

PROGRAM STATEMENT

Foster Family Agency

A "Foster Family Agency" (FFA) is any public agency or private organization, organized and operated on a nonprofit basis, engaged in any of the following:

- Recruiting, certifying, approving, and training of, and providing professional support to, foster parents and resource families.
- Coordinating with county placing agencies to find homes for foster children in need of care.
- Providing services and supports to licensed or certified foster parents, county-approved resource families, and children to the extent authorized by state and federal law.

LICENSE REQUIRED

An FFA is required to be licensed by the Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS). In order to be considered for licensure, an organization wishing to operate an FFA must submit an application, letter of recommendation, plan of operation, program statement, applicable supporting documentation, and a licensing fee as required to CCLD.

PLAN OF OPERATION

Effective January 1, 2017, an FFA shall have plan of operation describes the agencies' administrative organization and operation and includes a detailed program statement.

PROGRAM STATEMENT

The program statement is a component of the plan of operation that details the key components of an FFA's program describing how the FFA will effectively serve the differing needs of children and nonminor dependents. This document specifies how these components comply with the required services and standards established by regulation and law as well as meet the level of care needs as identified in the care plan of children and youth.

AUTHORITY

The Foster Family Agency "Interim Licensing Standards" (ILS) constitute the written instructions authorized by Assembly Bill (AB) 403 (Chapter 773, Statutes of 2015) and AB 1997 for the California Department of Social Services to implement the Continuum of Care Reform Provisions that govern Foster Family Agencies on and after January 1, 2017.

The structure of the ILS builds on the current California Code of Regulations Title 22, Division 6, Chapter 1 General Licensing Requirements and <u>Chapter 8.8 Foster Family Agencies</u>. The ILS begins with Article 9 which incorporates the new Continuum of Care Reform mandates that all Foster Family Agencies shall comply with along with Subchapter 1: Resource Family Approval which govern the implementation of the Resource Family Approval (RFA) Program by a Foster Family Agency. Please note: The ILS implement the provisions of the County RFA Written Directives (Version 3.0).

PROCESS FOR SUBMISSION OF INITIAL FOSTER FAMILY AGENCY PROGRAM STATEMENT

- 1. Prepare a detailed, written program statement that meets all applicable requirements.
- 2. Submit one copy of the program statement to a county placing agency in which the agency provide services or anticipate providing services to obtain a letter of recommendation.
- 3. Submit two copies of the program statement to your local CCL Regional Office as part of your plan of operation, which needs to be included in your application package. (See Application and Supporting Documentation Checklist, LIC 281D for additional information.)

FORMAT FOR SUBMITTING FOSTER FAMILY AGENCY PROGRAM STATEMENT

- ✓ Type or print clearly.
- ✓ Prepare and compile the information and documentation as required.
- ✓ Use the Application and Supporting Documentation Checklist LIC 281D as the table of contents for the application licensing documents and plan of operation information.
- ✓ Use the Table of Contents contained in this document for the program statement.
- ✓ Create letter and number tabs to divide each section.
- ✓ Letter and number tabs must correspond with the section contained in the table of contents.
- ✓ Place a cover sheet in front of each section of the binder. Note: This document includes cover sheets that begin on "page 1."
- ✓ Place all appropriate materials behind each tabbed divider.
- ✓ Place all materials, in the order shown, in a three ring binder.
- ✓ Keep a copy for your records.

REVISIONS TO FOSTER FAMILY AGENCY PROGRAM STATEMENT

An FFA must submit revisions to the FFA Program Statement when any changes are made to the program that will affect the license. It is only necessary to submit the documents/pages that are revised, including an updated Table of Contents for those sections needing updates.

- All revisions must be sent to the County Placing Agency for review to see if program meets its needs.
- Submission of revisions must be prepared and order and formatted accordingly.
- Submit two copies of the revisions, the Letter of Recommendation, to the CCL Regional Office.

ABBREVIATIONS USED IN THE FOSTER FAMILY AGENCY PROGRAM STATEMENT

- AFDC-FC Aid to Families with Dependent Children/Foster Care
- CCLD Community Care Licensing Division
- CCR California Code of Regulations (Title 22, Division 6)
- CDSS California Department of Social Services
- FFA Foster Family Agency
- GC Government Code
- H&SC Health & Safety Code
- ILS Interim Licensing Standards
- LIC Indicate Licensing forms
- WIC Welfare & Institutions Code

