



## Red Mountain Family Services, Inc.

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### TREATMENT FOSTER PARENT CONTRACT

In order to preserve and maintain quality treatment foster care for each treatment foster child placed with Red Mountain Family Services, Inc., each licensed treatment foster parent must read, understand and sign this contract once a year. It is important for treatment foster parents to understand their responsibilities and non-compliance with this contract can lead to disciplinary action up to and including revocation of your license to provide treatment foster care through Red Mountain Family Services, Inc.

1. Treatment foster parents shall adhere to all applicable statutes and regulations (CYFD and RMFS) applying to treatment foster parent homes. Treatment foster parents are expected to understand and comply with agency and state regulations pertaining to treatment foster care and children in treatment foster care. By signing this contract I understand this responsibility.
2. Treatment foster parents agree to ensure the safety, permanency, and well being of any child they take into their care. Being a treatment foster parent is a serious and long term commitment. Treatment foster parents understand that the placement in Treatment Foster Care Services is temporary, except when adoption by the treatment foster parents has become the permanency plan. Treatment foster parents understand that once a treatment foster child is placed in their home after the initial 72 hour pass has taken place, the treatment foster child becomes an official permanent placement in their home or the treatment team must agree to any unplanned discharges, the TFC parent may lose their TFC license.
3. Treatment foster parents maintain agency and The New Mexico Children, Youth and Families Department standards confidentiality, privacy practices and HIPPA requirements. By signing this contract I understand this responsibility.
4. The treatment foster parents are the front-line treatment interventions. The family living experience is the basic service to which individualized treatment interventions are added. Treatment foster parents are responsible for meeting the client's basic needs and providing daily care and supervision at all times. TFC children are not left in the care of others.
5. Treatment foster care parents are to respond appropriately to all directives given by RMFS staff in a timely manner. Treatment foster care parents will be expected to administer an emergency interventions and/or PRN medication, immediately and without delay, at the direction of RMFS staff.
6. The treatment foster parents actively participate in the treatment planning process and implement specific provisions of the treatment plan. The treatment foster parents will work as a team and not circumvent the process by working only with certain members of the team. Treatment foster parents are professionals and are expected to act as such in their dealing with all treatment team members, including RMFS staff, therapists, medical professionals and custody holders. Additionally, any concerns a treatment foster parent has, should be addressed with a RMFS staff member, not a person outside of the agency. Additionally, any concerns a treatment foster parent has, should be addressed with a RMFS staff member, not a person outside of the agency.

7. The treatment foster parents will obtain approval by RMFS staff and the treatment team before instituting any type of reward system in the home. Treatment foster care children never need to “earn” basic need items, it is expected that those will be provided by the treatment foster parent as part of their care of the child. TFC parents will not permit a TFC child to have money.
8. The treatment foster parents work with the treatment team to maximize the likelihood that all services are provided in a culturally competent and culturally proficient manner. Treatment foster parents do culturally inspired activities with treatment foster care children and they work to encourage treatment foster care children to care about, participate in, and to learn about their culture.
9. The treatment foster parents (unless contraindicated) assist the client in maintaining contact with the client’s family and actively work to support and enhance these relationships. Working with the family members of the treatment foster child can/may include taking the child to visits/adoption events and helping the family members to learn how to care and manage their child. The TFC parents must commit to making sure all TFC children have phone contacts and visits as recommended by the treatment team.
10. The treatment foster parents systematically record information and document client behaviors/activities and significant events related to the treatment plan. Documentation occurs on a daily basis at a minimum and more often in response to the occurrence of significant events. Progress notes are to be turned in on a weekly basis, every Monday for the previous seven (7) days. (i.e. every Monday treatment foster care parents are to submit progress notes from the previous Monday-Sunday period). The New Mexico Children, Youth and Families Department require that all documentation be complete and on time. If paperwork is not received on time your reimbursement check will be held. If this occurs you will be notified 5 days prior to the distribution day of reimbursement checks to give you adequate time to complete and submit the requested paperwork. The purpose of daily progress notes being turned in on time is to give feedback about how the child is doing.
11. Treatment foster parents are expected to follow all directions in administering prescription and non-prescription medications to treatment foster care placements. Treatment foster parents are expected to notify the treatment coordinator of the treatment foster child with any medication issues immediately. When the office is closed, treatment foster parents are expected to notify the on-call staff about any medication issues immediately in addition to leaving a message for the treatment coordinator.
12. The treatment foster parents must report all serious incidents to the agency, consistent with agency policy and certification requirement. The treatment foster parents report all incidents **immediately** to the agency (use the on call system if needed) Serious incidences includes but are not limited to threats and/or incidents of self harm, incidents of harm to others, running away, therapeutic time out, therapeutic hold, school involvement, substance abuse, law enforcement involvement (if the police are called for any reason in regards to a treatment foster care child) and medical emergency. Delays in reporting serious incidences will reflect on the overall performance of treatment foster parents and may result in disciplinary action being taken against the treatment foster parents.
13. The treatment foster parent home must have one treatment foster parent readily accessible at all times and is able to be physically present if necessary to meet the client’s emotional and behavioral needs (respond to school for parental attention).
14. The total number of treatment foster care clients placed in a two parent treatment foster care home, being level I and level II, is limited to three. The total number of treatment foster care

clients placed in a single parent treatment foster care home cannot exceed two. Total number of children in the home, including bio children, is no more than six.

