadowing whereby new facility staff follow, observe experienced facility personnel performing a specific job to gain information related to the job including, materials used, physical demands, necessary skills, and knowledge. During shadowing, experienced facility personnel will be counted in the staff-to-child ratios and will be performing duties that promote the development of specific skills through specific activities for a specific time period.

Successful completion of job shadowing is verified by a statement completed by the experienced facility personnel being shadowed affirming:

- Specific activity observed;
- Dates and times of shadowing; and
- Training topic listed that is satisfied by the job shadowing activity.

Within seven (7) calendar days of completion of the initial eight (8)-hour training, the administrator or administrator's designee will assess whether each facility staff understands and can apply the training. The assessment may include observation of performance, post testing or demonstrated hands-on competency. The assessment will be documented in each facility staff personnel record. When the administrator or administrator's designee determines a facility staff does not understand and/or does not apply what they were supposed to learn in training, retraining is required.

Initial Training: Part 2

The remaining sixteen (16) hours of training will be completed by a new facility staff member within ninety (90) days of hire.

Newly hired part-time staff who work a maximum of twenty (20) hours per week will complete the additional minimum sixteen (16) hours of training within one hundred eighty (180) days of hire.

Within thirty (30) days of completion of the sixteen (16)-hour training, the administrator or administrator's designee will assess whether each newly hired facility staff member understands and can apply the training:

- The assessment may include observation of performance, post testing or demonstrated hands-on competency;
- The assessment will be documented in each facility staff member's personnel record; and
- When the administrator or administrator's designee determines a facility staff member does not understand and/or does not apply the training, re-training is required.

The training requirement is satisfied by successful completion of course work conducted in a workshop, seminar, classroom, or individual or small group setting.

Proof of successful completion of course work is limited to:

- Official grade slips or transcripts from colleges or adult education departments; or
- Certificates or signed documentation issued by bona fide educational institutions or organizations, or licensee associations; or

- Courses offered by accredited educational institutions; or
- Qualified individuals who possess the necessary skills, knowledge and experience to train others in a particular subject area; and
- Documentation of successful completion of training maintained for each facility staff member.

Following is a chart outlining the 24 hours of Initial New Hire Training and corresponding training summaries.

INITIAL TRAINING: PART 1
BEFORE UNSUPERVISED WORK WITH CLIENTS

8 HOURS TOTAL

	MODULE 1	MODULE 2
Total Hours	4 Hours	4 Hours
Training Modality	Didactic	Job Shadowing
Topics Covered	Overview of population Community resources Facility's policies and procedures Reporting requirements to the Department Mandated child abuse reporting Staff job description Role of other facility personnel Reasonable and prudent parent standard The role of placement workers; Title 22 and TrSCF OS	Disaster response; Medication and medical policies and procedures Housekeeping and sanitation Recreation activities Teamwork and interpersonal communication Teamwork and intra-facility communication
Trainer Qualifications	Administrator and external trainer with subject matter expertise and experience	Facility Manager
Post-Assessment	Within 7 days of completing Part 1 Completed by Administrator or designee	

INITIAL TRAINING: PART 2
WITHIN FIRST 90 DAYS OF HIRE

16 HOURS TOTAL

	MODULE 3	MODULE 4
Total Hours	8 Hours	8 Hours
Training Modality	Didactic	Didactic
Topics Covered	Crisis Prevention Intervention (CPI) Staff self-awareness and appropriate boundaries for interactions with children Discipline policies and procedures, positive discipline and the importance of self-esteem Medical emergency response The effects of trauma Children's adjustment to group care The children's personal rights	Crisis Prevention Intervention (CPI) Cultural competency and sensitivity When and how to involve law enforcement Methods to behaviorally support children impacted by trauma Providing care to CSEC Physical and psychosocial needs of children Behavior management De-escalation techniques Trauma informed crisis management planning Use of emergency interventions
Trainer Qualifications	Facility Manager, external trainer with subject matter expertise and experience, & CPI Certified Instructor	Facility Manager, external trainer with subject matter expertise and experience, & CPI Certified Instructor
Post-Assessment	Within 30 days of completing Part 2 Completed by Administrator or designee	

New Hire Training Module #1

Title of Training:	Introduction to Transitional Shelter Care Child care Service Provision: Part 1
Length of Training:	4 Hours
Trainer Qualifications:	Administrator and/or external trainer with subject matter expertise and experience
Modality:	Didactic

Subject Matter	1. Overview of client population served by the facility	30 minutes
	2. Facility's program and services, including program philosophy, activities, and community resources	30 minutes
	3. Reporting requirements to CDSS and mandated child abuse reporter	30 minutes
	4. Staff Job Description	30 minutes
	5. Role of other facility personnel	30 minutes
	6. Reasonable and prudent parent standard	30 minutes
	7. Role of placement workers	30 minutes
	8. Title 22 and TrSCF Operating Standards	30 minutes

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Increase understanding of the population of youth served by the Fresno County Transitional Youth Shelter. • Learn about the program's philosophy, program, and services and specifically their role within the program. • Understand when and how to make required reports to CDSS and local child welfare departments. • Be informed about the job duties, requirements, and qualifications for their specific role. • Utilizing case examples, practice making decisions using the reasonable and prudent parent standard. • Learn about the role of placement workers and their responsibilities related to children in the Fresno County Transitional Youth Shelter. • Increase operational understanding of Title 22 and TrSCF ILS.
----------------------------	--

New Hire Training: Module #2

Title of Training:	Introduction to Transitional Shelter Care Child care Service Provision: Part 2
Length of Training:	4 Hours
Trainer Qualifications:	Administrator and Facility Manager
Modality:	Job Shadowing

Subject Matter	1. Disaster Response	30 minutes
	2. Medication and medical policies and procedures	60 minutes
	3. Housekeeping and sanitation, nutrition, and food preparation	30 minutes
	4. Recreation activities	30 minutes
	5. Teamwork and interpersonal communication	30 minutes
	6. Teamwork and intra-facility communication	30 minutes
	7. Emergency medical response	30 minutes

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Know what to do in response to any disaster situation. • Develop a thorough understanding of medication procedures, assistance with medication, universal precautions, recognition of early signs of illness and the need for professional assistance, infection control procedures for epidemic or pandemic outbreaks of illness, and other health related issues including oversight and monitoring of psychotropic medications for children in foster care and related topics specified in Section 16501.4(d) of the Welfare and Institutions Code; • Increase knowledge related to housekeeping and sanitation principles; principles of nutrition, food preparation and storage and menu planning. • Develop and refine skills related to teamwork and interpersonal communication among facility personnel and clients and client family members. • Develop and refine skills related to intra-facility communication. • Increase knowledge about recreation resources and activities available to youth. • Know what to do in case of a medical emergency.
----------------------------	---

New Hire Training Module

Title of Training:	Advanced Introduction to Child care Service Provision: Part 1
Length of Training:	8 Hours
Trainer Qualifications:	Facility Manager, external trainer with subject matter expertise and experience, and CPI Certified Instructor
Modality:	Didactic

Subject Matter	Crisis Prevention Intervention (Topics list below are embedded in the 8-hour CPI training)	8 Hours
	1. Staff self-awareness and appropriate boundaries for interactions with children	30 minutes
	2. Discipline policies and procedures, positive discipline, and the importance of self-esteem	60 minutes
	3. Medical emergency response related to emergency intervention	30 minutes
	4. The effects of trauma	60 minutes
	5. Children's adjustment to group care	30 minutes
	6. The children's personal rights	30 minutes

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Meet initial requirements for CPI certification. • Understand the importance of self-awareness and appropriate boundaries for physical and verbal interactions with children who have a history of abuse, neglect or other trauma. • Know what to do if there is a medical emergency when implementing emergency interventions with youth. • Develop more complex understanding of the effects of trauma on youth with child welfare involvement, including grief and loss, and child abuse and neglect on child development and behavior and methods to behaviorally support children impacted by that trauma or child abuse and neglect. • Gain additional empathy and understanding related to children's adjustment to living in a congregate care setting. • Increase proficiency in understanding how to ensure the personal rights of children enrolled in the Fresno County Transitional Youth Shelter, specifically the children's personal rights as specified in Welfare and Institutions Code section 16001.9 and Section 86672, including the child's right 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. • Increase competency and understanding related to the program's discipline policies and procedures, positive discipline, and the importance of self-esteem.
----------------------------	---

New Hire Training Module

Title of Training:	Advanced Introduction to Child care Service Provision: Part 2
Length of Training:	8 Hours
Trainer Qualifications:	Facility Manager, external trainer with subject matter expertise and experience, and CPI Certified Instructor
Modality:	Didactic

Subject Matter	Crisis Prevention Intervention (Topics list below are embedded in the 8-hour CPI training)	8 Hours
	1. Cultural humility, competency, and sensitivity	60 minutes
	2. When and how to involve law enforcement	30 minutes
	3. Methods to behaviorally support children impacted by trauma	90 minutes
	4. Providing care to CSEC youth	30 minutes
	5. Physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma informed crisis management planning, including the use of emergency interventions.	3.5 hours
	6. Policies and procedures related to runaway behaviors	60 minutes

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Meet all requirements for initial CPI certification. • Engage in authentic dialogue to increase understanding, competency, sensitivity, and humility related to other cultures. Learn best practices for providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care. • Develop an operational understanding of the facility's policies and procedures concerning when and how to involve law enforcement in response to an incident involving a child residing in the facility. • Increase awareness of and ability to identify commercial sexual exploitation and learn best practices for providing care and supervision to commercially sexually exploited children. • Increase understanding of the physical and psychosocial needs of children, including behavior management, de-escalation techniques, and trauma informed crisis management planning, including the use of emergency interventions. • Develop competency related to intervening with youth who have a propensity to run away, including increased understanding of the facility's runaway plan.
----------------------------	--

Annual Training

All facility staff members will complete a minimum of twenty (20) hours of ongoing annual training. At least five (5) hours of the annual training will be provided by an entity other than the TrSCF.

Newly hired staff members complete a minimum of sixteen (16) hours of annual training within the first twelve (12) months of employment, for a total of forty (40) hours of initial and annual training. At least four (4) of the annual training hours for new employees will be provided by an entity other than the TrSCF.

Training topics appropriate for the child or youth population and services provided by the facility may include, but are not limited to the following topics:

- Neglect/abuse issues;
- Attachment issues;
- Behavior problems/psychological disorders;
- Mental health/behavioral interventions;
- De-escalation techniques;
- Developmental disabilities;
- Substance use issues;
- Cultural diversity;
- Child and adolescent development;
- Child or youth empowerment;
- Discharge and emancipation;
- Importance of sibling and family relationships;
- Placement agencies and placement process
- Treatment planning and review
- Operations Manual (Employee Handbook)
- Community resources
- Facility's policies and procedures
- Reporting requirements to the Department
- Mandated child abuse reporting
- Staff job description
- Role of other facility personnel
- Reasonable and prudent parent standard
- The role of placement workers;
- Title 22 and TrSCF OS
- Disaster response;
- Medication and medical policies and procedures
- Oversight and monitoring of psychotropic medications
- Housekeeping and sanitation
- Recreation activities
- Teamwork and interpersonal communication
- Teamwork and intra-facility communication
- Crisis Prevention Intervention (CPI)
- Staff self-awareness and appropriate boundaries for interactions with children
- Discipline policies and procedures, positive discipline and the importance of self-esteem;
- Medical emergency response
- The effects of trauma

- Children's adjustment to group care
- The children's personal rights
- Crisis Prevention Intervention (CPI)
- Cultural competency and sensitivity
- When and how to involve law enforcement
- Methods to behaviorally support children impacted by trauma
- Providing care to CSEC
- Physical and psychosocial needs of children
- Behavior management
- De-escalation techniques
- Trauma informed crisis management planning
- Use of emergency interventions.
- Placement agencies and the placement process
- Treatment planning and review; and
- Impact of trauma upon children and youth and implications for supervision and care.

The training requirements may be satisfied by successful completion of course workshop, seminar, or classroom setting, individual or small group setting, with proof of successful completion of course work limited to the following:

- Official grade slips or transcripts; or
- Certificates or signed documentation issued by colleges, or adult education department, or bona fide educational instruction or organization or licensee association, or courses offered or approved by accredited educational institutions; or
- Qualified individuals who possess the necessary skills knowledge and experience to train others in a particular subject area.

Documentation of successfully completed training will be maintained in the personnel record for each facility staff member. This includes annual training, first aid and CPR training, and any other required trainings.

Following is a chart outlining the 20 hours of annual training and corresponding training summaries.

ANNUAL TRAINING PLAN (20 HOURS)

	MODULE 1 Trauma-Informed Care for Youth	MODULE 2 TrSCF Policies and Procedures	MODULE 3 Permanency for Youth in Care	MODULE 4 Emergency Interventions: CPI Annual Refresher
Total Hours	4 Hours	4 Hours	4 Hours	8 Hours
Training Modality	Didactic	Didactic	Didactic	Didactic
Topics Covered	<p>Understanding the impact of trauma</p> <p>Utilizing a trauma informed approach</p> <p>Recognizing triggers and responses</p> <p>Building therapeutic relationships</p> <p>Self-Care and resilience</p>	<p>This training will provide a refresher on policies, procedures, and practices reviewed during the new hire training modules. The training will include updates to the facility's policies and procedures.</p>	<ul style="list-style-type: none"> • Understanding the importance of permanency for children • Identifying and addressing barriers to permanency • Engaging families and natural supports • Fostering healthy attachments • Providing children with a sense of belonging and security within loving and supportive families 	<p>Crisis Prevention Intervention (CPI)</p> <p>Use of emergency interventions</p>
Trainer Qualifications	Master's degree in a mental health field (social work, counseling, etc.) with subject matter expertise	Administrator or Facility Manager	Master's degree in a mental health field (social work, counseling, etc.) with subject matter expertise	CPI Certified Trainer

Annual Training Module

Title of Training:	Trauma-Informed Care for Youth
Length of Training:	4 Hours
Trainer Qualifications:	Master's degree in a mental health field (social work, counseling, etc.) with subject matter expertise
Modality:	Didactic

Subject Matter	Understanding the impact of trauma: the physiological, emotional, and psychological impacts of trauma on children residing in the TrSCF.	60 min
	Utilizing a trauma informed approach: principles and practices of trauma-informed care, emphasizing safety, trust, collaboration, and empowerment.	60 min
	Recognizing triggers and responses: learn to recognize triggers and understand trauma-related responses in children to better support their needs.	60 min
	Building therapeutic relationships: learn and practice techniques to establish and maintain supportive, respectful, and empowering relationships with trauma-affected children	30 min
	Self-Care and resilience: highlights the significance of self-care strategies for staff to prevent burnout and sustain resilience in working with traumatized youth.	30 min

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Further understanding of impact of trauma on youth. • Increase understanding and competency related to principles and practices of trauma-informed care. • Practice recognizing triggers and responses utilizing case examples and role play. • Increase relationship building skills with trauma-affected children. • Identify at least two new self-care strategies.
----------------------------	--

Annual Training Module

Title of Training:	Transitional Shelter Care Facility Policies and Procedures Refresher & Update
Length of Training:	4 Hours
Trainer Qualifications:	Facility Administrator and Facility Manager
Modality:	Didactic

Subject Matter	This training will provide a refresher to policies, procedures, practices reviewed during the new hire training modules. The training will include updates to the facility's policies and procedures.	
	• Facility Policy and Procedure manual updates	15 min
	• Reporting requirements to the Department	15 min
	• Mandated child abuse reporting	20 min
	• Role of other facility personnel	15 min
	• Reasonable and prudent parent standard	15 min
	• Title 22 and TrSCF OS, including any version updates	20 min
	• The role of placement workers	15 min
	• Disaster response	20 min
	• Medication and medical policies and procedures	20 min
	• Oversight and monitoring of psychotropic medications	20 min
	• Recreation activities	15 min
	• Housekeeping and sanitation	10 min
	• Placement agencies and placement process	20 min
	• Runaway plan	20 min

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Become familiar with the latest policies, procedures, and practices related to the care and supervision of youth in the Transitional Shelter Care Facility. • Increase understanding of requirements to maintain compliance and high-quality service delivery. • Further understanding on risk identification and mitigation strategies outlined in the policies to ensure a safe and secure environment for youth. • Have the opportunity to seek clarification about how to implement policies and procedures in daily operations. • Increase individual accountability and responsibility in adhering to policies to maintain high-quality of services. • Provide feedback for policy enhancement and contribute to continuous improvement in the program's policies and procedures.
----------------------------	--

Annual Training Module

Title of Training:	Permanency, relationships, and connections for youth in care.
Length of Training:	4 Hours
Trainer Qualifications:	Master's degree in a mental health field (social work, counseling, etc.) with subject matter expertise
Modality:	Didactic

Subject Matter	Understanding the importance of permanency for children	60 min
	Identifying and addressing barriers to permanency	60 min
	Engaging families and natural supports	60 min
	Fostering healthy attachments	30 min
	Providing children with a sense of belonging and security within loving and supportive families	30 min

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> • Be able to define the concept of permanency in the context of child welfare and explain its importance for children in care. • Recognize and assess common barriers hindering achievement of permanency for children. • Develop strategies to engage families and communities in the pursuit of permanency for children in care. • Recognize the importance of healthy attachments and apply techniques to promote strong and healthy relationships between children and their caregivers. • Advocate for children's permanency and provide support to families and children throughout their stay in the Transitional Shelter Care Facility.
----------------------------	---

Annual Training Module

Title of Training:	Behavior Management Refresher (CPI Annual Refresher Training)
Length of Training:	8 Hours
Trainer Qualifications:	CPI Certified Trainer
Modality:	Didactic

Subject Matter	Techniques of group and individual behavior management – overview of individual and group interventions that staff use on a routine basis. In addition, the training includes teaching and discussion on individual and group behavior management techniques.	2 hours
	Trauma-informed methods of de-escalating volatile situations including non-physical intervention techniques - specific techniques to use during Crisis situations, including Crisis Communication, Evasion, Deflection, Restraint.	2 hours
	Alternative methods of handling aggressive/ assaultive behavior - describes a wide range of less-restrictive interventions to use in crisis situations.	2 hours
	Physical techniques for applying manual restraints safe techniques for using manual restraint. Each participant must participate in practice of the physical techniques taught during the CPI course and are monitored by CPI trainers for competency.	2 hours
	Inclusion of written hands-on competency test - All trainers review participants for competency before signing off on their completion.	

