To this end, Refuge House strives for continued development and promotion of those skills and practices among employees and foster/adoptive parents to ensure that services are delivered in a culturally competent manner. Refuge House will employ training and self-assessment measures, development and implementation of policies and procedures that support cultural competence, and establishing practices that are responsive to culture and diversity found in the children, young adults, and families we serve. This is a continuous process of development and improvement.

Cultural Competency & Diversity Training Procedure

Employees

Within the first 30 days of employment, all Refuge House employees will participate in a training or course covering cultural competence and/or diversity training employees will participate in on-going training covering cultural competence or diversity training at least yearly. This training may take the form of a group face-to-face training, online course, self-study or other appropriate material.

Foster/Adoptive Parents and Caregivers

Foster/adoptive parents and caregivers receive cultural competence training as a component of the PRIDE course as a requirement of pre-service training. Each foster/adoptive Parent must participate in one authorized cultural competence and/or diversity course per year as a requirement of in-service training.

In the event that a foster/adoptive parent receives placement of a child or young adult with a significantly different cultural or ethnic background, Refuge House will ensure that the foster/adoptive parent(s) is able to meet their specific needs through additional training, education or mentoring by Refuge House employees or another experienced foster/adoptive parent.

For Children and Young Adults

Children and young adults in the care of Refuge House will receive ongoing training in cultural competency and diversity. Children and young adults will experience cultural diversity through participation in community activities, exposure to culturally relevant literature, school education, and placement in a foster/adoptive home with parents trained in cultural diversity.

References

Contract Term 17, Contract Term 19

Training and Professional Development

The training schedule for Child-Placing Staff, Administrators, Treatment Directors, Child Placement Management Staff, Quality Assurance (QA), and full-time professional service providers is outlined below. Beginning April 10, 2010, Refuge House will keep on file resources related to training programs as applicable.

Before Beginning Job Duties

- Employee Orientation
- SAMA – 8 hours

Within 30 Days of Start Date or the Next Scheduled Caregiver Pre-Service Training

- Foster/Adoptive Parent and Caregiver Orientation
- Psychotropic Medications Training
- CPR/First Aid Training
- PRIDE (Includes: *Constructive Guidance And Discipline Of Children, Developmental Stages Of Children, Fostering Children's Self Esteem, Positive Interaction With Children, Strategies And Techniques For Working With The Population Of Children Served, Supervision And Safety Practices In The Care Of Children, Cultural Competency And Diversity, Different Roles Of Foster/Adoptive Parents, Measures To Prevent, Identify, Treat And Report Suspected Occurrences Of Child Abuse, Neglect And Exploitation, Connecting With PRIDE, Teamwork Towards Permanency, Attachment, Losses, Strengthening Family Relationships, Discipline, Signs Of Sexual Abuse, Continuing Family Relationships, Planning For Change)*
- Online Medical Consenter Training

Within 90 Days of Assuming Adoption Related Responsibilities

- The Special Needs Adoption Curriculum

Annual Training Requirements Per Calendar Year

(pro-rated from the date of employment)

- First Year with Agency – 30 hours of ongoing training
- All Subsequent Years – 30 hours of ongoing training

Training Topics

Vary by year and availability of instruction and include, but are not limited to:

- Developmental Stages of Children
- Constructive Guidance and Discipline of Children
- Fostering Children's Self-Esteem
- Positive Interaction With Children
- Strategies and Techniques for Working With the Population of Children Served
- Supervision and Safety Practices in the Care of Children
- Preventing the Spread of Communicable Diseases

Training Instructor Requirements

1) A qualified instructor must deliver training.
2) The training must be instructor led.
3) A health-care professional or a pharmacist must provide training in administering psychotropic medications training. The trainer must assess each participant after the training to ensure that the participant has successfully learned the course content.
4) To provide training in emergency behavior intervention:
   - The instructor must be certified in a recognized method of emergency behavior intervention, or be able to document knowledge of:

i) The emergency behavior intervention;
ii) The course material; and
iii) Training delivery methods and technique.