PROGRAM STATEMENT TEMPLATE

Foster Family Agency

PROGRAM IDENTIFICATION			
APPLICANT/LICENS	SEE NAME:		
PROGRAM NAME (II	F ANY) OR NAME C	OMMONLY KNOWN AS OR DIFFERENT THAI	N ABOVE:
APPLICANT/LICENS	EE MAILING ADDR	ESS:	
FACILITY LOCATION (Provide the name an each sub-office.)	N(S) d address of the mai	n administrative office operating the foster family	agency program. Provide the address of
Facility Name	License Number	Address (Street Name, City, Zip, Telephone Number)	Licensed Capacity
· ·			
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Attach additional shee	et, if necessary.		
Contact Person's Na	ame:	Title:	Phone Number:
DOES THIS AGENCY OPERATE ACTIVITIES OTHER THAN A FOSTER FAMILY AGENCY? (Examples of other activities are group home(s), adoption agency, adult care, thrift shop, health care facility, etc.)			
☐ YES ☐ NO if	yes, specify type of	activities:	

PROGRAM STATEMENT TEMPLATE Foster Family Agency

App	Applicant/Licensee Name Facility Number, If known	
RE	ASON FOR SUBMITTING Foster Family Agency PROGRAM ST	ATEMENT
	eck the boxes below that best describe the reason(s) a new or updated mitted. At least one box must be checked.	l program statement is being
	Initial License Application	
	License Change	
	□ New Licensee	
	□ Location	
	☐ Category	
	☐ Administrative Operation/Organization	
	☐ Sale or Transfer of Majority of Stock	
	☐ Separation from Parent Nonprofit Corporation	
	☐ Merger with Another/Different Nonprofit Corporation	
	☐ Other Change(s):	
	"Adding New" Program Requirement(s) Existing Foster Fan	nily Agency
	☐ Update to the Plan of Operation/Program Statement	
	☐ Change in Licensing Forms	
	☐ Population	
	☐ Services and Supports	
	☐ Other Reason(s):	
	"Revising" an Existing Program Component(s) Existing Fos	ster Family Agency
	☐ Population	
	☐ Services and Support	
	☐ Other Reason(s)	

Applicant/Licensee Name Facility Number, If known

A FOSTER FAMILY AGENCY SHALL HAVE A PROGRAM STATEMENT THAT IS CULTURALLY RELEVANT AND TRAUMA INFORMED AND CONTAINS A DETAILED DESCRIPTION OF THE ITEMS IDENTIFIED IN THE TABLE OF CONTENTS BELOW.

TABLE	OF CONTENTS	Initial Submission	Revised
AGENO	Y DESCRIPTION		
1.	GOALS OF THE PROGRAM		
2.	POPULATION TO BE SERVED		
3.	ABILITY TO SUPPORT CHILDREN/NONMINOR DEPENDENTS/FAMILIES		
ADMIN	STRATION FUNCTIONS		
4.	PLAN FOR SUPERVISION, TRAINING, AND EVALUATION OF STAFF		
5.	VOLUNTEERS ASSISTING THE FOSTER FAMILY AGENCY		
6.	ASSESSMENT/DEVELOPMENT OF NEEDS AND SERVICES PLANS		
7.	AGENCY PARTICIPATION IN CHILD AND FAMILY TEAM		
8.	EMERGENCY RESPONSE SERVICES		
SERVIC	ES AND SUPPORTS		
9.	CULTURALLY RELEVANT SERVICES		
10.	CORE SERVICES AND SUPPORTS		
11.	SERVICES DURING PLACEMENT AND POST-PERMANENCY		
12.	TRANSPORTATION ARRANGEMENTS		
13.	RECRUITMENT/RETENTION		
14.	TREATMENT SERVICES		
15.	SERVICES TO BE PROVIDED TO FAMILIES		
16.	SUPPORTING FAMILIES IN CHILD AND FAMILY TEAM PROCESS		
17.	TRAINING, SUPERVISION, AND SUPPORT FOR CERTIFIED PARENTS		
18.	RESOURCE FAMILY APPROVAL		
19.	CONVERSION PLAN		
POLICI	ES AND PROCEDURES		
20.	CULTURAL HUMILITY AND SENSITIVITY		
21.	COMPLAINTS AND GRIEVANCES		
22.	PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE		
	CHILD WELFARE SYSTEM		
	FAMILY VISITATION AND OTHER COMMUNICATION		
	PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES		
	COMMUNITY ENGAGEMENT		
	TRAUMA INFORMED INTERVENTION AND TREATMENT PRACTICES		
	HOUSE RULES FOR CHILDREN/NONMINOR DEPENDENTS		
	NUTRITION/CLOTHING/INCIDENTALS		
	PERSONAL RIGHTS		
	DISCIPLINE POLICIES		
	DITATION		
	DOCUMENTATION OF ACCREDITATION		
	AL/DENTAL SERVICES		
	MEDICAL/DENTAL SERVICES		
	L HEALTH SERVICES		
	ACCESS TO MENTAL HEALTH SERVICES		
	ACTED SERVICES		
34.	CONTRACTED SERVICES		

^{*}The following pages contain cover sheets for each section of the program statement that includes a detailed description of the content for each of the sections. Please indicate in the check box(s) whether each section is an initial submission or if the section is a revision.