Training Objectives	<p>Participants will:</p> <ul style="list-style-type: none"> Complete the necessary training, skills practice, and written competency test to become recertified in CPI.
----------------------------	---

First Aid and CPR

All facility staff will be trained and/or currently certified in First aid and CPR. First Aid and CPR training hours will not count toward initial training or annual training minimum hours.

Facility Manager Training: The Facility Manager and any staff person that may be designated as the facility manager on-duty will be required to complete a minimum of 1 hour of facility manager training prior to assuming the facility manager role.

A training evaluation, including an evaluation of the trainer and course content for each session to determine whether the training is meeting the needs of facility personnel acting as facility managers.

The Facility Manager training will be appropriate for the child or youth population, considering the training needs and skill level of staff, and will be amended, as necessary, to meet the needs of facility personnel acting as facility managers and the child or youth population.

Following is a summary of the Facility Manager training:

Facility Manager Training	
Title	
Total Hours	1 Hour
Training Modality	Didactic
Subject Matter	This training is designed to prepare Facility Managers to effectively manage and control the day-to-day operations of the Transitional Shelter Care Facility and supervise the clients. Specific topic areas covered include interaction with CCL, licensee appeal rights, interaction with placement agencies, neighbors, mental health agencies, law enforcement, medical/emergency personnel, client family members; laws and operating standards, and disaster response.
Training Objectives	<ul style="list-style-type: none">• Participants will have a working knowledge of the role and responsibilities of the Facility Manager within the context of a trauma-informed treatment setting.• Participants will increase their knowledge regarding:<ul style="list-style-type: none">○ Interaction with CCL/the Department, including inspection authority Licensee appeal rights○ Interaction with placement agencies, neighbors, mental health agencies, law enforcement, medical/emergency personnel, children's family members and child and family teams○ Laws and regulations governing TrSCF○ Emergency and disaster response
Trainer	Certified Administrator

Documentation of Training: Documentation of successful completion of training will be maintained in the personnel record for each staff member as well as facility manager training, first aid and CPR training, and any other required training.

Updates to Training Plan: Amendments to the staff training plan will be submitted to the California Department of Social Services (CDSS) within ten (10) days.

Training Evaluations: Each training session, including new hire training, annual training and facility manager training, will include an evaluation of the trainer and course content to determine if the training is meeting the needs of facility staff. A copy of the training evaluation template is attached.

All Staff

All employees will be given copies of the job description relevant to their duties and will have access to all other job descriptions.

Staff assignment information will be provided to all applicants during interviews for employment, and to all staff during orientation or when changes are made which effects job assignments.

An employee training handbook will be made available for review by all personnel and maintained at the facility. It will be updated as needed and include the following:

- Facility's program philosophy;
- Facility's policies and procedures;
- Lines of authority and communication;
- Disaster response procedures;
- Law enforcement contact procedures; and
- Social Security Act, Title 22, regulations and reporting requirements.

All staff will receive copies of the following upon employment:

- Child or youth removal and/or discharge policies and procedures;
- Discipline policies and procedures; and
- Complaint procedures.

All administrators, facility managers, social work staff and child care staff will receive four (4) hours of training on the specialized needs of children and youth in transition before being responsible for supervising children and youth, being left unsupervised with children and youth, or being counted in the staff-to-child ratio.

All administrators, facility managers, social work staff and child care staff will receive four (4) hours of training on the specialized needs of children and youth in transition on an annual basis.

Training Methodology and Staff Retention

Training methods will include a combination of traditional in-person classroom, virtual learning, facility in-service training, and on the job training.

As most facility staff will be DSS employees, staff retention will be supported by competitive pay and benefits, ensuring staff are sufficiently trained and provided with appropriate supervisor support. Further, supervision will allow for ongoing reflective learning/sharing, case debriefing, acknowledgment and support of secondary stress trauma, in addition to other strategies to maximize staff satisfaction and retention. Staff is also committed to the retention of contracted staff and will work with any selected provider on strategies that support this aim. Specific training and other support services, as indicated above, would be available to contracted staff working at the facility.

Trainers

All training will be developed in coordination with DSS Staff Development team:

~~Carmen Sanchez-Sauceda, Division Chief~~
~~Elizabeth Rocha, Social Work Practitioner, CWS/SW Trainer~~ ~~Denise Espinoza, Social Worker III,~~
~~CWS/SW Trainer~~ ~~Fatima Castillo-Rosales, Social Worker III, CWS/SW Trainer~~

Training may also be acquired through external organizations/entities, familiar with the operation of a congregate care setting and/or that have expertise in topic areas, as identified earlier.

ADMINISTRATION (SECTION 25)

The Fresno County Board of Supervisors will serve as the Board of Directors. It is the policy of the facility to:

- Establish and approve policies and procedures governing the operation of the transitional shelter care facility;
- Approve and monitor the facilities' operating budget;
- Assess and maintain the level of funds necessary to cover the costs of operating the facility;
- Review and approve the facility's emergency intervention plan as specified in Section 86722(k);
- Employ an administrator who meets the requirements of Section 86664;
- Complete a written statement describing the duties delegated to the administrator. Provide a copy of this statement to the administrator and maintain a copy in the facility's file;
- Require that the Chief Executive Officer, administrator, or a designee be present at all board of directors meetings during which the operation or the policies of the facilities are discussed;
- Conduct board of directors meetings at least on a quarterly basis to review and discuss the facility's operation and documents as specified in Health and Safety Code Section 1520.1(f), and based upon the review, ensure that the facility complies with all applicable regulations and operating standards;
 - Review and discussion of the facility's operation shall include the incidents concerning a child in the facility involving contact with law enforcement that were reported to the Department as specified in Section 86661(p).
- Ensure that minutes are kept for all board of directors' meetings and retained as a permanent record. The minutes shall reflect the board's discussion of the documents specified in Health and Safety Code Section 1520.1(f);
- Ensure that all minutes of board of directors' meetings are available to the licensing agency to inspect, audit, and copy upon demand during normal business hours. Minutes may be removed if necessary for copying. Removal of minutes shall be subject to the following requirements:
 - Prior to removing any minutes, a licensing representative shall prepare a list of the minutes to be removed, sign and date the list upon removal of the minutes, and leave a copy of the list with the administrator or designee.

- Licensing representatives shall return the minutes undamaged and in good order within three business days following the date the minutes were removed.
- Submit copies of all corporate documents to the licensing agency at the time documents are submitted to the Secretary of State. Board of Director members will sign and date the form, LIC 9165 as specified in Section 86618(h). The signed original form will be maintained in the corporation's principal California office.

A County organizational chart including oversight of the proposed facility is included in the Appendix

VOLUNTEERS (SECTION 26)

The use of unpaid interns and or community volunteers at the facility may be considered and implemented. These volunteers will be supervised by fully trained staff and will not be included in the facility staffing plan or considered as part of the youth to adult ratio. Volunteers must be competent to provide the services necessary to meet individual child needs.

a) Facility volunteers must be at least 21 years of age, except for volunteer peer youth mentors who are at least 18 years of age.

b) Training of volunteers may include on the job training and shadowing and review of facility policies and procedures. Training may also include:

- Principles of nutrition, food preparation and storage and menu planning.
- Housekeeping and sanitation principles.
- Provision of childcare and supervision, including communication.
- Availability of community services and resources.

c) All volunteers are expected to be in good health, and are physically, mentally, and occupationally capable of performing assigned tasks. They must also participate in all applicable criminal and educational background checks.

CONTROL OF REAL PROPERTY (SECTION 27)

DSS Transitional Shelter is a County owned facility and a copy of the deed of the property is attached. This location and facility do not have any limitation precluding it from use as a group home or transitional youth shelter.

FACILITY SKETCH (LIC 999 OPTIONAL) (SECTION 28)

DSS Transitional Shelter is a facility with six (6) sleeping quarters with two restrooms that will accommodate a maximum of six (6) ambulatory children and youth, ages 12-17. Each of the six (6) sleeping quarters will have a limited capacity of one (1) child.

A facility sketch that shows both interior with dimensions and outdoor areas is attached for review.

PAY WARRANTS (SECTION 29)

DSS Transitional Shelter will be directed by DSS. Any pay warrants may be directed to the DSS facility administrator.

BOARD OF DIRECTOR'S STATEMENT (SECTION 30)

Pursuant to Section 86663(a)(3)(A) the Fresno County Board of Supervisors will serve as the TrSCF Board of Directors. The Board of Supervisors, at its election, may appoint no fewer than three individuals to serve as a "board of directors". Appointed individuals will sign and date form LIC 9165 and be provided with the "Facts You Need To Know, Group Home Board of Directors" (Pub 326) booklet. All LIC 9165 will be made available for review on request.

APPENDIX

Fresno County DSS Transitional Shelter Transitional Shelter Care Facility Plan of Operation, Revised Submission

List of Attachments

Section 4

- List of Community Resources (previously submitted, no new revisions)

Section 7

- Fresno County Policy 10-04-002: Use of Vehicles (previously submitted, no new revisions)

Section 8

- Admission Agreement (Revised)
- Contingency Plan Facility Sketch (Revised)
- Fresno County DSS Policy 03-05-035: Placement Changes (Revised)

Section 19

- Sample Menu (previously submitted, no new revisions)

Section 21

- Staffing Schedule (previously submitted, no new revisions)

Section 23

- Organizational Chart (previously submitted, no new revisions)
- Job Descriptions for Fresno DSS Staff (previously submitted, no new revisions)
 - Social Services Program Manager
 - Social Work Supervisor
 - Social Worker III
 - Social Worker II
 - Social Worker I
 - Social Worker Aide
 - Social Work Practitioner
- Job Description for Contract Child Care Staff (previously submitted, no new revisions)
 - Director of Programs
 - Foster Youth Supervisor-Per Diem

Section 24

- Training Evaluation

Section 27

- Property Deed (previously submitted, no new revisions)

Section 28

- Facility Sketch (previously submitted, no new revisions)

Community Resources

Anti-Gang Programs

California Youth Outreach.....445-2680
733 N. Fulton St, 93728
Gang Prevention initiative.....621-2353
Hope Now for Youth.....237-7215
2305 Stanislaus Street, 93721
Street Saints (EOC).....233-0345
1345 W. Eden Ave, 93706

Boys & Girls Club (Fresno County)

Zimmerman Club.....495-6540
540 N. Augusta Street, 93701
East Fresno Club.....266-7605
1621 S. Cedar Ave, 93702
West Fresno Club... ..237-0959
930 Tulare Street, 93706
Pinedale Club... ..439-6053
343 W. Minarets, 93650
Clovis Club292-2306
2833 Helm Ave, 93612
Harris Farms Club763-6140
36612 Central Ave, 93234
Oakhurst Club676-5586
40094 Indian Springs, 93644
Reedley Club... ..743-7537
100 East Ave, 93654
Juvenile Justice Club... ..266-3117
540 N. Augusta Street, 93701
Sanger Club.....399-3487
730 Recreation Ave, 93657
Orange Cove Club... ..626-7026
923 Center Street, 93646
Del Rey Club888-0302
5705 Carmel Street Unit 255, 93616
Selma Club... ..318-9588
1800 Sheridan Street, 93662
Mendota Club... ..382-2332
190 Straw Street, 93640
Firebaugh Club... ..659-3774
1661 Allardt Drive #51, 93622

Emergency Services

DSS Protective Services

Adult Protective Services600-3383
2025 E. Dakota, 93726
Child Protective Services600-6400

Hot Line.....600-8320
1404 L St, 93721

Hotlines

Nat. Human Trafficking Hotline
.....1-888-373-7888
Nat. Sexual Assault Hotline
.....1-800-656-4673
Nat. Suicide Prevention Lifeline
.....1-800-273-8255
PG&E Gas Leak
.....1-800-743-5000
Trevor LGBT Lifeline
.....1-866-488-7386

Employment Resources for Youth

Fresno Career Development Institute, Inc.
1665 "E" St., Ste 103 Fresno Ca, 93706
Ages 14-21498-7155
Economic Opportunities Commission
Local Conservation Corps (LCC)
Ages 18-25
Youth Build Charter School of CA
Ages 18-25
1805 E. California Ave. 93706.....264-1048

Counseling

Alliant International Univ. (Psychological Services)
.....253-2277
5130 E. Clinton Way, 93727
Alternative Health Consultant261-4008
1553 West Shaw Ave, 93711
California Psychological Institute....256-2000
1470 W. Herndon Suite 300, 93711
Central Star Youth Psychiatric Health
Facility600-2382
4411 E. Kings Canyon Rd.
Crime Victim Assistance Center (Fresno)
.....600-2822
2233 Kern St, 93721
Exodus Recovery (Crisis Adult)
.....453-1008
(Crisis Youth).....600-6760
4411 E. Kings Canyon Rd. 93702
Family Healing Center840-1012
7025 N. Chestnut #102, 93720
Fresno Family Counseling Center
(CSUF).....229-3085
5151 N Palm Ave, Suite 200, 93704

Footsteps (Youth Grief Counseling) St.
 Agnes..... 450-5608
 6729 N. Willow Ave Suite 103,
 93710

Kings View Behavior Health Systems
 Blue Sky Wellness Center Mental Health
 (Adult)..... 230-2501
 (Youth) 456-4474

PATH (Mental Health)..... 256-4474
 Suicide Prevention Hotline. 1-888-506-5991
 MAP (Multi-Agency Access
 Program) 512-6777
 412 F Street, 93706

Fresno County Behavioral Health
 Mental Health
 (Adult)..... 600-9180
 4441 E Kings Canyon Road, 93702
 Mental Health
 (Child)..... 600-8918
 3133 N. Millbrook Ave, 93703

24/7 Mental Health info..... 1-800-654-3937
 Northwest Family Center... 225-3222
 5151 N Palm Ave, Suite 960, 93704

Project Stealth/Patrol Chaplains 621-2120
 905 N. Fulton St., 93728

Promesa Behavioral Health... 439-5437
 7120 N. Marks Ave, Suite 110, 93711

Rape Counseling Services (RCS)
 497-2900
 259 N Blackstone, Fresno, 93701

838 'O' St., Firebaugh, 93622..... 659-0232
 24/7 Hot Line... 222-7273

Suicide Prevention 24/7

Central Valley Suicide Prevention Hotline
 1-888-506-5991

Survivor of Suicide Loss..... 322-5877

National Hope-line Network
 1-800-784-2433

National Suicide Prevention Lifeline
 1-800-273-8255

The Sullivan Center for Children
 271-1186
 3443 W. Shaw Ave., 93711

Turning Point
 3636 N. 1st St. #135,
 Fresno... 476-2166
 1638 'L' St., Fresno..... 237-0846