- The training evaluation or assessment methods and techniques, and
  i) Training must be competency-based and require participants to demonstrate skill and competency at the end of the training.

Documentation of Annual Training

Annual training is documented in the appropriate employee, caregiver, staff, and or foster/adoptive parents' record, and may be in the form of a certificate, letter, or signed and dated statement of successful completion. The documentation must include the following:

- Participant name;
- Date of training;
- Title or subject of training;
- Trainer's name and qualification or source of training for self-instructional training; and
- Training hours.

References

§749.863(a)(4), §749.863(b), §749.869, §749.931.(3-7), §749.933, §749.935, §749.937, §749.939, §749.941, §749.949, Contract Term 27.F, Contract Term 17, Adoption Contract Term VIII.8

STAR/Superior Health Service Management

The Refuge House case manager shall contact the STAR/Superior Health contractor (Superior/Integrated Mental Health Services) and/or DFPS worker the first three days of placement to ensure that every child and young adult is enrolled in service management, and case manager will document in monthly notes and contact logs all attempts to obtain verification that child or young adult has been enrolled in STAR/Superior. If and when the STAR/Superior Health contractor determines the child and young adult meets the criteria for the service management program, the case manager will ensure that every child, young adult and foster/adoptive parent participates in service management. All children and young adults enrolled in the STAR/Superior Health Service Management program will participate in the program throughout their care in Refuge House, regardless of placement changes within the agency.

Refuge House ensures that all children and young adults whose psychological assessment recommends behavioral health services are enrolled with a therapist contracted through this Agency. All therapists are required to have a verified enrollment through STAR/Superior. Each year as a subcontractor's contract is renewed, STAR/Superior enrollment is verified on the website in addition to other relevant information and documentation. By this process, Refuge House is able to ensure that all children and young adults for whom behavioral health services are prescribed are being served by a STAR/Superior Health contractor.

References

§749.345(1-2), §749.2401, §749.2403, §749.2405, §749.2441, §749.2443, §749.2445, §749.2447, §749.2449, §749.2451, §749.2475

Pre-Service Training and Experience Requirements

Refuge House foster/adoptive families will be well prepared and capable of dealing with the behaviors exhibited by children/young adults in their home. They will understand the needs of the children and young adults placed in their homes, and they will ensure that DFPS, licensing standards, contract terms and YFT standards are met. General pre-service training includes the following components: developmental stages of children, foster children's self esteem constructive guidance and discipline of children, strategies and techniques for monitoring and working with these children/young adults, age appropriate activities for children/young adults, different roles of foster/adoptive parents, measures to prevent, identify, treat and report suspected occurrences of child abuse, neglect and exploitation, procedures to follow in emergencies such as weather related emergencies, preventing the spread of communicable diseases, recognizing and preventing shaken baby, preventing SIDS, understanding early childhood brain development, Psychotropic Medications, the authorized emergency behavior intervention techniques (SAMA), CPR/First Aid, Developmental Milestones, Online Medical Consenter Training, Disaster Plan. Pre-service training cannot count toward annual training hours.

Training Instructor Requirements

1) A qualified instructor must deliver training.

2) The training must be instructor led.

3) A health-care professional or a pharmacist must provide training in administering psychotropic medication. The trainer must assess each participant after the training to ensure that the participant has learned the course content.

4) To provide training in emergency behavior intervention:

    a. The instructor must be certified in a recognized method of emergency behavior intervention, or be able to document knowledge of:

        i. The emergency behavior intervention;

        ii. The course material;

        iii. Training delivery methods and techniques; and

    b. Training evaluation or assessment methods and techniques;

        i. Training must be competency-based and require participants to demonstrate skill and competency at the end of the training.