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Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT - AGENCY DESCRIPTION

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١.	PROGRAM PURPOSE, METHODS, GOALS, AND PHILOSOPHIES [Reference: 88222.1]
	Describe in detail the following:
	☐ Purpose, methods, goals, and philosophies of the program that is culturally relevant, trauma informed, and age and developmentally appropriate.
	$\hfill\square$ How goals will be measured and how frequently they will be evaluated.
	If the foster family agency intends to serve nonminor dependents, describe in detail the programs or services to be provided consistent with a nonminor dependent in preparing for the transition to independent living.
	Please check one of the following:
	☐ Initial Submission Date:
	☐ Revision Date:

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - AGENCY DESCRIPTION

2. POPULATION TO BE SERVED

[Reference: 88222.1]

Describe	in	detail	the	follo	wing:
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De	escribe in detail the following:
	The age range, sex, gender, and population of persons to be served, including, but not limited to, children; nonminor dependents; persons with physical or developmental disabilities; or mental disorders by your agency.
	The practice models or interventions that will be utilized and/or tailored to service specific populations, including how the agency will serve commercially sexually exploited children; lesbian, gay, bisexual, transgender, and queer/questioning children; nonminor dependent; and families.
	How your agency will engage the community, community-based organizations, or providers that work with the specific population.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - AGENCY DESCRIPTION

3. STATEMENT OF ABILITY TO SUPPORT THE DIFFERING NEEDS OF CHILDREN, NONMINOR DEPENDENTS, AND FAMILIES

[Reference: 88222.1, 88263]

Describe in detail the following:	
How your program will support the differing needs of children, nonminor dependents, and fan including commercially sexually exploited children or youths; lesbian, gay, bisexual, transgen queer/questioning; gender expansive; and their families.	
□ Describe how will you measure the success of these supports to verify the effectiveness of you ability to serve the differing needs of children, nonminors, and families.	our
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Please check one of the following: Initial Submission Date: Revision Date:

Applicant/Licensee Name	Facility Number, If known

4. PLAN FOR SUPERVISION, TRAINING, AND EVALUATION OF STAFF

[Reference: 88222.1, 88372, 88431.3, 88487.6]
A foster family shall have a plan for the supervision, training, and evaluation of staff. Provide a description of the following:
☐ How staff will be trained to meet the differing needs of children, nonminor dependents, and families.
☐ Employee orientations, initial and ongoing training, in-service education, types of training to be provided, and who will be required to attend the training.
☐ In-service education plan shall include position or person conducting training including their qualifications, approximate length of training, initial and annual training curricula, special training needs that will be identified (i.e., for serving and supporting specialized populations) and met, and specific training for administrators.
 Initial and ongoing training to deliver effective trauma informed services such as: Identifying the types of trauma Symptoms of trauma Trauma triggers Appropriate interventions Secondary trauma
☐ Initial and ongoing training to provide effective culturally relevant services which may include training about sexual orientation; gender expression and identity; privilege; oppression; cultural humility; intersectionality; and implicit bias.
☐ Initial and ongoing training in reporting requirements and child abuse identification, prevention, and treatment.
☐ Initial and ongoing training of a child's or nonminor dependent's right to have a fair and equal access to all available services, placement, care, treatment, 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.
☐ Trainings consistent with the training topics provided to resource families (pre-approval and annual trainings).
The above training is for the foster family agency personnel who provide services to children, nonminor dependents, certified parents, and resource families.
Please check one of the following:
☐ Initial Submission Date:
☐ Revision Date:

☐ Revision Date: _____

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

5.	UTILIZATION OF VOLUNTEERS ASSISTING THE FOSTER FAMILY AGENCY [Reference: 80065(C)]
	Describe the foster family agency's process for utilizing volunteers in assisting the foster family agency to include but not limited to:
	☐ How volunteers are utilized, screened, and trained. Training shall include but not limited to: reporting requirements, child abuse identification, trauma informed services, culturally relevant service and supports, etc.
	☐ A screening process that ensures every volunteer utilized is culturally competent, trauma informed, and lesbian, gay, bisexual, transgender, and queer/questioning affirming.
	☐ A process on how volunteers would be utilized when working with the commercially sexually exploited children population, including type of training provided.
	Please check one of the following:
	☐ Initial Submission Date:

Applicant/Licensee Name	Facility Number, If known

6. ASSESSMENT OF CHILDREN/NONMINOR DEPENDENTS & DEVELOPMENT OF NEEDS AND SERVICES PLANS

[Reference: 88222.1, 88268.1, 88268.2]