Pacific Clinics... 248-8550
 6051 N. Fresno St, Suite 201, 93710

The Well Counseling Center..... 325-8600
 7080 N. Whitney Ave, Suite 102, 93720

Law Enforcement

Fresno County Sheriff 600-3111
 2200 Fresno St. 93724

Police Departments
 Clovis..... 324-2800
 1233 5th St, 93612

Coalinga..... 935-1525
 270 N. 6th St. 93210

Firebaugh..... 659-3051
 1575 11th St, 93622

Fowler 834-2112
 128 S. 5th St, 93625

Fresno. 621-7000
 2323 Mariposa St #2075, 93721

Huron. 945-2046
 17051 12th St, 93234

Kerman..... 846-6633
 850 S. Madera Ave, 93630

Kingsburg. 897-4418
 1300 California St, 93631

Mendota 655-9120
 1000 Airport Blvd, 93640

Parlier..... 646-6600
 8770 S. Menocino Ave, 93648

Reedley 637-4250
 843 G St, 93654

Sanger 875-8521
 1700 7th St., 93657

Selma..... 896-2525
 1935 E Front St, 93662

Local Colleges

California State University, Fresno
 278-4240
 5241 N. Maple Ave, 93740

Fresno Pacific University 453-2000
 1717 S. Chestnut Ave, 93702

Fresno City College... 442-4600
 1101 E. University Ave, 93741

Reedley College... 638-0300
 995 N. Reed Ave, 93654

Clovis Community College..... 325-5200
 10309 N. Willow Ave, 93730

Local Libraries

Auberry..... 855-8523
33049 Auberry Road, 93602
Bear Mt..... 332-2528
30733 E. Kings Canyon, 93675
Betty Rodriguez Regional Library
.....600-9245
3040 N. Cedar Ave, 93703
Big Creek.....893-6614
55185 Point Road, 93605
Biola 843-2001
4885 N. Biola Ave, 93723
Caruthers 864-8766
13382 S. Henderson, 93609
Central..... 600-7323
2420 Mariposa, 93721
Clovis..... 600-9531
1155 5th Street, 93612
Easton..... 237-3929
25 E. Fantz, 93706
Fig Garden.....600-4071
3071 W. Bullard, 93711
Firebaugh..... 600-9274
1315 O Street, 93622
Fowler 600-9281
306 S. 7th Street, 93625
Gillis... 600-9915
629 W. Dakota Ave, 93705
Heritage Center..... 600-6230
2420 Mariposa, 93721
Kerman..... 846-8804
15081 W. Kearney Plaza, 93630
Kingsburg..... 897-3710
1399 Draper, 93631
Laton 923-4554
6313 DeWoody, 93242
Mendota 600-9291
1246 Belmont Ave, 93640
Mosqueda..... 600-4072
4670 E. Butler, 93702
Orange Cove... 600-9292
815 Park Blvd, 93646
Parlier 646-3835
1130 E. Parlier, 93648
Piedra 787-3266
25385 Trimmer, 93649
Pinedale 439-0486
7170 N. San Pablo, 93650
Politi 600-0840
5771 N. First, 93710

Reedley...638-2818
1027 E Street, 93654
Riverdale867-3381
20975 Malsbary, 93656
San Joaquin 693-2171
8781 Main Street, 93660
Sanger875-2435
1812 Seventh Street, 93657
Selma..... 896-3393
2200 Selma Ave, 93662
Shaver Lake 841-330
41344 Tollhouse Rd, 93664
Sunnyside600-6594
5566 E. Kings Canyon, 93727
Tranquility... 698-5158
25561 Williams Street, 93668
Teague... 275-3918
4718 N. Polk Ave, 93722
West Fresno.....600-9277
186 E. California, 93706
Woodward Park..... 600-3135
944 E. Perrin, 93720

Local Museums

Fresno Art Museum..... 441-4221
2233 N. First Street, 93703
Kearney Mansion Museum 441-0862
7160 W. Kearney Blvd, 93706
Meux Home Museum 233-8007
1007 R Street, 93721
Fresno Discovery Center..... 251-5533
1944 N. Winery Ave, 93703
Arte Americas..... 268-6130
1630 Van Ness Ave, 93721
Armenian Heritage Museum 224-1001
550 E. Shaw Ave, 93710
Veteran Memorial Museum..... 498-0510
2425 Fresno Street, 93721
African American Museum..... 554-1857
1857 Fulton Street, 93721
Sanger Depot Museum 875-4720
1710 7th Street, 93657
Reedley Museum..... 638-1913
1752 10th Street, 93654

Local School Districts

Avina Elementary Charter School District
.....864-9411
295 W, Saginaw Ave, 93609

Big Creek Elementary School District
893-3314
 55190 Point Rd, 93605
 Burrel Union Elementary 866-5634
 16704 S. Jameson Ave, 93656
 Caruthers Unified.....495-6400
 No. 1 Tiller Street, 93609
 Central Unified School District.....274-4700
 5652 W. Gettysburg, 93722
 Clay Joint Elementary 897-4185
 12449 S. Smith, 93631
 Clovis Unified School District..... 327-9000
 1450 Herndon Ave, 93611
 Coalina-Huron Unified...935-7500
 657 Sunset Street, 93210
 Firebaugh-Las Deltas Unified.....659-1476
 1976 Morris Kyle Drive, 93622
 Fowler Unified..... 834-6080
 658 E. Adams Ave, 93625
 Fresno Unified School District.....457-3000
 2309 Tulare Street, 93721
 Golden Plains Unified..... 693-1115
 22000 Nevada Ave, 93660
 Kerman Unified..... 846-5383
 15218 W. Whitebridge Ave, 93630
 Kings Canyon Joint Unified..... 305-7010
 1801 10th Street, 93654
 Kingsburg Elementary Charter.....897-2331
 1310 Stroud Ave, 93631
 Kingsburg Joint Union High...897-7721
 1900 18th Street, 93631
 Laton Joint Unified.....922-4015
 6259 E. DeWoody Ave, 93242
 Mendota Unified...655-4942
 115 McCabe Ave, 93640
 Monroe Elementary 834-2895
 11842 S. Chestnut, 93725
 Orange Center.....237-0437
 3530 S. Cherry Ave, 93706
 Pacific Union Elementary..... 834-2533
 2065 E. Bowels Ave, 93725
 Parlier Unified..... 646-2731
 900 Newmark Ave, 93648
 Pine Ridge Elementary 841-2444
 45828 Auberry Road, 93602
 Raisin City Elementary233-0128
 6425 W. Bowels Ave, 93652
 Riverdale Joint Unified..... 867-8200
 3160 W. Mt. Whitney, 93656
 Sanger Unified.....524-6521
 1905 7th Street, 93657

Selma Unified... 898-6500
 3036 Thompson Ave, 93662
 Sierra Unified..... 855-3662
 29143 Auberry Road, 93651
 Washington Colony Elementary....233-0706
 130 E. Lincoln Ave, 93706
 Washington Unified.....495-5600
 7950 S. Elm Ave, 93706
 West Park Elementary.....233-6501
 2695 S. Valentine Ave, 93706
 Westside Elementary.....884-2492
 19191 W. Excelsior, 93624

Medical Information

Black Infant Health.....600-1021
 142 E. California Ave, 93775
 Community Regional Medical Center
459-6000
 2823 Fresno St, 93721
 CRMC Pediatric Services459-4543
 215 N. Fresno St. Suite 370, 93701
 First 5 Fresno County.....558-4900
 2405 Tulare St., Suite 200
 Fresno Co. Health Dept.....600-3200
 1221 Fulton Mall, 93721
 Babies First 600-3330
 Chest Clinic Room 164..... 600-3413
 Communicable Disease 600-3332
 Emergency Medical Services 5th
 Floor.....600-3387
 HIV/AIDS/STD Reporting 600-6404
 Immunization 600-3550
 Medi-Cal..... 600-9980
 Healthy Families 1-888-747-1222
 FUSD Health Services 457-3294
 1301 M St. 93721
 Mom's & Kid's Hotline.....1-800-640-0333
 Poison Control.....1-800-222-1222
 Valley Children's Hospital... 353-3000
 9300 Valley Children's Place, 93636

Neighborhood Resource Centers

Centro La Familia - West Fresno Family Resource
 Center237-2961
 302 Fresno Street # 102, 93706
 Centro La Familia – Highway City
369-6349
 4718 N. Polk, 93722
 Centro La Familia - Kerman... ...840-0656
 275 S. Madera Ave # 400, 93630

Comprehensive Youth Services -
Fresno230-6303
1398 W. Indianapolis Ave #104, 93705

Comprehensive Youth Services - Reedley
.....230-6304
1670 12th Street, 93654

Comprehensive Youth Service – Sanger
.....524-6310
1436 P Street, 93756

Comprehensive Youth Services – Selma
.....230-6305
1940 E. Front Street, 93662

Exceptional Parents Unlimited
.....229-2000
1835 N. Winery Ave, 93703

Exceptional Parents Unlimited
The Fresno Center255-8395
4879 E. Kings Canyon Rd, 93727

Westside Family Preservation Services
Network...945-1022
16846 4th Street, 93234

Westside Family Preservation Services
Network...821-8054
160 W. Elm Ave, 93210

Other

Central Valley Against Human Trafficking (EOC)

Office..... 233-6789
Hotline..... 1-888-373-7888
1920 Mariposa St, Suite 300, 93721

Central Valley Justice Coalition
.....227-8001

Human Trafficking Resource line
.....268-1045
1940 N. Fresno St, 93703

Fresno Interdenominational Refugee
Ministries..... 487-1500
1940 M. Fresno St, 93703

Parents, Families & Friends of Lesbians and
Gays434-6540
1343 E. Barstow Ave, 93710

Catholic Charities 237-0851
149 N. Fulton St, 93701

Spectrum LGBT Resource Center
...319-8471
2817 N. Blackstone Ave, 93703

DSS Policy and Procedure Guide

Division 10: Administrative Personnel Directives

Chapter 04: Travel

Item 002: Use of Cars for Official Business

Suggested changes send to: [DSS PSOA](#) mailbox

Issued: June 23, 2017

Revisions in red

Replaces Issue: September 2, 2016

References: County of Fresno Administrative Office Management Directives: No. 920 – Vehicle Use, No. 930 – Assignment of Vehicles, No. 940-Gasoline Purchases, Gasoline Credit Cards, No. 1010-Vehicle Accidents, No. 1020-Written Accident Reports, No. 1030-Reports of On-The-Job Injury or Death of County Employees, No. 1100-Parking on County Owned Grounds. 1650- Pull Notice Program, 500- Travel Authorization and Reimbursement, Memorandum of Understanding for SEIU Local 535, Private Vehicle Usage

[Introduction](#) / [Priority Assignments](#) / [Pools, Vans, Private Car, Car Seats](#) / [Pool Cars](#) / [Vans](#) / [Individual Assigned Vehicle](#) / [Private Car](#) / [Car Seats](#) / [Mileage, Travel, and Reporting/Claiming](#) / [Private Car Mileage Rates and Claiming](#) / [Filing Claims for Reimbursement for Requested Expenses](#) / [Out of Town Travel](#) / [Permits, Training, Insurance, Keys](#) / [Driver Permits](#) / [Garage Permit](#) / [Maintain Private Insurance](#) / [Gas Keys](#) / [Other Training](#) / [Pool Vehicles](#) / [Other Building Sites](#) / [Vehicle Tickets](#) / [Gasoline and Credit Cards](#) / [Service and Maintenance](#) / [Emergency Procedures](#) / [Accidents](#) / [Motor Vehicle Accident Reporting](#) / [Checking Out and Returning Vehicles](#) / [Driver's Responsibilities](#)

This Policy and Procedure Guide (PPG) is governed by the Fresno County Salary Resolution, Personnel Rules, and Memorandums of Understanding. Nothing in this PPG shall supersede the above items.

Introduction

The Department of Social Services (DSS) employees may use their own private vehicle or a County owned vehicle for official County business only. County vehicles cannot be used for personal use. All County employees using County vehicles must possess a Fresno County Employees Identification Badge, a valid California driver's license, and a County of Fresno Vehicle Use Permit (CAO-8) (R 6/05).

DSS has a fleet of vehicles and vans assigned to it and most of these vehicles are assigned to the general pool for daily check out. DSS Facility Resources, along with each program's car coordinator, maintain a database of Departmental vehicles and other information needed for inventory and statistical purposes. The vehicle inventory and daily operations is maintained through the DSS Vehicle Tracking Database.

Employees of DSS are routinely required to conduct field visits to clients as part of the provision of public social services. Staff are not allowed to transport children in their personal vehicles. The County of Fresno is required to, at all times, ensure the safety of staff during working hours,

and must be able to account for staff during assigned schedules. As a result, all employees are required to complete a DSS Field Work Control Sheet (0121) when conducting field work, home calls and client assessments. The Vehicle Car Coordinator will collect the Field Work Control Sheets and forward them to the employees' supervisors. The supervisors will review the Field Work Control Sheets for accuracy.

Note: In order to ensure staff safety, County vehicles will be used when responding to emergency calls. Employees are prohibited from using their own private vehicle for emergency call responses.

Vehicles can be checked out on a daily basis by staff needing transportation to carry out their job duties. When a group of individuals from the same work area attend the same meeting, in town or out of town, a County car should be used and the individuals should carpool whenever possible. For example, there are four staff all located at the UMC campus that are scheduled to attend a meeting at the Heritage campus. There is one County car available. Three of the staff carpool to the meeting in the County car. One of the staff decides they do not want to ride with the others and, with supervisor approval, takes their own vehicle to the meeting. Since a County car was available and the individual chose not to carpool, mileage reimbursement will not be paid to that individual. When more than one vehicle is available, individuals should attempt to carpool and ride together in one vehicle, but when that is not possible, it is acceptable to take two County cars for travel. The use of a personal vehicle when County vehicles are available for use is subject to Manager/Supervisor approval.

Priority Assignments

In order to maximize vehicle usage, in the event vehicles become unavailable, priority assignments will be given to staff in the following order:

- Reports of Neglect / Abuse
- Client transportation
- Court Appearances
- Fair Hearings
- Other official business
- Client related services

Pools, Vans, Private Car, Car Seats

County vehicles are a major resource for the department and their usage will be closely monitored by DSS Administration and the Department of General Services, Fleet Services division to ensure they are being fully utilized. All vehicles are to be rotated within each program(s) on a daily basis. With the exception of a special need, staff requests for vehicles may not be vehicle specific. The Vehicle Car Coordinator is responsible for assigning the next available vehicle based upon the rotation. Cars will not be left unused or unassigned due to vehicle age, type/style, or appearance.

Pool Cars

Pool cars are assigned to a particular task area, and it is the responsibility of the Vehicle Car Coordinator in the respective area to ensure that the Private Auto Mileage Record (E-FCAC-003) is made available to the employee when checking out a car, and that form E-FCAC-003 is completed when the car is returned.

All travel in a department vehicle is to be documented with form 0121. In order to checkout a vehicle, the employee name, cell phone or pager number, beginning/ending times, and client case information including their phone number, when available, must be entered on the form. It is the responsibility of the Vehicle Car Coordinator to review the form for completeness before allowing a vehicle to be checked out. Vehicles will not be released without a completed form.

Pool cars are not allowed to be taken home for any reason without authorization on a signed memo from a Program Manager (PM) and that program's Vehicle Car Coordinator Supervisor. For County vehicle usage on a Saturday, a memo is needed from the employee and must be signed by their PM/Supervisor. The signed memo must be submitted to the Vehicle Car Coordinator with form 0121. Approval by the PM / Supervisor can be granted via email.

The Vehicle Car Coordinator keeps a copy of form 0121 on file. On the 1st and 15th of the month, the Vehicle Car Coordinator forwards the Field Work Control Sheet to the Unit Supervisor for their review. When the 1st or 15th of the month falls on a holiday or weekend, the documents will be sent the following business day. The Unit Supervisor/PM will review the bi-weekly submittals and based on these bi-weekly submittals may need to rotate vehicles between programs to ensure maximum utilization and overall miles travelled. DSS Facility Resources will also run monthly vehicle utilization reports to ensure vehicles are meeting minimum mileage requirements.

Note: Due to the high demand of vehicles in each area and the low amount of pool vehicles available, the use of County cars to go from one building to another is not allowed if both the buildings are on the same campus. Example: A worker that works at the Barton building would not be allowed to check out or use a car to travel to the Fairgrounds building or the Employment Resource Center as they are considered to be on the same campus as the Barton building.

Vans

DSS has both passenger and delivery type vans assigned to various areas. If group transportation is needed for employee or client training or event, contact the Vehicle Car Coordinator that has a van in their pool and ask them to check for availability. If additional vans are needed, they can be obtained from Fleet Services with a travel request.

Individual Assigned Vehicle

Individuals that have been assigned a County vehicle will complete form E-FCAC-003 monthly and form 0121 for all travel. PMs and Analysts with assigned vehicles, are exempt from completing form 0121. All vehicle mileage must be entered into the Vehicle Tracking Database by that programs' car coordinator.

Private Car

An individual using a privately owned vehicle is responsible for the following:

- Complete the E-FCAC-275 Mileage Reimbursement Claim monthly.
- Use seat belts at all times.
- Ensure that the odometer in the car is working properly.
- Have County specified insurance on their vehicle.
- Obtain and maintain a valid CAO-8 (R6/05) card.

Effective immediately, in order to be authorized for travel by a private vehicle or be reimbursed for such travel, **the employee** must possess automobile insurance with limits of not less than \$100,000/\$300,000 public liability, and \$25,000 property damage, or a combined single limit of \$300,000 public liability, and \$25,000 property damage, or a combined single limit of \$300,000.