40 Hour Supervision Requirement

New foster/adoptive parents without previous experience in residential child care may not be assigned sole responsibility for any child/young adult until the new foster/adoptive parent has been supervised for at least forty (40) hours while conducting direct child care duties. An experienced foster/adoptive parent must be physically available to each new foster/adoptive parent at all times, until the new foster/adoptive parent acquires the supervised experience. The provider must document the supervised child care experience of every foster/adoptive parent who provides direct care to children/young adults. Documented verification of a minimum one-year relevant experience to the population that the foster/adoptive parent would serve, such as children/young adults with PDD, MR, ED, and physical disabilities may permit new foster/adoptive parents to be waived from the forty hours supervision requirements.

References

§749.105(3), §749.345(4), §749.869, §749.881, §749.883, §749.885, §749.903, §749.981, Contract Term 6.D, Contract Term Attachment C Section 502,

Refuge House Home Capacity/Caregiver Ratios

At no time, may a Refuge House home or Refuge House group home exceed its capacity. Refuge House determines capacity for each home and group home based upon four factors:

- Number of foster/adoptive parents, age of the children/young adults in the home and in placement
- Services being provided and the needs of the children/young adults in care
- Amount of space available for children/young adults
- Bathroom accommodations in the home

During the time children/young adults in care are away from a foster/adoptive home, the foster/adoptive parents are not required to maintain ratio; however, at least one foster/adoptive parent must be available by phone to 1) respond to emergencies, changes in schedule or unplanned event, and 2) provide care and supervision whenever a child/young adult needs the attention of a foster/adoptive parent, including when a child/young adult returns to the home.

Refuge House Foster/Adoptive Homes

Refuge House foster/adoptive homes may care for up to 6 children/young adults, including biological, adopted and foster children/young adults, adults in care, and children/young adults for whom the Refuge House home is providing mini-break care.

Child Care Services

- In a foster/adoptive home providing care for only Child Care Services children, the ratio is 1/6, unless there is 1 or more children under the age of 5, in which case the ratio is 1/5.
- In a foster/adoptive home, no more than 2 children under 18 months may reside, unless the children are in a sibling group. If 2 children 18 months and under are placed in the same home, no more than 2 additional children under the age of 6 may reside in the home. These restrictions include biological and adopted children, and children in the home for mini-break care.

- Medicaid card
- Immunization records
- Placement Authorization

After Discharge - Refuge House will share information about children/young adults who have left the home if known, for the purpose of the foster family growing in assessment skills, general care, and best practices. Contact information (address and phone number) will not be shared and is considered outside the scope of necessary information for the purposes stated. All information that is shared is under generally accepted standards of privilege and confidentiality.

References

Contract Term 25

Roles and Responsibilities of the Foster/Adoptive Family

Considering A Placement – When contemplating taking a foster child/young adult into the home, verbal information received should be shared with the biological family members in the foster/adoptive home who could assist and lend support in making a decision. If not enough information has been given by the Refuge House case manager or Refuge House Intake Department to be able to make a decision comfortably, it should be conveyed to the Refuge House case manager or Intake Department so that he/she can research possible solutions.

At Placement – Foster/adoptive parents are obligated to review all written material made available the day of placement. If information is inadequate to provide safe and effective care for the child/young adult, this is to be discussed with the Refuge House case manager for timely resolution.

After Discharge – Foster/adoptive parents may request an update on children/young adults who have left the home out of genuine interest and for the purpose of learning and improving the skill level of the foster/adoptive family.

References

Contract Term 25.A

Training

Roles and Responsibilities of Refuge House

Pre-Service Training (before verification) – Refuge House is responsible for providing orientation and a portion of the pre-service training classes to all prospective foster families. Classes taught by Refuge House include:

- PRIDE classes (or in association with other local child placing agencies)
- Behavior Management (SAMA)

- Medication training/Psychotropic medications (Both State website and TBRI)
- Transportation
- Cutural Competency
- 1st Aid/CPR
- Trauma Informed Care (Both state website and TBRI)
- Developmental Milestones
- Medical Consent
- Orientation

Refuge House will assist families in locating classes for CPR and First Aid.

In-Service Training (after verification) – Refuge House will provide ongoing training opportunities, free of charge, on certain days throughout the year.