15. The treatment foster parents must ensure that there are blocks on all phones (sex and party lines, etc), TV's (pay per view pornography etc, please ensure adult lock/guard is active) and computers (password lock computer, blocks on pornography and inappropriate sites, etc). Treatment foster parents will not be reimbursed for expenses incurred if they do not follow these procedures. Please keep car keys in a safe place and ensure that the home is safe with regard to sharp objects, medications, etc. Appropriate home insurance coverage needs to be maintained in case of property damage by a treatment foster care child. Treatment foster parent will not be reimbursed for expenses incurred if they do not have proper coverage.
16. Treatment foster parents should set clear rules, boundaries, and expectations for all children in the home. Children should be treated fairly regardless of being biological children, treatment foster care placements or respite placements. Treatment foster parents understand that they must treat the treatment foster child in their home with unconditional love, care, and respect. Treatment foster children are to be treated just as any other child living in the home and should not be considered as less than any other person in the home. Treatment foster children are to be treated as a member of the family and no action(s) displayed by treatment foster parents should display otherwise.
17. The treatment foster parents must complete the initial training requirements to be licensed as a treatment foster parent and must complete all yearly training requirements (24 hours per person, per licensure year). Treatment foster parents are responsible for ensuring that all training is completed each licensure year. All trainings must be relevant to treatment foster care and approved by the Treatment Foster Parent Liaison. \$100 training stipend is available for each licensed treatment foster parent each year.
18. In order to maintain your license every year, you must keep agency required documents up to date (such as car insurance, home owners or renters insurance and pet vaccinations) along with keeping up to date with your training hours. We ask that you be responsible for this. Please know that we will send reminders to help support you with this.
19. Each treatment foster home that has a swimming pool (above ground or below ground) must have insurance coverage for their pool and a safety plan for the use of the pool. The same is true for hot tubs, trampolines, three wheelers, four wheelers, horses and any other items that can be construed as dangerous for the treatment foster child. It is the responsibility of the treatment foster parents to report this information each year. Please note all pools and hot tubs are required to be adequately fenced or secured to prevent the access of children when not accompanied by adults. The use of three/four wheelers must have the legal guardian's approval in writing and the child must wear a helmet. This also includes horses. Use of a trampoline requires the safety net to be around the trampoline at all times. Adults must be supervising all of these activities at all times.
20. Treatment foster parents will ensure the safety of a treatment foster care child when being transported in a vehicle. All vehicles used will have factory installed doors with child locks on them and child locks will be utilized whenever the child is being transported. All vehicles will be insured and driven by adult individuals with a valid driver's license. All children requiring child seats will be transported using child seats at all times.
21. Treatment foster care parents understand that they cannot smoke (including electric cigarettes) in the home or any vehicle used to transport treatment foster care children. All treatment foster care parents are expected to fill out a Smoking Form and if an adult in the

home smokes they are required to detail for the agency, when and where they will smoke and what the plan for continued supervision of treatment foster care children will be.

22. Therapeutic leave will be available to you each month. You are given two (2) days of paid leave each month in order to provide you with relief and support. All therapeutic leave should be approved and planned for with your assigned treatment coordinator and the Treatment Foster Parent Liaison. However, therapeutic leave is not an entitlement or a requirement and will be granted based upon the best interest of the treatment foster care child above all else. All respites exceeding three (2) nights require treatment team approval, and custody holder approval, with final approval of the Executive Director. Respite is also subject to availability.
23. Treatment foster parents are expected to ensure that all belongings of a treatment foster care child, leave the home when the child does. This includes items purchased by the treatment foster parents, regardless of monetary value (i.e. bike, video gaming system, stereo, ipod, etc.)
24. Treatment foster parents are expected to abide by the rules set forth in the RMFS weapons agreement and to never have a weapon, or a loaded weapon in the presence of a treatment foster care child.
25. Treatment foster parents understand that if their license is not renewed, terminated, or revoked that they will be expected to submit all outstanding progress notes, MAR forms, etc, return all items belonging to any treatment foster care child and their license in order to obtain their final compensation check.
26. Treatment foster parents understand that by signing this contract that their homestudy may be provided to CYFD, custody holders or any other legal entity that has rights pertaining to a child for review in cases of potential placement. Treatment foster parents understand that by signing this contract that they are approving RMFS and CYFD to mutually share any and all information pertaining to the treatment foster care family. This is a requirement of licensure as outlined in the CYFD Licensing Requirements for Foster and Adoptive Homes Section 8.26.4.12 Assessment Process for Foster and Adoptive Home License subsection F9 page 5.
27. Treatment foster parents are required to notify RMFS immediately when they have any type of involvement with law enforcement, any new criminal offense (felony or misdemeanor arrest, charge, or conviction). This requirement is part of the Children, Youth and Families Department-Licensing and Certification Regulations. In regards to a DWI a treatment foster parent must notify Executive Director and Clinical director immediately so an assessment can be done to ensure that the TFC children are safe in the home. In regards to a second DWI, no matter the length between the two offenses, Executive Director will move automatically to the process to revoke the treatment foster care license of the treatment foster child. Treatment foster parents are required to report any abuse or neglect referrals (reports made to SCI and/or CYFD) made about them within 24 hours of the referral. Failure to report could result in the suspension and/or termination of the treatment foster parents license.
28. Treatment foster Parents are to complete 24 hours of yearly training before their annual license and assessment date. A letter will be sent along with a hard copy given to the treatment foster parents informing them of how many hours they have completed and how many hours they have left to complete. The Treatment Foster Parent Liaison will give the treatment foster parents ways to obtain more training such as online class (Max of 5 hours of training), books(Max of 4 hours of training), and movies (Max of 4 hours of training). Any treatment foster parent that is not up to date with their training requirements will be re-licensed for the next year, as long as they complete a plan to “catch up “on their training, which will be