Staff using their own private vehicle to conduct County business must first provide proof of minimum insurance coverage (as stated above) on any personal vehicle driven. Under no circumstances is staff to use a personal vehicle to conduct County business when the following verifications have not been provided to their manager and DSS Personnel: a valid driver's license, a valid CAO-8 (R6/05) card, and proof the employee possesses the minimum required vehicle insurance coverage. Staff may submit verifications via [DSS Personnel mailbox](#).

An employee using their private vehicle for County business will follow the procedures outlined in PPG 10-04-001 Travel/Expense Authorizations and Expense Reimbursement.

An employee involved in an accident when using a private vehicle for County business will follow the procedures outlined in this PPG in the "Accident" and "Motor Vehicle Accident Reporting" sections.

Car Seats

It is the responsibility of the employee to ensure the safety of their passengers. In the event an employee is transporting a child who is required to ride in a car seat, the employee is responsible to check out a car seat by contacting the Supervising Office Assistant (SOA) at the following locations:

- Huntington Hall at 600-3613
- West Fresno Regional Center at 600-1129
- L Street at 600-4008

Puddle Pads, which are used to cover the seats and keep them clean, are also available at check out.

California Vehicle Code 27360.5 states that "(a) A parent, legal guardian, or driver shall not transport on a highway in a motor vehicle, as defined in paragraph (1) of subdivision (c) of Section 27315, a child or ward who is eight years of age or older, but less than 16 years of age, without properly securing that child or ward in an appropriate child passenger restraint system or safety belt meeting applicable federal motor vehicle safety standards."

California Vehicle Code 27363 states that “(d) Notwithstanding Section 27360, a child or ward under eight years of age who is four feet nine inches in height or taller may be properly restrained by a safety belt, as defined in paragraph (2) of subdivision (d) of Section 27315, rather than by a child passenger restraint system.”

California Vehicle Code 27360 states that “(b) Except as provided in Section 27363, a parent, legal guardian, or driver who transports a child under two years of age on a highway in a motor vehicle, as defined in paragraph (1) of subdivision (c) of Section 27315, shall properly secure the child in a rear-facing child passenger restraint system that meets applicable federal motor vehicle safety standards, unless the child weighs 40 or more pounds or is 40 or more inches tall. The child shall be secured in a manner that complies with the height and weight limits specified by the manufacturer of the child passenger restraint system.”

Car seats must be returned upon return of the vehicle. Car seats are the responsibility of the person who checked them out.

Note: For Child Welfare Social Workers, all car seats must be checked out through the Vehicle Car Coordinator.

Mileage, Travel, and Reporting/Claiming

Mileage and usage frequency will be monitored. Individuals or task areas having low mileage using DSS vehicles must be prepared to address both issues. Usage reviews will be conducted to determine if vehicles are being utilized efficiently, and when appropriate and necessary, vehicles may be returned to the vehicle pool. This information is also vital to demonstrate that current vehicle resources are being adequately used and will serve as the basis to justify future vehicle purchases.

Private Car Mileage Rates and Claiming

An employee who, with authorization, uses their personal car for travel outside the County may submit a total travel expense claim (meals, lodging, etc.) immediately following the completion of the trip. (See PPG 10-04-001.)

The Board of Supervisors establishes the reimbursement rate for private vehicle mileage. Since this rate is subject to change, employees shall be notified via a Director’s Office Memorandum (DOM) as to the current effective rate. Claims shall be filed on a monthly basis, immediately following the end of the month for which mileage expenses are claimed. Mileage expense for one-day trips authorized by Department heads shall be reimbursed in the same manner as claims for inter-county mileage. Mileage may not be claimed for staff who attends all day training as this is their work site for the day.

Note: Any travel out of County requires a travel request except for adjacent Counties on same day travel. Under no circumstances will retroactive approval be given or reimbursement made for fees or other travel expenses incurred in attendance of meeting, conference workshop, etc. where a travel request was not prepared prior to the meeting. (See PPG 10-04-001)

Refer to PPG 10-04-001 for County policy regarding the reimbursement for meals and lodging as instituted by the Auditor-Controller's Office.

Filing Claims for Reimbursement for Requested Expenses

The employee is to complete Form E-FCAC-275 for mileage and a Claim for Payment Form E-FCAC-213 for other expenses (meals, lodging, etc.). When an advance is requested, employees have 5 days to submit a claim for payment. All other claims for payment are to be submitted no later than 30 days following the date the expense is incurred. All mileage must be rounded to the nearest whole mile. Routine mileage reimbursement requests, without a travel request, are to be submitted every month. All travel claim forms must be typewritten or neatly hand written in ink. Form E-FCAC-213 is to be completed with an original signature. County forms already contain the correct account number for claiming. Forms can be obtained from e-services County forms.

The employee is to submit all pertinent forms, receipts, hotel receipts showing a zero balance, copy of travel request and meeting agenda, etc. as outlined in PPG 10-04-001 Travel Expense Authorizations and Expense Reimbursement.

Note: When the mileage claim is less than \$10.00, the employee may hold their mileage claim for the following month. When the claims total more than \$10.00, the employee will submit the claims together for reimbursement. The employee will not keep any claims for more than 3 months. If the employee cannot wait for reimbursement, the employee will submit the mileage claim according to the regular process identified above.

Once the Director's Secretary receives the claim, with the receipts, copy of travel request and the meeting agenda, it will be reviewed by the Director for approval. The Secretary will then make copies for the office files and forward a copy to the employee. The original forms, receipts, etc. will then be forwarded to the Business Office, attention Octavio Valdez. The Business Office will enter necessary information in their system and forward the claim to the Auditor's Office.

IRS regulations require the county to report all mileage reimbursement that is in excess of the Federal limit of the listed mileage rate shown on the [General Services Administration \(GSA\)](#) website for a given year. Effective January 1st of each year, staff will review the GSA website to view the current mileage rate. All mileage reimbursement requests submitted for travel should reflect the reimbursement rate as stated on the GSA website for the month they are seeking reimbursement. The County must withhold Federal, State, and Social Security taxes on the excess. Therefore, these reimbursements will be made with the regular payroll checks.

Out of Town Travel

A trip vehicle should be used when out of town travel is necessary. Vehicles can be reserved by calling Fleet Services at 600-7513. A copy of the approved travel request form, drivers' license and your CAO-8 (R6/05) card will be required in order to pick up the vehicle. The travel request is prepared in advance and submitted to the Director's office at the Crocker building 1st floor for approval. Fleet Services will issue a gas credit card with the vehicle. Both items will be returned

to Fleet Services when the trip is completed. When no vehicles are available from Fleet Services, as a last option, an employee can request a vehicle from the Car Pool from the Vehicle Car Coordinator by submitting a copy of the Travel request completed along with form 0121.

The trip vehicle should only be used during the travel request dates. Trip vehicles can be returned to Fleet services before 5:00 p.m. When the vehicle is being returned after 5:00 p.m., employees will need to contact Security (559-452-7102) if their County Identification Badge does not work on the card swipe access to open the gate. Security will open the gates to Fleet Services and provide an escort for you into and out of the lot. A drop box is available for the keys after 5:00 p.m. A return date and return time can be noted on the key envelope.

Permits, Training, Insurance, Keys

A copy of the employee's current California Driver's License must accompany a request for a County driving permit. Employees can obtain the CAO-8 card from DSS Personnel, Center Mall Court (CMC) 3rd floor, (559) 600-2085.

Driver Permits

County employees are required to obtain a CAO-8 (R6/05) card permit to drive a County vehicle. Initial permits will be given to new hires after completing the Defensive Driver Training during the New Worker Orientation. Permits are to be renewed every three years beginning May 2005 (See CAO Directive 923.1). It is mandatory that employees complete the Defensive Driving Refresher (DDR) eLearning training. Supervisors will assign their staff to DDR eLearning training in Saba. Supervisors and Managers will assign themselves. It is recommended employees be enrolled six months prior to their CAO-8 card expiration date. Employees will be required to successfully complete the DDR eLearning training with a minimum passing score of 80%.

DSS Personnel will issue the CAO-8 cards with a three-year expiration date from the date training was completed. Employees should allow two to three weeks for mail stop delivery of the CAO-8 card. Employees will need to contact DSS Personnel to request to pick up in person.

An employee must allow one scanned copy of their driver's license to be placed in their personnel file. In the event an employee does not wish to provide that information, the CAO-8 card must be returned to the DSS Personnel Office. CAO-8 cards are to be retrieved by the Supervisor and returned to DSS Personnel with the employee's exit paperwork when an employee terminates employment with DSS.

New employees that attend orientation are given the Driver's Training module during that week. If the employee will be using a County vehicle or driving their own vehicle on County business, they can submit a copy of that certificate to obtain their first CAO-8 card. The cards are still renewable every three years.

Garage Permit

Individuals that need to take an assigned vehicle home must obtain a residence-garaging permit and renew it annually.

All requests for home garaging must be submitted to DSS Facility Resources for review.

Maintain Private Insurance

In order for employees to be authorized for travel by a private vehicle or be reimbursed for such travel, the employee must possess minimum insurance coverage on **any** vehicle driven to conduct County business. **The employee** must possess automobile insurance with limits of not less than \$100,000/\$300,000 public liability, and \$25,000 property damage, or a combined single limit of \$300,000 public liability, and \$25,000 property damage, or a combined single limit of \$300,000.

As of January 1, 2006, employees who claim private mileage will need to provide DSS Personnel with a copy of their vehicle insurance coverage (binder), annually, or sooner if their insurance renewal is less than 1-year increments, showing the minimum coverage as stated above.

If an employee drives their vehicle on County business and does not claim mileage, proof of insurance is still required. Failure to provide proof can result in disciplinary actions up to and including dismissal.

Gas Keys

Supervisors will need to contact DSS Facility Resources staff to order gas keys for refueling a county vehicle for their staff. Gas keys are personally assigned to an employee. The gas keys are electronically programmed to report all fueling activities. All fuel and key charges appear in the billing statements back to the Department.

When a Supervisor determines a person in their unit needs a gas key, a request will be made to the DSS Facility Resources at 600-9555. The Program Technician will contact Fleet Services to arrange for the key. The employee and Supervisor will be contacted by email to pick up the key when it is ready. Gas keys are assigned to individual staff and are not to be shared. Any violation of this may result in termination of gas key privileges.

A record of the key distribution will be kept on the Employee Database by scanning a copy of the signed form to the employee documents in the database and forwarding an electronic copy to the Program Technician. The original paper copy will be forwarded to DSS Personnel Services Program Technician for filing in the employee personnel folder.

When an employee terminates County service, changes job assignment (which no longer requires the use of a gas key) or goes on a Leave of Absence (LOA), the Supervisor should ensure the key is returned to DSS Facility Resources staff. The inventory will then be adjusted to reflect the return of the key.

Other Training

It is required that employees requesting to utilize the 4-wheel drive feature of any County vehicle be specifically trained to do so before operating this feature, for their own safety. Training can be arranged with the immediate Supervisor who will contact Fleet Services for the necessary training.

Pool Vehicles

Main Campus pool vehicles are primarily parked in Lot R. Vehicles may need to be parked at Lots K, F or U at certain times of the year when the primary lot is unavailable. Staff is notified during check out if re-parking is needed.

Other Building Sites

Pool vehicles assigned to a specific building site are parked in designated areas for each individual building site. Parking of County vehicles is not allowed in stalls designated for the handicapped or other stand-by vehicles.

Vehicle Tickets

It is the responsibility of the person checking out a vehicle to park it in a stall that is designated for County vehicles where they will not be cited on County property. Each person is also responsible for any citations issued while parking a vehicle on city streets or moving violation while driving the vehicle. Should a citation or moving violation be issued, the person assigned the vehicle is responsible for the ticket. The employee must notify their immediate Supervisor of the citation and make adequate arrangements to pay for the citation. **This includes responsibility to pay road / bridge tolls when performing out of town travel.**

Gasoline and Credit Cards

If the gas tank is at one-quarter or less, it is the responsibility of the last driver using the vehicle to refuel the vehicle before returning it. Gasoline can be obtained at Barton Motor pool or Hamilton Yard in Fresno.

Staff should always check the gasoline gauge before leaving the lot to ensure they have enough gasoline to complete their task(s).

Assigned Credit Cards

Gasoline credit cards shall be assigned only to Department heads and to Departments that have employees involved in undercover investigative work. Requests for credit cards shall be submitted by the Department head to the County General Services Department, Deputy Director (DD) of Administrative Services, for approval.

Trip Credit Cards

Gasoline credit cards may be assigned temporarily for out-of-county trips with County vehicles only, are to only be used on the travel request dates, and on the assigned vehicle for that trip. The employee must present a copy of the approved Travel Request Form (E-FCAC-106) to obtain a credit card. The credit card holder is responsible for the following:

- Take reasonable precautions to ensure only authorized purchases are made using the credit card. Purchase **ONLY** regular unleaded fuel, using the self-serve pump. Purchase only as much fuel as you need to return to the pool. **DO NOT** purchase fuel in Fresno County.
- Keep the credit card secure within your purse or wallet. Do not give the card to others, not even for their temporary use. Immediately report a lost or stolen card to Fleet Services at (559) 600-7530 in order to avoid charges resulting from unauthorized use of the card.
- If, for any reason, you feel the security of your card has been breached, request cancellation of the card. Advise your Department head and Fleet Services.
- Make only those fuel purchases and minor safety repairs (not to exceed \$25), which are required for County business when County fuel and repairs are not available. Receipts should always show the County vehicle number and should be returned along with the credit card to the Fleet Services Division within 2 working days after the date of your return.

For authorization for repairs over \$25, after regular hours and within the County area only, call the Sheriff's Dispatch at (559) 488-3111; outside the County area, call the Sheriff's Office toll-free at 1-(800) 522-0086. Be sure to state you are using a County vehicle.

Service and Maintenance

Vehicles need to be taken to the Fleet Services for servicing every 5,000 miles or 5 months whichever comes first. Fleet Services will notify DSS Facility Resources when service is due on the vehicles assigned to DSS. DSS Facility Resources will forward all service notices to vehicle site locations. The Vehicle Tracking database also provides service maintenance due dates. All maintenance appointments should be scheduled with Fleet Services at least 10 working days prior to the maintenance due date. It is the responsibility of the Vehicle Car Coordinator to ensure that service and repairs are performed in a timely manner. Per Fleet Services policy, failure to complete service maintenance in a timely manner will result in deactivation of the vehicle fuel key.

Any damage or mechanical problems must be reported right away to Fleet Services by calling Fleet Services Division at (559) 600-7530 between 7:30 a.m. and 5:00 p.m. If no answer, call the Sheriff's Department at (559) 488-3111. When a County vehicle is in need of repair, the person reporting will complete the form GSA-604 Vehicle Condition Report and notify the Vehicle Car Coordinator.

Emergency Procedures

Each vehicle should have emergency cards and information in the glove box as well as a smaller version of the Vehicle Guide. See PPG 10-07-006 Injury, Illness, or Accidents for instructions as

to duties and responsibilities pertaining to accidents involving private or county owned vehicles. Carry the wallet-sized identification card, which gives instructions on the reverse side regarding procedures to follow if involved in an accident.

Accidents

After caring for any injured, the following should be completed:

- Do not admit any responsibility for the accident to anyone regardless of who you believe is at fault.
- Call the Sheriff's Department at (559) 488-3111. If the accident occurs outside the County, notify the agency with jurisdiction over the location of the accident, usually available by calling 911.
- Immediately notify County Risk Management Division at 600-1800 if the accident involves serious personal injury, death, or major private or public property damage.
- Obtain the names and addresses for witnesses and persons involved, including the license number(s) of the vehicles involved.
- Regarding towing or other problems, call Fleet Services during business hours at 600-7513. After business hours, contact the Sheriff's Department Dispatch at (559) 488-3111.

Motor Vehicle Accident Reporting

Per Management Directive 1021, the Motor Vehicle Accident Report and Supervisor's Investigation Report (SIR) shall be made within 24 hours.

Step 1 Employee shall complete Motor Vehicle Accident Report-PSD-RM 302 and submit to their supervisor.

Step 2 Supervisor to discuss with employee, review the Motor Vehicle Accident Report, complete the Supervisor's Corrective Action section and sign. The supervisor will also complete an SIR with the employee and offer them medical treatment with a Worker's Compensation physician (see PPG 10-07-006 Injury, Illness, or Accident). Once both forms are completed, the supervisor will send them to their DC.

Step 3 DC to review, sign and send to their DD.

Step 4 DD shall review, sign and email scanned copy to the DSS Personnel mailbox and to the DSS Facilities mailbox.

DSS Facilities will maintain a log of the Department's motor vehicle accident reports, to be made available to Administration.