Refuge House is committed to providing our families with quality training and ensuring each caregiver is up to date with the constant changing requirements set fourth by RCCL, Contract, YFT, & COA. In an effort to strive for **excellence** Refuge House will update all families by providing Mandatory Training within 120 days of all changes when necessary. If there are minor changes Refuge House will notify each family via email. These emails will list out all changes along with how Refuge House will be monitoring compliance.

In the case of an emergency "change", Refuge House will schedule a mandatory "Go To Training" withing 48hrs of being notifed. These trainings will be recorded in the event a caregiver cannot attend. In these situations the caregiver's Refuge House case manager will sit-down individually or in a group setting within seven days of the training to ensure all information and tools are understood to remain in compliance.

Refuge House will make all necessart changes to the agency's monitoring to ensure each caregiver remains in compliance with any and all changes.

Cost of Training – Training provided by Refuge House is available to foster parents at no charge. (This includes training done in association with other local child-placing agencies). Refuge House does not cover travel expenses and any other associated child care costs associated with training.

Monitoring of Training – The RH case manager and Foster Home Developer assist in the tracking of hours completed by foster/adoptive parents and provide regular updated and reminders of renewal dates and continued training hours needed to fulfill requirements, however foster/adoptive parents are responsible for ensuring their training is current and complete. The case manager and/or Foster Home Developer will initiate a plan for a family to acquire needed training when a family is behind and closely monitor this until training is current.

Roles and Responsibilities of the Foster/Adoptive Family

Pre-Service Training – Each foster/adoptive parent and caregiver must attend an orientation class. This includes information on the mission and vision of Refuge House, services provided, and Roles and Responsibilities. This is a two (2) hour session and does not count toward pre-service or annual training hours.

- Orientation – 2 hours
  - Refuge House philosophy
  - Organizational structure
  - Policies
  - Programs Offered (foster care, adoption)
  - Characteristics of the Children and Young adults we serve Relevant applicable rules

All prospective foster/adoptive parents are required to schedule and attend Pre-Service Training and to complete homework in a timely fashion. The required training from families providing therapeutic care to children/young adults ranges from twenty (20) to thirty (30) hours for fostering and foster/adopt. This includes:

- CPR and First Aid (does not count toward pre-service hours)
- Shaken Baby/SIDS
- PRIDE Classes – 12 hours
- Behavior Management – 16 hours initially with an 8 hour annual update
- Medication Training/Psychotropic Medications – 2 hours
- Online Medical Consenter Training
- Developmental Milestones Training
- Adoptive Only Parents – additional training required

Those who have current certification in First Aid or CPR will not need to repeat this training until their certification expires. Experienced foster/adoptive families will need to complete Behavior Management and Psychotropic Medications Training before verification as a family with Refuge House.

PRE-SERVICE EXPERIENCE – Prior to verification, foster/adoptive applicants will complete 40 hours of observation training with a tenured foster/adoptive family. Active transfer foster/adoptive families will be required to complete 40 hours of observation training with a tenured foster/adoptive family on a case-by-case basis.

TRANSFER – For foster/adoptive homes transferring from another agency, the foster/adoptive home must meeting the following requirements:

- RH Orientation Training
- Current CPR/First Aid
- Current Medication Training
- Current Behavior Intervention (SAMA) training
- Online Medical Consenter Training
- Developmental Milestones Training
- Current ongoing training
- 6 weeks to complete RH Medication Training

RETURNING TO ACTIVE STATUS – For Refuge House homes that are returning to Active status after being inactive for less than 1 year, foster/adoptive parents in a Refuge House home must meet the following requirements:

- Current CPR/First Aid
- Current Medication Training
- Current Behavior Intervention (SAMA)
- Resume pro-rated ongoing training

In-Service Training (after verification) – Refuge House will provide ongoing in-service training opportunities for the foster/adoptive parents. A variety of topics will be offered by Refuge House for this annual training. In order to be eligible for mini-break reimbursements, foster/adoptive parents must have current ongoing training. Foster/adoptive parents who lack training hours and are not responding to a plan to acquire needed training will not receive new placements in their home.

