



**MEMORANDUM
HEALTH AND HUMAN SERVICES
CHILDREN'S SYSTEM OF CARE
County of Placer**

TO: Board of Supervisors

DATE: March 8, 2016

FROM: Jeffrey S. Brown, M.P.H., M.S.W., Director of Health and Human Services

SUBJECT: Emergency Shelter Agreement Template

ACTION REQUESTED

1. Approve a standard Emergency Shelter Agreement Template to contract with licensed foster care homes to provide emergency foster care for a maximum period of three months, at \$410 per bed, per month, and authorize the Director of Health and Human Services or his designee, the Director of Children's System of Care, to sign the agreements and to sign subsequent amended templates not to exceed 10 percent of the contract amount, consistent with the agreement's subject matter and scope of work.

BACKGROUND

Historically, children five years old and under who have had to be removed from their homes due to suspected abuse and neglect have been placed in emergency foster care homes. The Children's Emergency Shelter is limited by California Department of Social Services Community Care Licensing to house children aged six and older only. This agreement will standardize and update the current Emergency Shelter Agreement between Placer County and licensed foster homes, and allow for placement of older youth and children in such foster homes as part of our development of an emergency foster care continuum. These placements are necessary for the safety and well-being of minors, and more will be needed as AB 403 Continuum of Care Reform is implemented and Placer County continues with the legislatively directed closure of the Children's Emergency Shelter.

FISCAL IMPACT

Current contract expenditures are included in the FY 2015-16 Final Budget and future expenditures will be included in their respective Proposed Budgets. These expenditures are funded by Federal/State sources (45%), Realignment funding (10%), and County General Funds (45%).

ATTACHMENTS:

Emergency Shelter Agreement Template

**CONTRACT FOR SERVICES
PLACER COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES**

DESCRIPTION: Children's Emergency Shelter Foster Care
CONTRACT NO. CN _____
BEGINS: _____
ENDS: _____
ADMINISTERING AGENCY: Children's System of Care

This agreement is between _____, as the contracted foster family ("Shelter Care Family"), and the County of Placer, Health and Human Services Department, through its Children's System of Care Division ("Placer County"), to provide emergency shelter care for children from birth to five-years of age, or children over the age of five, or a mix of older and younger children in cases involving sibling groups.

The Placer County Shelter Care Contract Manager for this contract ("Contract Manager"), with contact information is:

The following are conditions of this agreement:

- 1) The Shelter Care Family must be licensed by the State of California through Placer County and maintain the license for the duration of the contract. All applicable licensing regulations must be adhered to.
- 2) This agreement is for the duration of the three-month period identified in this contract. Placer County retains the right to terminate this contact at any time.
- 3) The Shelter Care Family agrees to not accept other children into their home except those authorized by the Contract Manager.
- 4) The Contract Manager or his/her designee will be responsible for monitoring shelter care placements and ensuring payments for such placements.
- 5) Every effort will be made so emergency shelter care placements will not exceed 30 days.
- 6) Placement documentation is the responsibility of the placing Placer County Children's System of Care Social Worker ("Social Worker") with the exception of the Shelter Care Use Statement. The Shelter Care Use Statement is the responsibility of the Shelter Care Family to complete and submit to the Contract Manager.
- 7) The Shelter Care Family agrees to accept any and all children defined above into their homes. If a child exhibits behaviors that put the child or others at risk, the Shelter Care Family must express the safety concern(s) to the child's Social Worker for appropriate action.
- 8) Any emergency health care needs that relate to the child's well-being are the responsibility of the Shelter Care Family. For non-emergency needs, the Shelter Care Family must communicate such needs to the child's Social Worker.

- 9) The Shelter Care Family agrees to work with Placer County HHS in areas such as transportation, reunification efforts, and other areas with as much flexibility as possible.
- 10) The Shelter Care Family agrees to supply transportation to and from child's home and school until bus transportation is set up.
- 11) Shelter Care Families agree not to take children out of the State of California or Placer County overnight without advance authorization of the Contract Manager.
- 12) The Shelter Care Family agrees to hold to Exhibit A, entitled Shelter Care Vision Statement, attached hereto and incorporated herein by this reference.
- 13) It is the responsibility of the Shelter Care Family to be available via telephone (home, cell, etc.) and to return all calls regarding placement as soon as possible, generally in no more than 10 minutes.
- 14) Placer County will pay a monthly retainer of \$410.00 per bed, in recognition of the Shelter Care Family's 24-hour, 7-day-a-week availability. In addition to this retainer, the Shelter Care Family will be paid a daily amount set forth by the California Department of Social Services (CDSS) for all children placed. If this agreement is terminated before the three-month commitment, the \$410.00 per month, per bed retainer will be pro-rated to a daily rate and the balance returned to Placer County Health and Human Services.
- 15) Children placed in emergency shelter care are not subject to being transitioned to long-term foster placements and or adoption.
- 16) Shelter Care Families are encouraged to take time off from their shelter care duties of up to four days per month or up to 12 days during the three-month contract period. Ideally, that time off will follow the placement of all shelter care children from the Shelter Care Family (that is, there are no shelter-care children present during the time off). For time off to occur under this contract, the time off must be coordinated with the Contract Manager in advance.

// Signatures on following page

SIGNATURES OF PARTIES INVOLVED IN AGREEMENT

Shelter Care Family

Foster Parent(s): X _____ Date: _____
X _____ Date: _____

Shelter Care Family's Home:

Street Address

City

Zip

() _____
Home Phone

() _____
Cell Phone / Pager

Home E-mail Address

Foster Home License #

Placer County Health and Human Services, Director of Children's System of Care:

_____ Date: _____

EXHIBITS:

- A. Shelter Care Vision Statement
- B. Shelter Care Use Statement
- C. Request for Retainer