A Motor Vehicle Accident/Property Damage Report and an SIR must always be completed when a County vehicle is involved in an accident regardless of the magnitude of the accident or any visible/non-visible damage to the vehicle.

DSS Administration shall evaluate and review each vehicle accident on a case by case basis. Appropriate disciplinary action may be imposed in accordance with County policy, up to and including dismissal.

Note: If the employee would like to seek treatment with a Worker's Compensation physician, the Supervisor will need to complete the On the Job Injury packet with the employee (see PPG 10-07-006 Injury, Illness or Accident). After completion of the packet, it must be submitted to DSS Personnel, along with the SIR and the Motor Vehicle Accident Report, within 24 hours.

Checking Out and Returning Vehicles

Data Entry

Prior to giving vehicle keys to staff, Vehicle Car Coordinators are responsible for completing the checkout process in the Vehicle Tracking Database. The required data entry is as follows: Vehicle, Staff Name, District Number, at least one phone number, CAO-8 and Driver's License expiration dates, destination and purpose of trip, and checkout date/time/mileage.

Checking Out

Vehicles can be checked out on a daily basis by staff needing transportation to carry out their job duties. Obtain a vehicle from the Vehicle Car Coordinator in your area. Vehicles will be checked out on a first come, first serve basis and will not be reserved in advance.

The Vehicle Car Coordinator is responsible for ensuring that an employee has the necessary items listed below, every time a vehicle is checked out. Supervisors are responsible for ensuring that the staff they supervise, that has assigned vehicles and drive every day, also has the necessary documentation with them. To check out a vehicle, an employee must present the following items each time a vehicle is requested:

- Valid California Driver's License
- Fresno County CAO-8 Card permit to drive a County vehicle (which verifies the employee has completed the County Defensive Driving Class.)
- Form 0121 completed with the client case number, and departure and return time.

If these items are not available, the employee will not be able to check out a vehicle.

Car keys will be available by 8:10 A.M. unless previous arrangements have been made. The employee shall not wait in line for the Vehicle Car Coordinator to arrive to distribute vehicle keys. The employee must leave within 15 minutes of checking out the vehicle. **Vehicles should be checked out only for the time needed to complete a trip and the vehicle returned for the next requestor. Vehicles should not be kept out all day on the chance a trip may be needed.**

Vehicles are NOT to be given to a co-worker. All vehicle keys are to be returned to the Vehicle Car Coordinator for the next person to use. A key drop box is provided in the event the Vehicle Car Coordinator is not available.

Keys are to be returned to the Vehicle Car Coordinator by the time specified on form 0121. In the event a vehicle is not returned by the time specified on form 0121, the Vehicle Car Coordinator will contact the employee's supervisor to inform them that the employee is overdue. The Supervisor will then attempt to contact the employee to determine the delay and to verify that the employee is safe.

Returning Vehicles

The vehicle is to be returned to the appropriate parking lot at the end of the day or after the user's last assignment. Keys are to be returned to the Vehicle Car Coordinator as soon as the employee returns from the field. Keys are not to be passed on to other employees. It is against County policy to eat, drink or smoke in a County vehicle. This policy also applies to any clients being transported in a County vehicle. Employees are to do the following in consideration of the next person using the vehicle:

- Ensure the vehicle is clean of litter; this includes cup holders and any storage areas.
- Close all windows and lock the doors.
- Fill the gas tank when it is one quarter full or below.
- Return any car seat in the vehicle to Vehicle Car Coordinator or the location where it was obtained.
- Have the vehicle washed, when needed, at a contracted car wash:
 - For Exterior Wash Only:
 - Waterwheel Express Car Wash Locations
 - 4130 Ventura Ave, Fresno, CA (near Cedar Ave)
 - 440 Academy Ave, Sanger, CA (near 5th)
 - For Full Service Wash:
 - Belmont Car Wash
 - 5594 E Belmont Ave, Fresno, CA (near Clovis Ave)
 - Identify yourself as a County employee.
 - Sign the tag; write the vehicle number and Department number 5610 on it.

Note: At the time of this revision, the car wash vendors above had active agreements on file with Fresno County Purchasing. Additional vendors may be added in the future.

For "L" street staff, any keys returned after 4:30 p.m. may be dropped off in the gray locked box, located outside the back doors at the "L" street building. For staff at the West Fresno Regional Center, the keys may be left at the small metal drop box located at the Vehicle Car Coordinator's cubicle.

Driver's Responsibilities

Anyone found using a County vehicle for other than official business shall be subject to disciplinary action and/or actual cost for misuse, including negligence. Employees are prohibited from carrying hitchhikers and non-authorized persons. County vehicles shall not push stalled vehicles or be used for other activities which may damage the vehicle. Keys are not to be left in unattended vehicles.

Each driver is responsible for the proper care of County vehicles. Report all faulty mechanical conditions to the Vehicle Car Coordinator as soon as possible. It is extremely important for your safety that brakes, tires, lights, windshield wipers, and seat belts are in good working order. If a tire appears to have low tire pressure, the driver should contact Fleet Services at 600-7513 to get directions to the nearest Fleet Service yard to have the tire inflated. If the vehicle is unsafe to drive, immediately pull over into a safe location and make contact with Fleet Services at 600-7513, or Fresno County Sheriff Dispatch if after hours at 488-3111 and make arrangements to have the vehicle towed.

All drivers must have in their possession a valid California Driver's License. Traffic laws shall be observed at all times. The driver shall pay fines or penalties levied for violations, for which the driver is directly responsible. As a representative of Fresno County, drivers should always display courteous behavior to other drivers and pedestrians. Never leave children unattended in the vehicle and use seat belts at all times. Employees found to be in violation of laws will be asked to meet with their Supervisor to discuss any reports given by a community member.

Staff will follow safety instructions (Vehicle Code 27360a) regarding airbags and transporting of children under 12 years old in the front seat. California State Law (Vehicle Code 27360 and Vehicle Code 27360.5) states, "use age/weight appropriate car seats/booster seats for children under 6 years or younger or children weighing less than 60 pounds. Effective January 1, 2012, all children under 8 years of age must sit in a car or booster seat in the back seat when riding in any motor vehicle. If the child is under 8 years and 4'9" or taller, the child may use a properly fitting adult seat belt. Effective January 1, 2017, all children under 2 years of age are to be in a rear facing car seat unless their weight is 40 pounds or more, or are 40 inches tall or more." Refer to Department of Motor Vehicles website for more information.

Use of cell phones while driving a County or private vehicle on County business is prohibited, whether using a hands-free device or not. This includes no "texting" while driving. (Per Fresno County Safety Rules)

Personal or County issued equipment such as briefcases, laptops, cell phones, etc., should not be left in plain view while the car is unattended.

There is no smoking allowed in any County vehicle.

Fresno County Transitional Youth Shelter ADMISSION AGREEMENT

1. FACILITY INFORMATION

Name of Facility: Fresno County Transitional Youth Shelter
Type of Facility: Transitional Shelter Care Facility
Community Care Licensing Facility Number: {enter license #}
Address: {enter address}
Phone Number: {enter phone number}

The Fresno County Transitional Youth Shelter is a Transitional Shelter Care Facility (TfSCF) licensed by the State Department of Social Services. The facility is a non-medical care facility which normally is not allowed to provide medical or nursing care.

2. BASIC SERVICES

Client Name: _____ **Client Date of Birth:** _____

Basic General Services:

- a. An assigned single bedroom
- b. Food Services including three nutritious meals daily and between meals nourishment or snack. Special diets if prescribed by a doctor.
- c. Laundry service
- d. Cleaning of the client's/resident's room
- e. Comfortable and suitable bed including fresh linen weekly or more often, if required
- f. Plan, arrange and/or provide for transportation to medical and dental appointments
- g. A planned activity program including arrangement for utilization of available community resources
- h. Notification to family and other appropriate person/agency of client's resident's needs.

Basic Personal Services:

- a. Continuous observation, care and supervision, as required
- b. Assistance with bathing and personal needs, as required.
- c. Assistance in meeting necessary medical, behavioral health, and dental needs
- d. Assistance, as needed, with taking prescribed medications in accordance with physician's instructions unless prohibited by law or regulations.
- e. Bedside care for minor temporary illnesses or minor injuries.
- f. Maintenance or supervision of client/resident cash resources or property, if necessary.

3. OPTIONAL SERVICES:

Optional services are determined in partnership with the case-carrying social worker based on the needs of the youth and the capacity of the program to provide the optional services. There is no fee associated with optional services. List any additional services that will be provided by the TrSCF that are not typically included in the program:

4. COMMUNITY CARE LICENSING

The California Department of Social Services, Community Care Licensing (CCL) is responsible for ensuring that this facility complies with all state licensing laws and regulations. CCL has the authority to interview children and youth, or staff members, without prior consent. CCL also has the authority to inspect, audit, and copy client or facility records upon demand. Records may be removed if necessary for copying.

5. FAMILY VISITS AND OTHER COMMUNICATION

The Fresno County Transitional Youth Shelter is designed to stabilize, treat, and support each youth in returning to a family setting as quickly and safely as possible. As a result, treatment will be family-focused and family visits will be a central component of the overall program. Attached to this agreement is The Fresno County Transitional Youth Shelter Family's Visitation and Other Communication Policy.

6. CONDITIONS UNDER WHICH THE AGREEMENT MAY BE TERMINATED

This agreement may be terminated when a suitable long-term placement is found for the youth or when it has been determined that the child's continued placement in the facility is detrimental to the child or other children in the facility; or under other emergency circumstances when removed by an authorized representative.

7. ACKNOWLEDGEMENT OF POLICIES & PROCEDURES

I, _____ (client name) understand that during my stay at the Fresno County Transitional Youth Shelter, while a suitable placement is found for me, agree to comply with all rules, policies and procedures associated with the Transitional Shelter Care Facility. By initialing below, I acknowledge that I have been provided, read (or have had read to me), understand, and agree to the following:

_____ I will comply with the Fresno County Transitional Youth Shelter House Rules and Expectations

By initialing below, I acknowledge that I have been provided, read (or have had read to me), and understand the following policies and procedures.

Client Initials	Authorized Representative, if any	Policy
		Complaints and Grievances
		Foster Youth Children's Rights
		Medication Storage and Self-Administration
		Discipline Policies
		Emergency Interventions
		Plan for Addressing Runaway Behaviors
		Family Visitation and Other Communication

I understand that if I violate any of the rules, policies, or procedures of the Fresno County Transitional Youth Shelter, I may be required to leave the shelter or I may be excluded from coming to the shelter to await placement.

The signature of the youth and Authorized Representative below indicates that he/she has read, or had read and explained to him/her, the provisions of this agreement voluntarily. One copy is to be retained by the facility and one copy is to be given to the youth and the youth's responsible person.

Date: _____

Signature of Youth: _____

Signature of Authorized Representative, if applicable: _____

Facility Administrator or Designee (printed name): _____

Signature of Administrator or Designee: _____

DSS Policy and Procedure Guide	
Division 03: Child Welfare	Chapter 05: Placement
Item 035: Placement Change Requirements	
Suggested changes send to: DSS PSOA Mailbox	Issued: May 30, 2023
References: All County Letter (ACL) 19-26 ; ACL 22-100 ; Assembly Bill (AB) 2247 ; AB 1061 ; WIC 16010.7	Replaces issue dated August 16, 2019

Index:

[Placement Preservation Strategy/Placement Change Requirements/Exemptions from Placement Change Requirements/Office of the State Foster Care Ombudsperson](#) / [Best Practices](#)

Preamble

Child Welfare Policy and Procedure Guides (PPG) are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS) will, as directed in Assembly Bill (AB) 2247, develop, implement, and document a placement preservation strategy in consultation with the Child and Family Team (CFT) for most dependent foster youth placement changes. DSS will provide written notice of any placement change 14 days prior to the change of placement. In addition, no placement changes can occur between the hours of 9 p.m. and 7 a.m.

Procedure

DSS is to ensure that foster children and youth are placed in safe, loving, and stable homes while in out of home care. Children and youth experience significant trauma at the time of removal from their family of origin. This trauma is further compounded when a child experiences multiple placement moves and instability, which may lead to emotional, developmental, and educational setbacks. The goal is to minimize placement disruptions however, when a placement move is required that the decision is thoughtful and well planned.

Placement Preservation Strategy

Child Welfare Social Workers (SW) must develop, implement, and document in the Child Welfare Services/Case Management System (CWS/CMS) of the foster child's case, a placement preservation strategy to preserve the child's placement **prior** to making a placement change. In order to accomplish this, a CFT or Teaming meeting will be convened to identify and implement best

practice strategies to support the existing placement. The SW is required to consult with the child's CFT for the purpose of maintaining the current placement. Upon receiving notice that the placement may be in jeopardy, the SW will schedule a CFT/Teaming meeting within three business days.

Placement preservation strategies may include, but are not limited to:

- Convene a CFT/Teaming meeting to collaboratively develop and implement an individual plan designed to meet the child and family's needs.
- Address conflicts and concerns and discuss solutions.
- Review the Child and Adolescent Needs and Strengths (CANS) assessment tool to discuss strengths and any unmet needs.
- Review prior CFT notes to identify delays or barriers in implementing prior recommendation
- Engage and recruit CFT members such as family members, community support, educational providers, Court Appointed Special Advocates (CASA), and any other person identified by the child or family.
- Ensure timely provision of support services, as deemed appropriate by the CFT. Some examples of services to support placement stability may include respite and/or Intensive Home Based Services such as Therapeutic Behavioral Services (TBS) or Wraparound.
- Ensuring the youth and Resource Family has information to access Family Urgent Response System (FURS) for additional support.
 - Please see attached for the FURS Flyer for Adult ([linked here](#)) and Youth ([linked here](#)).

The SW, in consultation with their supervisor, should include the following DSS staff and other service providers (as applicable) in the development of the placement preservation strategies:

- Resource Family Support (RFS)
- Wraparound services
- Mental Health service providers
- Child Welfare Mental Health team
- Intensive Services Foster Care (ISFC) liaison
- Independent Living Program (ILP)
- Commercially Sexually Exploited Children (CSEC) team

Placement Change Requirements

If, after implementing the placement preservation strategy, a placement change is still required the SW will submit the Foster Care Placement Request (6252) to RFS and provide a **14-day written notice** utilizing the Notice of Placement Change letter (see Appendix A) to the parties identified below. This new requirement under AB 2247 supersedes the prior 7-day notice requirement for providers and child welfare agencies. The following parties must receive notice:

- The foster child/youth's parent/guardian
- The foster child/youth's caregiver, including resource families, foster family agencies and short-term residential therapeutic program (STRTP)
- The foster child/youth's attorney

- The foster child/youth, if they are 10 years of age or older

The new legislation does not change the requirement that DSS take the school of origin into account when considering other placement options or the requirement to provide notice when a placement change could lead to a removal from the child/youth's school of origin. Refer to [PPG 03-14-006 School Stability](#)

In addition, under AB2247 no placement changes are to occur between the hours of 9 p.m. and 7 a.m. unless a unanimous agreement is made by the following persons:

- The foster child/youth if they are age 10 years old or older
- The foster child/youth's attorney if they are under 10 years old
- The foster child/youth's current caregiver
- The foster child/youth's prospective caregiver; and
- The foster child/youth's SW

In the event that the placement change does need to occur after 9 p.m., the SW will document in the child's case in CWS/CMS the agreement of all parties identified above. If placement occurred after 9 p.m. and the agreement of all parties was not obtained due to the emergent nature of the placement change, the case managing SW or the placing SW will document in the child's case the circumstances under which the placement occurred and reasons why agreement from all parties was not obtained.

The role of the CFT during placement transitions is critical to ensure that the child/youth, family members, caregivers, CASA representative (if applicable), educational rights holder, and service providers are engaged in the process to ensure a smooth and successful transition to a new placement. With any transition, it is important that referrals for continuing care and supportive resources are in place and working prior to the transition.

Exemptions from Placement Change Requirements

AB 2247 permits DSS to make a placement change without complying with the requirements of Welfare and Institutions Code (WIC) 16010.7 subdivisions (b) (placement preservation strategy) and (e) (placement change notice) in either of the following circumstances:

- It has been determined that remaining in the existing placement or providing prior written notice of the placement change poses an imminent risk to the health and safety of the foster child/youth or other children in the home/facility.
- If the CFT and the foster youth/child, if they are 10 years of age or older, or their representative if they are less than 10 years of age, unanimously agree to waive the placement change requirements.

The placement change requirements do not apply to non-minor dependents (NMDs) placed in Transitional Housing Placement (THP) programs or in Supervised Independent Living Placement (SILP). These provisions also do not apply to a planned placement change that is informed by the CFT and that is described in the foster child/youth's case plan or documented as an agreed upon plan

in the case file. Planned placement changes include a change in placement that is ordered by the court, including when a child is returned to the home of the parent.