MARRIED FOSTER/ADOPTIVE PARENTS – Each family unit is required to complete 60 hours of annual in-service training, each foster/adoptive parent completing 30 hours individually.

UNMARRIED COUPLES – Single training requirement applies to each foster/adoptive parent.

SINGLE FOSTER/ADOPTIVE PARENTS – Each individual is required to complete 50 hours annually

GROUP HOME – Each individual is required to complete 30 hours of annual in-service training.

Recurring required training:

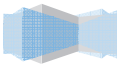
- First Aid/CPR (as necessary based upon expiration dates)
- Behavior Intervention (SAMA) – 8 hours annually
- Medication Training – 2 hours annually
- Cultural Competence and/or Diversity

Opportunities to obtain training hours include:

- Attending pre-service training for review
- Face-to-face training with Refuge House employees during home visits
- Seminar attendance which are relevant to their positions, including sessions at the Annual Foster Parent Conference
- Reading professional publications approved by the Treatment Director and writing a brief synopsis (each 30 pages of reading is equal to one hour)
- Viewing videotapes or listening to cassette tapes pre-approved by the Treatment Director (may not exceed 25% of ongoing training requirements)
- Hosting new families for observation in the home and training the parent (s) in specific areas (up to nine hours for experienced foster/adoptive parents only)

No more than one third of required training hours may come from self-instructional training.

COST OF TRAINING – CPR and First Aid are not provided by Refuge House. Cost of these classes is the responsibility of the foster/adoptive parent(s). Generally training provided outside Refuge House is the family's responsibility unless arrangements have been made with



the Refuge House Case Manager Supervisor. Travel expenses and childcare costs during training are the responsibility of the foster/adoptive family.

MONITORING OF TRAINING – It is the responsibility of the individual receiving training to ensure documentation is turned into the Refuge House case manager or Refuge House Foster Home Developer for all training completed. When a foster/adoptive parent completes training in excess of the minimum requirements, up to 10 hours of the following year's annual training requirements may be carried over from the prior year.

References

§749.345(4), §749.861, §749.863, §749.865, §749.867, §749.931, §749.983, §749.945, §749.947, Contract Term 16, Contract Term Attachment C Section 502

COMMUNICATION PROCESS

ROLES AND RESPONSIBILITIES OF REFUGE HOUSE

General Communication – Every foster/adoptive home is assigned to a Refuge House case manager. The Refuge House case manager acts as the central point of contact and is responsible for each child/young adult placed in that home, as well as most facets of the agency home monitoring process. Following are the regular contacts Refuge House will have with a Refuge House foster/adoptive home:

- Refuge House Case Manager/Case Aid – maintains general and routine contact with an Agency home at least once weekly, either by home visit, face-to-face visit or phone visit.
- Refuge House Foster Home Developer – conducts/facilitates Agency home screening and ongoing foster/adoptive home file maintenance and updates
- Refuge House Intake Department – arranges placements and 30-day follow-up activities
- Refuge House Case Manager Supervisor, Treatment Director, Administrator, Executive Director - handles non-routine occurrences, problem resolution and provides necessary authorizations
- Refuge House Quality Assurance Department – ensures compliance and quality of care
- Operations/Controller – provides support for non-treatment issues, such as reimbursement questions
- On-call worker (972.834.0900) – provides 24 hour by 7 days a week availability, specifically for after hours and weekend support and emergencies

Notification – Any of the above-mentioned parties may contact a foster/adoptive parent at a foster/adoptive home for any issue that could significantly impact their ability to care for the children/young adults placed in their home. If a foster/adoptive parent has questions or concerns regarding information or recommendations, the foster/adoptive parent may contact individuals through the chain of command: Refuge House Case Manager, Case Manager Supervisor, Treatment Director, and Executive Director/CEO.

ROLES AND RESPONSIBILITIES OF THE FOSTER/ADOPTIVE FAMILY