Office of the State Foster Care Ombudsperson

The Office of the State Foster Care Ombudsperson (OFCO) receives, investigates, and attempts to resolve complaints made by or on behalf of foster youth. AB 2247 requires the OFCO to provide its investigation findings regarding placement change violations to the Child Welfare Director or designee for the purpose of quality improvement, technical assistance, and staff training. The Fresno County Child Welfare Deputy Director's designee for purposes of this requirement is the RFS Program Manager.

Best Practices

Preservation Strategy

The placement preservation strategy is a youth-centered process to support families with resources in order to preserve the stability, placement, and well-being of children/youth placed in out of home care. The ideal preservation strategy is solution focused, restorative and trauma-informed. It is also to focus on resources, training, and services needed for the resource family. Best practices when developing a preservation strategy may include:

- Convening a CFT within 3 business days
- Discussing/convening a Technical Assistance call with CDSS
- Safety planning
- Harm reduction strategies
- Action-oriented tasks when coordinating services and supports to the child and resource family in a timely manner
- Strategies align with the CANS assessment, case plan and plans developed by the CFT

Refer to the Placement Stability Strategies Desk Guide ([linked here](#)) for more comprehensive strategies and best practices.

Child and Family Team

CFTs explore options and establish a plan regarding the child's needs, which includes the youth, family, and community partners prior to making any placement decisions. Refer to PPG 03-12-06 ([linked here](#)) for additional information about the CFT meeting. Best practices for a CFT may include:

- Engaging the parent(s), child(ren), and relatives/mentors in the process
- Inclusion of mental health providers, foster family agency representatives, CASA, tribal representation (if applicable), RFS, and ISFC liaison.
- Age appropriate engagement and conversations with an opportunity to have their voice heard utilizing Safety Organized Practice Tools such as 3 Houses.
- Conflict resolution practices

In preparation for the CFT, the SW and SWS shall fully assess returning the youth to a parent, or guardian. If that is not a possibility the SW and SWS shall fully assess placing the youth with family. In assessing a return to parent or a relative/mentor placement, the SW and SWS shall gather information for the following questions:

1. Did you assess the parents for a return? If not able to return at this time, did you assess for a liberal or extended visit? Did you address or attempt to problem solve any barriers to a return or visit?
2. Did we ask the parent(s) and child(ren) of any potential family and/or mentors who may be available to accept placement? Did you address or attempt to problem solve any barriers to placement with a relative or mentor?
3. If family and/or mentors are not available for placement, could they be authorized for a visit until a purposeful placement is identified?
4. If there are no family members and/or mentors available, have we submitted a referral to Family Finding (a referral consists of a simple email, consisting of case name and number, to "DSS Family Finding")?

Transitions

Thoughtful, trauma-informed, and intentional transitions are best practices for any child or youth in out of home care. Best practices for transitions may include:

- Maintaining and preserving sibling relationships
- Maintaining important lifelong relationships for the child/youth by providing contact information and action plans to support connections
- Coordination with the education right's holder and preserving enrollment at school of origin
- Planning transitions to occur during school breaks and holidays
- Arranging meet and greets prior to placement to ensure that the prospective resource family is the best fit for the child/youth

Attachment A

Date:

Foster Youth Name:

Placement Date:

Notice of Placement Change

Dear <<Parent/Guardian/Caregiver/Foster Youth's Attorney/Foster Youth>>,

This letter is to provide you with a 14-day written notice that the child or youth named above will be moved to a new placement home on <<DATE>>.

A Child and Family Team Meeting was held on <<DATE>> to discuss a placement preservation strategy for the child/youth's current placement however the decision was that a placement move is necessary at this time.

It is the goal that a thoughtful, trauma-informed, and intentional transition take place for the child/youth. Please consider your role in the following:

- Maintaining sibling connections
- Maintaining important relationships and lifelong connections for the child/youth
- Maintaining continuity at school of origin
- Maintaining continuity with service providers such as mental health
- Ensuring the child/youth has all of their belongings
- Ensuring the child/youth is able to meet the prospective caregiver prior to placement

These and other transitional plans were discussed at the Child and Family Team Meeting and specific action items developed to ensure a smooth transition. Please take note of any of the above and your role in ensuring a successful transition happens for the child/youth. If you have any questions please feel free to contact the assigned Social Worker <<NAME>> at <<PHONE NUMBER>>.

Sincerely,

<<NAME>>

Address:

Email:

Phone:

One Week Sample Menu

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Breakfast 8-9 AM	Boiled Eggs	Oatmeal	English Muffin	Scrambled Eggs	Bread Toasts	Boiled Eggs	Scrambled Eggs
	Bread Toasts	Whole/Low-Fat Milk	Sausage Links	Bread Toasts	Sausage Links	Pancakes	Bread Toasts
	Whole/Low-Fat Milk	Cereal	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk
	Cereal	Seasonal Fruit	Cereal	Cereal	Cereal	Cereal	Cereal
	Seasonal Fruit		Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit
Snacks (Anytime)							
Lunch 12-1 PM	Turkey Sandwich	Cheese Pizza	Grilled Ham/Cheese	Chicken Nuggets	Cheeseburger/Hamburger	Bean & Cheese Burrito	Corn Dog
	Baby Carrots with Ranch Dressing	Side Salad	Celery Sticks with Peanut Butter	Corn	Baby Carrots with Ranch Dressing	Broccoli	Celery Sticks with Peanut Butter
	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk
	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit	Seasonal Fruit
Snacks (Anytime)							
Dinner 6-7 PM	Mac & Cheese	Fish Sticks with Rice	Spaghetti and Meatballs	Meatloaf with Mashed Potatoes	Beef Ravioli with Tomato Sauce	Sliced Turkey with Mashed Potatoes	Chicken Tenders with Rice
	Bread	Carrots and Peas	Bread	Bread	Bread	Bread	Mixed Vegetables
	Side Salad	Whole/Low-Fat Milk	Side Salad	Mixed Vegetables	Broccoli	Carrots and Peas	Whole/Low-Fat Milk
	Whole/Low-Fat Milk	Vanilla Pudding	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Whole/Low-Fat Milk	Chocolate Pudding
	Applesauce		Canned Pears	Applesauce	Vanilla Pudding	Applesauce	

Snacks include granola bars, yogurt, carrots/celery sticks, and fruits (ex. apples and bananas).

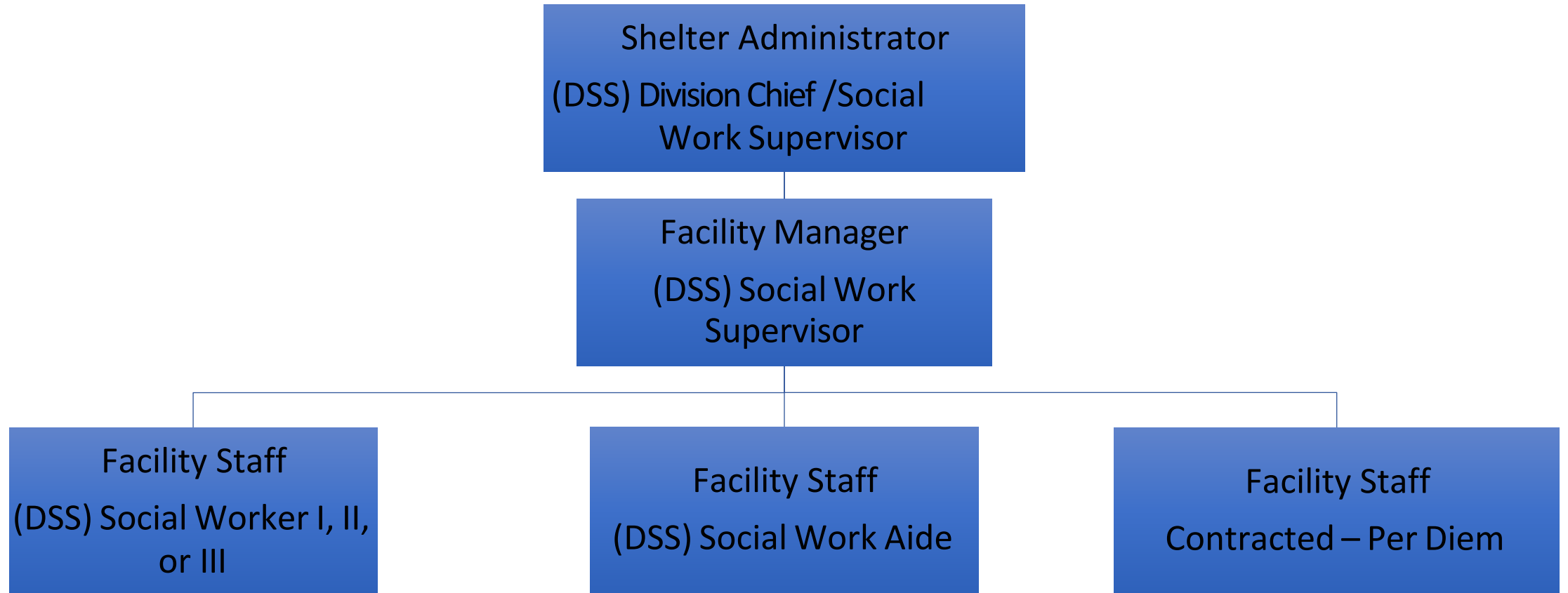
County of Fresno, Department of Social Services
TSCF - Two Week Staffing Plan

Shelter Administrator: Marshunda Harding

<u>Shift</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
8-5 Day	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Steve – FM Patty – DCS	Steve – FM Patty – DCS
4-1 Swing	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Marcy – FM Bianca – DCS	Marcy – FM Bianca – DCS
12-9 Night	Chris – FM	Chris – FM	Chris – FM	Chris – FM	Chris – FM	Justin – FM	Justin – FM
On-Call Day	1. Johnny 2. Alen 3. Christine	1. Alen 2. Christine 3. Johnny	1. Christine 2. Johnny 3. Alen	1. Johnny 2. Alen 3. Christine	1. Alen 2. Christine 3. Johnny	1. Christine 2. Johnny 3. Alen	1. Johnny 2. Alen 3. Christine
On-Call Swing	1. Helen 2. Salina 3. Charlee	1. Salina 2. Charlee 3. Helen	1. Charlee 2. Helen 3. Salina	1. Helen 2. Salina 3. Charlee	1. Salina 2. Charlee 3. Helen	1. Charlee 2. Helen 3. Salina	1. Helen 2. Salina 3. Charlee
On-Call Night	1. Jerome 2. Michelle 3. Juliette	1. Michelle 2. Juliette 3. Jerome	1. Juliette 2. Jerome 3. Michelle	1. Jerome 2. Michelle 3. Juliette	1. Michelle 2. Juliette 3. Jerome	1. Juliette 2. Jerome 3. Michelle	1. Jerome 2. Michelle 3. Juliette
<u>Shift</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>	<u>Sunday</u>
8-5 Day	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Marshunda -Admin. Liz – FM Joseph – DCS	Jennifer – FM David – DCS	Jennifer – FM David – DCS
4-1 Swing	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Natasha – FM Kelley – DCS	Robert – FM Maria – DCS	Robert – FM Maria – DCS
12-9 Night	Chris – FM	Chris – FM	Chris – FM	Chris – FM	Chris – FM	Maribel – FM	Maribel – FM
On-Call Day	1. Alen 2. Christine 3. Johnny	1. Christine 2. Johnny 3. Alen	1. Johnny 2. Alen 3. Christine	1. Alen 2. Christine 3. Johnny	1. Christine 2. Johnny 3. Alen	1. Johnny 2. Alen 3. Christine	1. Alen 2. Christine 3. Johnny
On-Call Swing	1. Salina 2. Charlee 3. Helen	1. Charlee 2. Helen 3. Salina	1. Helen 2. Salina 3. Charlee	1. Salina 2. Charlee 3. Helen	1. Charlee 2. Helen 3. Salina	1. Helen 2. Salina 3. Charlee	1. Salina 2. Charlee 3. Helen
On-Call Night	1. Michelle 2. Juliette 3. Jerome	1. Juliette 2. Jerome 3. Michelle	1. Jerome 2. Michelle 3. Juliette	1. Michelle 2. Juliette 3. Jerome	1. Juliette 2. Jerome 3. Michelle	1. Jerome 2. Michelle 3. Juliette	1. Juliette 2. Jerome 3. Michelle

*Names used for Facility Manager (FM) and Direct Care Staff (DCF) on this sample staffing schedule are fictitious and are being used to represent a scheduling pool

Organizational Chart





SOCIAL SERVICES PROGRAM MANAGER

Class Code:
1924

Bargaining Unit: Senior Management

COUNTY OF FRESNO
Revision Date: May 11, 2015

DESCRIPTION:

Under general direction, develops, plans, implements and manages the activities of one or more programs in the Department of Social Services; recommends policies and procedures for implementation of legislative recommendations; and performs related work as required.

The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Services Program Manager, reporting to the Director or a Deputy Director, is responsible for managing the day-to-day operations of one or more social services programs which may include an administrative function of the department; developing and implementing program objectives, goals, policies and procedures; directing and participating in studies and analyses of programs; monitoring and ensuring compliance with federal, state and local regulations; and coordinating activities with other county departments, federal and state agencies and community organizations. This is accomplished through consultation with senior management staff and by directing subordinate supervisors responsible for executing activities essential to program operations.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Develops, plans, implements and manages the activities of one or more social services programs.
- Reviews management reports to assess outcomes and implement operational and programmatic performance improvements.
- Reviews, analyzes and interprets current, pending and approved legislative and regulatory changes to determine the effect on program operations; engages in planning activities and recommends policy and procedure changes to ensure compliance with legislative and operational requirements.
- Reviews quality assurance and quality control activities; ensures quality standards are met.
- Interviews, selects, evaluates, develops, promotes and supervises staff; disciplines staff when necessary.

- Prepares or reviews correspondence and records; prepares complex and sensitive analytical and statistical reports.
- Develops and coordinates program operations in collaboration with stakeholders including other County programs, departments, public and private agencies and organizations; represents the department at federal, state and local meetings of commissions, committees and workgroups.
- Interviews complainants and makes adjustments if appropriate consistent with departmental policies and procedures.
- Plans, evaluates and implements departmental staff development and training programs.
- May conduct departmental studies to determine initial feasibility of adopting new or modified systems and procedures.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Principles and practices of social services program administration;
- Principles of public administration, organization and management;
- Principles and practices of employee supervision and staff development;
- Federal, state and local laws, rules and regulations governing the assigned program area;
- Social services revenue and expenditure guidelines, fiscal claiming and reporting requirements;
- Public and private social services resources, providers and agencies;
- Social, political and economic issues and trends influencing program administration;
- Grant development and administration;
- Automated information processing systems and databases;
- Case work objectives, principles and methods.

Skills/Abilities to:

- Plan, organize and manage assigned social services program(s);
- Select, motivate and evaluate staff and provide for their training and professional development;
- Identify operational issues and implement effective resolutions;
- Analyze complex regulatory and administrative issues, evaluate alternatives and adopt effective courses of action in compliance with current, pending and approved legislative changes and requirements;
- Review and analyze data and reports from information systems and databases to evaluate the efficiency and effectiveness of programs and operations;
- Present ideas and complex material clearly, concisely, logically and persuasively both verbally and in writing;
- Exercise sound, independent judgment within policy guidelines;
- Establish and maintain effective working relationships at all organizational levels, with other agencies and the public;
- Promote open, candid information sharing across organizational boundaries;
- Build strong and effective relationships with other agencies, community organizations and stakeholders to collaborate on providing social services to diverse populations in Fresno County;
- Demonstrate cultural sensitivity and communicate effectively with individuals from diverse socioeconomic backgrounds;
- Demonstrate leadership/business insight; integrate new ideas and contemporary approaches;

- Display and maintain a high degree of maturity, integrity, loyalty, accountability, and good judgment;
- Maintain the County's commitment to provide excellent customer service.

MINIMUM QUALIFICATIONS:

Education: Possession of a bachelor's degree that is acceptable within the United States' accredited college or university system.

Experience: Three (3) years of full-time, paid work experience equivalent to that gained as a Social Work Supervisor, Social Services Program Supervisor or Senior Staff Analyst in a social services setting which included the supervision of eligibility, social work or professional staff.

License: Possession of a valid Class "C" driver's license, or equivalent, may be required.

Note: Recruitment and/or certification may be limited to candidates possessing a specific education and/or experience background related to the specific position vacancy as authorized by the Director of Personnel Services.



SOCIAL WORK SUPERVISOR

Class Code:
1930

Bargaining Unit: 36 - Supervisory Employees

COUNTY OF FRESNO
Revision Date: Sep 23, 2019

SALARY RANGE

\$33.21 - \$40.39 Hourly
\$2,657.00 - \$3,231.00 Biweekly
\$5,756.83 - \$7,000.50 Monthly
\$69,082.00 - \$84,006.00 Annually

DESCRIPTION:

Under direction, supervises the work of social services staff; and performs related work as required.

The Social Worker classification series is primarily utilized in the Department of Social Services. The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Worker classification series is responsible for assisting clients to cope with or reduce social, economic, environmental or emotional problems. This is accomplished through case management methodologies and techniques including a knowledge of interviewing skills, individual case counseling, use of community resources, advocacy services, and when necessary, direct intervention on the client's behalf.

Social Work Supervisor is the full supervisory classification in the Social Worker series. Incumbents are responsible for providing day-to-day supervision including interviewing, selecting, training, assigning, evaluating, promoting, and disciplining subordinate staff. Additional responsibilities include reviewing cases to ensure compliance with social services program regulations and departmental procedures and responding to inquiries from staff, clients and the public in regards to social services programs and policies. Social Work Supervisor differs from Social Services Program Manager in that incumbents of the latter are responsible for developing, planning, implementing, and managing the activities of one or more social services programs.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Supervises, monitors, and coordinates the day-to-day operations and work of subordinate staff. Supervisory responsibilities include interviewing, selecting, training, assigning, evaluating, promoting, and disciplining staff.
- Conducts individual conferences with subordinate staff and makes suggestions for improved work by assessing the strengths, weaknesses, and abilities of staff to develop effective skills.
- Reviews or evaluates cases for adherence to social services program regulations and departmental policies as part of quality assurance requirements.
- Reviews correspondence, reports, recommendations and other materials on complex cases and consults with management as needed.
- Attends and conducts on-site or off-site unit meetings, conferences, staff development sessions, and trainings.
- Responds to inquiries received from the general public and other agencies.
- Interviews complainants and makes adjustments, if appropriate, consistent with departmental policies and procedures.
- Interprets and applies laws, policies, procedures, rules and regulations governing social services programs to staff, clients and the public.
- Prepares reports, memoranda and correspondence; maintains statistical data.
- May conduct independent home visits or joint home visits with subordinate staff for mentoring and training purposes as needed.
- May respond to the scene of a referral in complex or emergency situations.
- May plan and coordinate special projects; conduct on-going studies of departmental operations, testing the implementation and evaluating the effectiveness of policies and procedures to recommend improvements.
- May represent the Department of Social Services at conferences and on matters relating to various social services programs.
- May be an expert witness in court hearings and prepare related written reports.
- May recruit and evaluate community resources, agencies or organizations.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Principles and practices of employee supervision and staff development, including interviewing, selecting, training, assigning, evaluating, promoting, and disciplining subordinate staff;
- Laws, rules, and regulations governing social services programs;
- Departmental policies, procedures, and guidelines necessary to supervise subordinate staff;
- Techniques used in providing case consultation to staff members;
- Research and analysis methods used in studies involving social services programs;
- Interviewing and information gathering methods and techniques;
- Case management methods;
- Public and private social services resources, providers, and agencies;
- Current socio-economic conditions, trends, and issues affecting County communities;
- Dynamics of neglect and abuse, substance abuse, mental health issues, crisis intervention, and challenges for children, adults, the elderly, minorities, and persons with disabilities;
- Individual, family, and group behavior dynamics;
- Organizational and time management methods;
- Principles and practices of effective written communication, including correct grammar, spelling, punctuation, and sentence structure;
- Standard office applications, including computer software such as Microsoft Office.

Skills/Abilities to:

- Supervise, interview, select, train, assign, evaluate, promote, and discipline subordinate staff;

- Understand, interpret, and apply laws, rules, and regulations governing social services programs;
- Understand, interpret, and apply departmental policies, procedures, and guidelines applicable to social services programs;
- Identify operational problems; implement procedural and/or work method changes;
- Demonstrate effective leadership; integrate new ideas and contemporary approaches;
- Provide guidance to subordinate staff in the utilization of social work concepts and methodologies;
- Interview clients and assess complex client information to determine an appropriate course of action when needed;
- Effectively utilize public and private social services resources, providers, and agencies;
- Utilize empathy and objectivity to resolve client issues and maintain confidentiality of client information;
- Communicate effectively, both orally and in writing, with people of various educational, socio-economic, and cultural backgrounds;
- Respond appropriately to stressful conditions or emergency situations;
- Work effectively as part of a multi-disciplinary team;
- Write clear, concise, and grammatically correct case narratives;
- Operate modern office equipment, including multi-line telephone systems, computer hardware and software, and internet and web-based applications;
- Compile various records and information accurately;
- Effectively manage multiple work assignments, set priorities and meet established deadlines;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- Demonstrate and maintain a high degree of initiative, maturity, integrity, accountability, and good judgment.

MINIMUM QUALIFICATIONS:

Applicants must qualify under one (1) of the options listed below:

OPTION 1:

Education: Possession of a bachelor's degree in Social Work, Sociology, Psychology or a closely related social/behavioral science field that is acceptable within the United States' accredited college or university system.

Experience: Four (4) years of full-time, paid work experience equivalent to that gained as a Social Worker with the County of Fresno.

OPTION 2:

Education: Possession of a master's degree in Social Work, Sociology, Psychology or a closely related social/behavioral science field that is acceptable within the United States' accredited college or university system.

Experience: Three (3) years of full-time, paid work experience equivalent to that gained as a Social Worker with the County of Fresno.

In addition to the options listed above, the following is also required:

License: Possession of a valid Class "C" driver's license, or equivalent.

Notes: Recruitment and/or certification may be limited to candidates possessing a specific

authorized by the Director of Human Resources.

Incumbents may be required to obtain and maintain Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) clearance as a condition of employment.



SOCIAL WORKER III

Bargaining Unit: 3 - Mental Health Professionals
& Social Workers

Class Code:
1935

COUNTY OF FRESNO
Revision Date: Jul 1, 2019

SALARY RANGE

\$27.83 - \$33.83 Hourly
\$2,226.00 - \$2,706.00 Biweekly
\$4,823.00 - \$5,863.00 Monthly
\$57,876.00 - \$70,356.00 Annually

DESCRIPTION:

Under general supervision, interviews clients to assess social services needs; develops, implements and monitors case plans; and performs related work as required.

The Social Worker classification series is primarily utilized in the Department of Social Services. The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Worker classification series is responsible for assisting clients to cope with or reduce social, economic, environmental or emotional problems. This is accomplished through case management methodologies and techniques including a knowledge of interviewing skills, individual case counseling, use of community resources, advocacy services, and when necessary, direct intervention on the client's behalf.

Social Worker III is the advanced experienced-level classification in the Social Worker series. Incumbents at this level exercise greater initiative, independence, and experience in the completion of assignments, and provide assistance and training to staff. Social Worker III differs from Social Work Practitioner in that incumbents of the latter handle the most complex social work cases; serve as a program/casework consultant; and may assign, review, and coordinate the work of staff to include graduate and undergraduate student interns.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Interviews clients at home or in the office to assess social services needs.
- Researches, evaluates, and develops a case plan to meet client needs.
- Counsels clients on available resources, independent living skills, and other areas involving defined problems or concerns to accomplish case plan goals.
- Interprets and applies laws, policies, procedures, rules and regulations governing social services programs to clients and the public.

- Evaluates family behavioral adjustment and monitors client progress towards delineated objectives.
- Consults with supervisors regarding resources, regulations and programs.
- Refers clients to community resources, agencies or organizations, and other staff members as needed.
- Collaborates with community organizations and resource providers to coordinate joint planning, case plan development, monitoring and evaluation.
- Maintains case files and prepares reports, memoranda and correspondence.
- Recognizes signs of abuse and/or neglect and either handles such cases or refers to appropriate staff members.
- Provides assistance and training to staff on social work procedures, methods and forms.
- May arrange, oversee, and transport clients to scheduled social services related appointments as needed.
- May be an agency witness in court hearings and prepare related written reports.
- May recruit and evaluate community resources, agencies or organizations.
- May review or evaluate cases for adherence to social services program regulations and departmental policies as part of quality assurance requirements.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Laws, rules, and regulations governing social services programs;
- Departmental policies, procedures, and guidelines necessary to provide assistance and training to staff;
- Interviewing and information gathering methods and techniques;
- Case management methods;
- Public and private social services resources, providers, and agencies;
- Current socio-economic conditions, trends, and issues affecting County communities;
- Dynamics of neglect and abuse, substance abuse, mental health issues, crisis intervention, and challenges for children, adults, the elderly, minorities, and persons with disabilities;
- Individual, family, and group behavior dynamics;
- Organizational and time management methods;
- Principles and practices of effective written communication, including correct grammar, spelling, punctuation, and sentence structure;
- Standard office applications, including computer software such as Microsoft Office.

Skills/Abilities to:

- Understand, interpret, and apply laws, rules, and regulations governing social services programs;
- Understand, interpret, and apply departmental policies, procedures, and guidelines applicable to social services programs;
- Assist and train staff to accomplish case plan objectives;
- Interview clients and assess client information to determine an appropriate course of action;
- Effectively utilize public and private social services resources, providers, and agencies;
- Utilize empathy and objectivity to resolve client issues and maintain confidentiality of client information;
- Communicate effectively, both orally and in writing, with people of various educational, socio-economic, and cultural backgrounds;
- Respond appropriately to stressful conditions or emergency situations;
- Work effectively as part of a multi-disciplinary team;
- Write clear, concise, and grammatically correct case narratives;
- Operate modern office equipment, including multi-line telephone systems, computer hardware and software, and internet and web-based applications;

- Compile various records and information accurately;
- Effectively manage multiple work assignments, set priorities and meet established deadlines;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- Demonstrate and maintain a high degree of initiative, maturity, integrity, accountability, and good judgment.

MINIMUM QUALIFICATIONS:

Education: Possession of a bachelor's degree in Social Work, Sociology, Psychology or a closely related social/behavioral science field that is acceptable within the United States' accredited college or university system.

Experience: Two (2) years of full-time, paid work experience equivalent to that gained as a Social Worker with the County of Fresno.

License: Possession of a valid Class "C" driver's license, or equivalent.

Notes: Recruitment and/or certification may be limited to candidates possessing a specific education and/or experience background related to the specific position vacancy as authorized by the Director of Human Resources.

Incumbents may be required to obtain and maintain Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) clearance as a condition of employment.



COUNTY OF FRESNO
Revision Date: Jul 1, 2019

SOCIAL WORKER II

Bargaining Unit: 3 - Mental Health Professionals
& Social Workers

Class Code:
1940

SALARY RANGE

\$23.21 - \$28.23 Hourly
\$1,857.00 - \$2,258.00 Biweekly
\$4,023.50 - \$4,892.33 Monthly
\$48,282.00 - \$58,708.00 Annually

DESCRIPTION:

Under general supervision, interviews clients to assess social services needs; develops, implements and monitors case plans; and performs related work as required.

The Social Worker classification series is primarily utilized in the Department of Social Services. The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Worker classification series is responsible for assisting clients to cope with or reduce social, economic, environmental or emotional problems. This is accomplished through case management methodologies and techniques including a knowledge of interviewing skills, individual case counseling, use of community resources, advocacy services, and when necessary, direct intervention on the client's behalf.

Social Worker II is the experienced-level classification in the Social Worker series. Incumbents at this level are sufficiently trained and experienced to complete assignments with minimal supervision and review. Social Worker II differs from Social Worker III in that incumbents at the III level exercise greater initiative, independence, and experience in the completion of assignments, and provide assistance and training to staff.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Interviews clients at home or in the office to assess social services needs.
- Researches, evaluates, and develops a case plan to meet client needs.
- Counsels clients on available resources, independent living skills, and other areas involving defined problems or concerns to accomplish case plan goals.
- Interprets and applies laws, policies, procedures, rules and regulations governing social services programs to clients and the public.

- Evaluates family behavioral adjustment and monitors client progress towards delineated objectives.
- Consults with supervisors regarding resources, regulations and programs.
- Refers clients to community resources, agencies or organizations, and other staff members as needed.
- Collaborates with community organizations and resource providers to coordinate joint planning, case plan development, monitoring and evaluation.
- Maintains case files and prepares reports, memoranda and correspondence.
- Recognizes signs of abuse and/or neglect and either handles such cases or refers to appropriate staff members.
- May arrange, oversee, and transport clients to scheduled social services related appointments as needed.
- May be an agency witness in court hearings and prepare related written reports.
- May recruit and evaluate community resources, agencies or organizations.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Laws, rules, and regulations governing social services programs;
- Departmental policies, procedures, and guidelines applicable to social services programs;
- Interviewing and information gathering methods and techniques;
- Case management methods;
- Public and private social services resources, providers, and agencies;
- Current socio-economic conditions, trends, and issues affecting County communities;
- Dynamics of neglect and abuse, substance abuse, mental health issues, crisis intervention, and challenges for children, adults, the elderly, minorities, and persons with disabilities;
- Individual, family, and group behavior dynamics;
- Organizational and time management methods;
- Principles and practices of effective written communication, including correct grammar, spelling, punctuation, and sentence structure;
- Standard office applications, including computer software such as Microsoft Office.

Skills/Abilities to:

- Understand, interpret, and apply laws, rules, and regulations governing social services programs;
- Understand, interpret, and apply departmental policies, procedures, and guidelines applicable to social services programs;
- Interview clients and assess client information to determine an appropriate course of action;
- Effectively utilize public and private social services resources, providers, and agencies;
- Utilize empathy and objectivity to resolve client issues and maintain confidentiality of client information;
- Communicate effectively, both orally and in writing, with people of various educational, socio-economic, and cultural backgrounds;
- Respond appropriately to stressful conditions or emergency situations;
- Work effectively as part of a multi-disciplinary team;
- Write clear, concise, and grammatically correct case narratives;
- Operate modern office equipment, including multi-line telephone systems, computer hardware and software, and internet and web-based applications;
- Compile various records and information accurately;
- Effectively manage multiple work assignments, set priorities and meet established deadlines;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;

- Demonstrate and maintain a high degree of initiative, maturity, integrity, accountability, and good judgment.

MINIMUM QUALIFICATIONS:

Education: Possession of a bachelor's degree in Social Work, Sociology, Psychology or a closely related social/behavioral science field that is acceptable within the United States' accredited college or university system.

Experience: One (1) year of full-time, paid work experience equivalent to that gained as a Social Worker with the County of Fresno.

License: Possession of a valid Class "C" driver's license, or equivalent.

Notes: Recruitment and/or certification may be limited to candidates possessing a specific education and/or experience background related to the specific position vacancy as authorized by the Director of Human Resources.

Incumbents may be required to obtain and maintain Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) clearance as a condition of employment.



SOCIAL WORKER I

Bargaining Unit: 3 - Mental Health Professionals
& Social Workers

Class Code:
1945

COUNTY OF FRESNO
Revision Date: Jul 1, 2019

SALARY RANGE

\$21.06 - \$25.60 Hourly
\$1,685.00 - \$2,048.00 Biweekly
\$3,650.83 - \$4,437.33 Monthly
\$43,810.00 - \$53,248.00 Annually

DESCRIPTION:

Under immediate supervision, interviews clients to assess social services needs; develops, implements and monitors case plans; and performs related work as required.

The Social Worker classification series is primarily utilized in the Department of Social Services. The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Worker classification series is responsible for assisting clients to cope with or reduce social, economic, environmental or emotional problems. This is accomplished through case management methodologies and techniques including a knowledge of interviewing skills, individual case counseling, use of community resources, advocacy services, and when necessary, direct intervention on the client's behalf.

Social Worker I is the entry-level classification in the Social Worker series. Assignments at this level are subject to close supervision and review while in progress and upon completion. Social Worker I differs from Social Worker II in that incumbents at the II level are sufficiently trained and experienced to complete assignments with minimal supervision and review.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive, but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Interviews clients at home or in the office to assess social services needs.
- Researches, evaluates, and develops a case plan to meet client needs.
- Counsels clients on available resources, independent living skills, and other areas involving defined problems or concerns to accomplish case plan goals.

- Interprets and applies laws, policies, procedures, rules and regulations governing social services programs to clients and the public.
- Evaluates family behavioral adjustment and monitors client progress towards delineated objectives.
- Consults with supervisors regarding resources, regulations and programs.
- Refers clients to community resources, agencies or organizations, and other staff members as needed.
- Collaborates with community organizations and resource providers to coordinate joint planning, case plan development, monitoring and evaluation.
- Maintains case files and prepares reports, memoranda and correspondence.
- Recognizes signs of abuse and/or neglect and either handles such cases or refers to appropriate staff members.
- May arrange, oversee, and transport clients to scheduled social services related appointments as needed.
- May be an agency witness in court hearings and prepare related written reports.
- May recruit and evaluate community resources, agencies or organizations.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Interviewing and information gathering methods and techniques;
- Case management methods;
- Current socio-economic conditions, trends, and issues affecting County communities;
- Dynamics of neglect and abuse, substance abuse, mental health issues, crisis intervention, and challenges for children, adults, the elderly, minorities, and persons with disabilities;
- Individual, family, and group behavior dynamics;
- Organizational and time management methods;
- Principles and practices of effective written communication, including correct grammar, spelling, punctuation, and sentence structure;
- Standard office applications, including computer software such as Microsoft Office.

Skills/Abilities to:

- Learn and apply laws, rules, and regulations governing social services programs;
- Learn and apply departmental policies, procedures, and guidelines applicable to social services programs;
- Interview clients and assess client information to determine an appropriate course of action;
- Learn and effectively utilize public and private social services resources, providers, and agencies;
- Utilize empathy and objectivity to resolve client issues and maintain confidentiality of client information;
- Communicate effectively, both orally and in writing, with people of various educational, socio-economic, and cultural backgrounds;
- Respond appropriately to stressful conditions or emergency situations;
- Work effectively as part of a multi-disciplinary team;
- Write clear, concise, and grammatically correct case narratives;
- Operate modern office equipment, including multi-line telephone systems, computer hardware and software, and internet and web-based applications;
- Compile various records and information accurately;
- Effectively manage multiple work assignments, set priorities and meet established deadlines;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- Demonstrate and maintain a high degree of initiative, maturity, integrity, accountability, and good judgment.

MINIMUM QUALIFICATIONS:

Education: Possession of a bachelor's degree in Social Work, Sociology, Psychology or a closely related social/behavioral science field that is acceptable within the United States' accredited college or university system.

License: Possession of a valid Class "C" driver's license, or equivalent.

Notes: Recruitment and/or certification may be limited to candidates possessing a specific education and/or experience background related to the specific position vacancy as authorized by the Director of Human Resources.

Incumbents may be required to obtain and maintain Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) clearance as a condition of employment.



COUNTY OF FRESNO
Revision Date: Dec 13, 2021

SOCIAL WORKER AIDE

Bargaining Unit: 4 - Eligibility Workers

Class Code:
5093

SALARY RANGE

\$15.60 - \$18.06 Hourly
\$1,248.00 - \$1,445.00 Biweekly
\$2,704.00 - \$3,130.83 Monthly
\$32,448.00 - \$37,570.00 Annually

DESCRIPTION:

Under general supervision, provides supportive services to clients and professional staff in social services programs; and performs related work as required.

The Department of Social Services, headed by the Director of Social Services, is responsible for administering federal, state and county social services programs.

The Social Worker Aide classification series is utilized in the Department of Social Services to provide a variety of facilitative services to clients and assist professional staff in social services programs. Responsibilities include interviewing clients, transporting clients, assisting professional staff in developing a case plan, parent education, living skills training, and document preparation.

SAMPLES OF DUTIES:

The information listed below is meant to serve as samples of job duties and responsibilities for positions in this classification. This list is neither inclusive nor exclusive but indicative of several types of duties performed. Consequently, this information does not reflect Essential Functions for any given position in this classification.

- Interviews clients at home or in the office to assess social services needs.
- Assists professional staff in the development, implementation and on-going assessment of case plans.
- Responds to inquiries and explains social services program laws, policies, procedures, rules and regulations to clients and the public.
- Works closely with various community organizations and agencies; acts as a liaison between the department and community organizations.
- Prepares case narratives and maintains various types of records.
- Refers clients to community resources, agencies or organizations, and assists clients in accessing services.

- Provides parent education by teaching and demonstrating appropriate child-rearing skills.
- Provides information to clients or care providers regarding social services programs and techniques, appliances/equipment and other resources available to maintain client safety.
- May translate to serve public needs. Translating may be in oral or in written form.
- May train new or current staff in work procedures and methods.
- May consult with professional staff, including medical, judicial, educational and law enforcement.
- May supervise clients during approved visitations or activities, which may include overnight supervision of clients pending placement.
- May transport clients and their personal belongings, sometimes over long distances; lift children in and out of car seats; provides direction to the proper facilities; and supervise children until a responsible party arrives.
- May clean and fuel vehicles, and check vehicles for mechanical soundness, including oil, water, gas, windshield, and tire pressure.

KNOWLEDGE, SKILLS AND ABILITIES:

Knowledge of:

- Goals and objectives of public social services programs;
- Interviewing and information gathering methods and techniques;
- California vehicle code sections and traffic laws;
- Principles and practices of safe driving;
- Dynamics of neglect and abuse, substance abuse, mental health issues, crisis intervention, and challenges for children, adults, the elderly, minorities, and persons with disabilities;
- Current socio-economic conditions, trends, and issues affecting County communities;
- Standard office applications, including computer software such as Microsoft Office.

Skills/Abilities to:

- Learn and apply laws, rules, regulations, policies, and procedures governing social services programs;
- Learn and effectively utilize public and private social services resources, providers, and agencies;
- Understand and carry out oral and written instructions;
- Effectively manage work assignments, which includes maintaining detailed information on individual cases;
- Operate motor vehicles safely and efficiently;
- Assist clients and their belongings in and out of vehicles;
- Communicate effectively, both orally and in writing, with people of various educational, socio-economic, and cultural backgrounds;
- Work effectively as part of a multi-disciplinary team;
- Write basic narratives and maintain various types of records;
- Operate modern office equipment, including multi-line telephone systems, computer hardware and software, and internet and web-based applications;
- Establish and maintain effective working relationships at all organizational levels, as well as with other agencies and the public;
- Demonstrate and maintain a high degree of initiative, maturity, integrity, accountability, and good judgment.

MINIMUM QUALIFICATIONS:

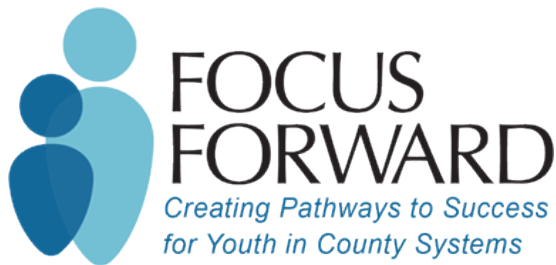
Experience: One (1) year of full-time, paid work experience which involved interaction with the public.

OR

Education: Completion of fifteen (15) semester units in Social Work, Sociology, Psychology or a closely related field that is acceptable within the United States' accredited college or university system.

License: Possession of a valid Class "C" driver's license, or equivalent, may be required.

Note: Incumbents may be required to obtain and maintain Federal Bureau of Investigation (FBI) and Department of Justice (DOJ) clearance as a condition of employment.



Director of Programs (DOP)

Job Description

Qualifications: Master's Degree in social work, criminology, psychology, child development, and/or related field; and a minimum of three years of relevant experience; or combination of education and work experience. Must have and maintain CA Driver's License with reliable transportation and car insurance (min. 15k/30k liability) for regular travel within Fresno County and possibly out of county.

Schedule Availability: Must have on-call availability to respond to CWS/Probation Staff and dispatch staff when called for Foster Youth Supervision (FYS) services. FYS services can be requested between the hours of 5:00pm and 8:30am Monday through Thursday; through the weekend from Friday 5:00pm through 8:30am the following Monday; and all County of Fresno holidays beginning the day before the holiday at 5:00pm until 8:30am the following workday.

Background Clearance Requirement: Employment will be contingent on successfully passing a mandatory background check through Focus Forward and/or Fresno County Probation. Background clearance will be processed and determined according to the satisfaction of Probation. An outside background clearance will not be accepted or considered.

Experience: Experience in managing contracts and budgets; hiring, training and supervising staff; evaluating data and writing reports; implementing evidence-based curricula, group facilitation and case management; and tracking progress to reach contract goals. Familiarity with human resource functions, strategic planning, public speaking, grant writing, leveraging resources, and managing per diem employees. Operate a CRM database and/or fundraising and marketing strategies, a plus.

Supervision: Reports to CEO

Description of Duties and Responsibilities:

The Director of Programs will plan, organize, develop, and direct the overall operations of all Focus Forward Programs in accordance with current federal, state and local standards, guidelines, and regulations, our established policies and procedures, and as may be directed by the Chief Executive Officer, to assure that all programs and supervisors are completing all duties. This includes leading and supervising program coordinators, supervisors, with their implementation strategies and reporting requirements, ensuring data collection is streamlined across the agency and programs are implemented in a cohesive, efficient manner. DOP will guide programmatic and financial decisions in accordance with scopes of work and budget guidelines to ensure contract compliance. DOP will support the CEO in managing agency operations, including HR tasks, strategic planning and grant writing. DOP may represent the agency on behalf of the CEO at community meetings including speaking engagements.

The DOP will also oversee all aspects of Foster Youth Supervision services including schedule coordination, staff training and supervision, reporting and youth supervision as needed. Foster Youth Supervision (FYS) services is a new service to be provided by a team of per diem staff led by the DOP. The FYS staff will provide supervision to foster youth and/or youth placed into protective custody by the Fresno County Department of Social Services (DSS)/Child Welfare Services (CWS). FYS services may be provided between the hours of 5:00pm and 8:30am Monday through Thursday; through the weekend from Friday 5:00pm through 8:30am the following Monday; and all County of Fresno holidays beginning the day before the holiday at 5:00pm until 8:30am the following workday.

Major Responsibilities:

- Plan, develop, organize, implement, evaluate, and direct all Focus Forward programs and per diem staff for Foster Youth Supervision programs
- Perform administrative requirements, such as completing necessary forms, reports, etc., and submitting such to the CEO as required
- Understand program contracts, including budgets, scopes of work, reporting requirements and funding limitations.
- Lead, supervise and support program coordinators to ensure agency policies and values are followed; programs are implemented in an effective and efficient manner; and goals are met in accordance with funder expectations.
- Guide program coordinators with budget spending, tracking and invoicing.
- Hire, train and support staff to provide trauma-informed culturally sensitive program services and supports to high risk youth, young adults and families. Provide ongoing training, coaching and correction action as needed.
- Establish on-call rotation schedule for FYS Staff and coordinated coverage for services. Dispatch and ensure staff report to the designated location on time.
- Provide direct supervision to foster youth as needed. Must be available and respond to CWS/Probation Staff when called for service. Response and services are to be provided within 1-hour of call from CWS/Probation Staff.
- Collect and analyze data and track progress on agency goals.
- Develop comprehensive reports synthesizing information in a format fit for various audiences, utilizing quantitative and qualitative data and compelling stories.
- Develop and implement policies and procedures to increase operational efficiency, productivity or improve outcomes for youth and families
- Attend agency and community meetings with or on behalf of CEO.
- Assist with strategic planning, goal setting, grant-writing and other development strategies.
- Assist with special projects and administrative duties to support CEO and Board of Directors
- Participate/Lead regular staff meetings and agency events and trainings
- Network with community partners and communicate effectively with clients, staff, and administrators; provide outreach through individual or group presentations

- Schedule/availability must be flexible to support staff and/or volunteers who work on evenings and/or weekends; as well as to attend community meetings.
- Stay informed on best practices, evidence-based programming and promising practices for system-involved youth and families through trainings, workshops and up-to-date research.

Specific/Additional Duties:

- Leverage program and operational resources for effective collaboration within the agency and with outside partners.
- Assist with special projects such as marketing (website management, social media, newsletter, etc.), operations (HR functions, record-keeping, etc.) and resource development (donor relations, fundraising, etc.)
- All other duties as assigned

Required Skills:

- Strong leadership skills, including staff development and coaching
- Must be very organized with the ability to establish and follow timelines and maintain agency records
- Solve per diem staff challenges and manage their work hours depending upon services requested by the Foster Youth Supervision program
- Excellent verbal and verbal communication skills, including public speaking, narrative, and reporting
- Strong arithmetic skills with the ability to track budget spending
- Ability to evaluate data and develop programs
- Ability to read and understand contracts and budgets
- Must demonstrate excellent judgment and have the ability to manage crises and adapt to unforeseeable circumstances
- Ability to develop and maintain professional working relationships with management, staff, partners, funders, and the general public
- Ability to work under pressure, prioritization, and handle multiple tasks simultaneously
- Able to effectively communicate agency mission, values and programs
- Must be culturally competent in working with populations of diverse ages, cultures, ethnicities, sexual orientations, etc.
- Understanding of client-centered, strengths-based approaches and case management strategies when working with at-risk families involved in the justice or child welfare systems.
- Responsible, reliable and demonstrates good judgment and problem-solving skills
- Bilingual (English/Spanish/Hmong) preferred
- Proficient with Microsoft Office, email and the internet. Familiarity with CRM databases, Square Space, G-suite and/or Canva a plus.

Work Environment and Physical Conditions/Demands:

Cubicle setting, sitting/standing for prolonged periods of time, lifting up to approximately 40 pounds (more or less as needed), frequent meetings and/or presentations offsite in the community, heavy computer and telephone usage, physical coordination, working in noisy or crowded environment, speak loudly, stopping, bending, lifting, reaching, must drive vehicle. Must be comfortable working with families facing various challenges and provide services in a non-judgmental manner. Must be flexible during off hours to support staff and volunteers on duty. These conditions and physical demands are representative of those that must be met by an employee to successfully perform essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform these essential functions.

Compensation: This position is Exempt. \$60,000 annual salary with a benefit package that includes paid time off upon supervisor approval; portion of medical insurance coverage; 100% of dental and vision coverage (employee only) and 403b retirement option with up to 4% employer match. Mileage reimbursement for approved work-related travel at the federal reimbursement rate.

How to Apply: If you are interested in applying please send a Cover Letter and Resume to Joanna Litchenberg, CEO at joannaz@focusforward.org Deadline to submit is **January 4, 2022**.

Focus Forward is an equal opportunity employer and does not discriminate in employment on the basis of race, color, religion, sex (including pregnancy and gender identity), national origin, political affiliation, sexual orientation, marital status, disability, genetic information, age, membership in an employee organization, retaliation, parental status, military service, or other non-merit factor.

Job Description Per Diem Direct Care Staff (Contract)

Department/ Location: Fresno County Transitional Youth Shelter

Status: Contract

Reports to: Facility Administrator

Job Summary:

Fresno County Transitional Youth Shelter's Direct Care Staff provide a safe and nurturing environment for youth as they assist them in regaining the stability necessary to return home or to a community-based placement. Direct Care Staff provide supervision, support and intervention to clients, while ensuring the safety and wellbeing of each client.

Job Duties:

- Perform supervision, protection, and care of children individually and in groups at all times. Always remain awake, including during overnight hours.
- Assist children in working with a group and in handling individual problems.
- Provide intervention to clients as specified in each clients' care plan, including administration of plan goals/objectives, discipline, and setting of limits for behavior.
- Notation of child's progress; identification of the possible need for additional professional services; and communication of such findings to professional staff.
- Assistance with the provision of or access to core services and supports, daily activities and emotional and social supports as necessary.
- Assist children with the self-administration of medication according to the facility's policies and procedures. Follow all policies and procedures related to medication storage, documentation, and destruction.
- Observe signs of emotional and physical illness and make emergency referrals when required and/or report to facility manager.
- Complete meal and food preparation.
- Advises children on proper hygiene and behavior.
- Follows and ensures daily activities are initiated and offered for youth as scheduled.
- May supervise or manage youth in the community.
- Complete paperwork requested by supervisor, including records related to client personal property inventory and daily client log.
- Complete incident reports, when necessary, before the end of the shift and according to DSS' documentation quality and timeliness standards.
- Endure general upkeep of the facility, making recommendations to address identified problems. Monitor and assure cleanliness of facility kitchen, common area, storage room, youth rooms and shower room. Assure all rooms are clean with new linen.

- Intervene with the clients' behavioral program as needed. This includes physical management of the clients (implementation of Crisis Prevention Intervention "CPI") as necessary.
- Remain in compliance with all facility training requirements.

Job Qualifications:

- At least 21 years of age
- AA or bachelor's degree in social work, criminology, sociology, child development, or related field. A minimum of year-for-year experience and/or equivalent combination of experience and education may be considered as relevant.
- Must have and maintain CA Driver's License with reliable transportation and car insurance for regular travel within Fresno County and possibly out of county (mileage reimbursement for approved work-related travel at the federal reimbursement rate).
- Direct experience serving at-risk youth and/or their families who have been involved in the juvenile justice or child welfare systems. Knowledge of and direct service skills such as establishing rapport, maintaining healthy boundaries, Trauma Informed Practices and positive youth development practices required.
- Meet all new employee training requirements prior to direct work with clients.
- Flexible schedule with the ability to work evenings and weekend days as needed.
- Ability to work as a team player.
- Knowledge and understanding of the needs of children served in a children's residential facility.
- Skills and ability to engage and develop rapport with children who have various backgrounds.
- Skills and ability to provide consistency and behavioral limits through relationship-based interventions.
- Skills to communicate effectively with the ability to solve problems in a collaborative manner.
- Clear TB test, health screening, criminal background check, and any other mandatory State or Federal licensing and certification requirements.

This job description in no way states or implies that these are the only duties to be performed by this employee. They will be required to follow any other instructions and to perform any other duties requested by their supervisor or the management of the facility.

I have read the above job description and I understand the duties for my position.

Employee's Name (Please Print)

Employee's Signature

Date