Γ	
ne	escribe the procedures for the development, review, implementation, and modification of eds and services plan for children and nonminor dependents placed with the foster family ency or served by the foster family agency to:
	Ensure consistency with the case plan as developed by the county placing agency and recommendation from the child and family team.
	Support the reasonable and prudent parent standard.
	Include procedures for collaborating with the children and family team.
	Identify how children and nonminor dependents will be assessed and the frequency of assessment.
Th	e Needs and Services plan shall:
	Be trauma informed, culturally relevant, and age and developmentally appropriate
	Identify the applicable core services, physical and mental health, substance abuse services, education, reunification, permanency, and transition services the child requires.
	Include a family reunification/permanency plan that meets the needs of the individual child or nonminor dependent and his or her family which includes visitation needs.
	Include the daily activities in which the children or nonminor dependents are scheduled to participate including school, work, and extracurricular activities.
	Identify the training needs through the needs and services plan and shall be age and developmentally appropriate to address the development of a child or nonminor dependent's life, social, work, financial, or practical skills and support the transition to a successful adulthood.
	Document the needs and services when the case plan is received from the county placing agency.
	Describe in detail how the needs and services plans will reflect the child's SOGIE.
	Describe how the needs and services plans will incorporate commercially sexually exploited children or youths, and nonminor dependents.
do	the case plan is not received from the county placing agency, the foster family agency shall cument in the needs and services plan the attempts made to obtain the case plan in the child's eds and services plan.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

7. AGENCY PARTICIPATION IN CHILD AND FAMILY TEAM

[Reference: 88222.1]

Describe how the foster family agency plans to participate in the child and family team process.

A child and family team brings together individuals that engage with the child or youth and family in assessing, planning, and delivering services. Use of a team approach increases efficiency, and thus reduces cost, by increasing coordination of formal services and integrating the natural and informal supports available to the child or youth and family.

County Responsibility:

The child and family team process begins with the initial interactions between the child welfare worker, the youth, and the family as a small informal team working together to identify the youth and family's strengths and underlying needs. As these strengths and needs are identified, the original team expands to include other members as necessary and appropriate. The process of putting together a child and family team for children and families involved with both child welfare and mental health must include at least the child welfare worker, mental health worker, the child, and the family. It is also essential to engage the youth and family in a discussion about their support systems and who they might want to be on their child and family team. If it is determined that a child will be placed in a Short-Term Residential Therapeutic Program (STRTP), it will be up to the originating Social Worker to now include a member from the STRTP to be part of the decision making.

Foster Family Agency Responsibility:

The foster family agency shall support the goals of the County Child Family Team recommendations of each child or youth in placement. Once in placement, the mental health program director or designee shall be an active member of the child and family team for each child or youth thereafter while in the foster family agency.

Pro	ovide the description of the following:
	Policies and procedures for embedding the child and family team into the program, including supporting the goals of the child and family team and how the program will be an active member.
	Description of how the agency will advocate through the child and family team meetings to include but not limited to, a child or youth's lesbian, gay, bisexual, transgender, and queer/questioning; cultural; or religious advocate.
	Description of how the agency will advocate through the child and family team meetings to include commercially sexually exploited children or youths and their families so that they will not be revictimized.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

8. EMERGENCY RESPONSE SERVICES [Reference: 88222.1] Describe in detail the following: ☐ Emergency response services to be provided to children, nonminor dependents, certified parents, and resource families by the foster family agency, including during evenings, weekends, and holidays. ☐ How the foster family agency plans to respond to disasters (e.g., earthquakes, fires, floods, etc.). ☐ Protocol for notifying child or nonminor dependent's authorized representative(s) of their whereabouts and condition. ☐ Communication protocol among foster family agency staff and local fire, law enforcement, child or nonminor dependent's attorney, and other disaster authorities. ☐ Training for foster family agency staff and certified parents/resource families in their duties and responsibilities under the disaster plan. Please check one of the following: ☐ Initial Submission Date: _____ ☐ Revision Date: _____

Applicant/Licensee Name	Facility Number, If known

9. CULTURALLY RELEVANT SERVICES

[Reference: 88222, 88222.1, 88487.1]

СО	escribe in detail how the foster family agency will embed a culturally relevant lens into all re services. Demonstrate how services in this program will have the following elements of Itural relevance:
	Respect of the strengths of children and families.
	Work within the historical context of experiences of individuals and cultural communities.
	Acknowledgement that culture affects beliefs about health, parents, behavior, etc.
	Empowerment of the child and family voice in service provision.
	Detail capacity around translators and/or staff to provide services in various languages to support the program population.
	Identify any policies or procedures that are designed to reduce any potential of the program failing to be culturally sensitive to the population served.
	How the community and youth will be engaged in the development of culturally relevant policies and procedures.
	How program staff will be trained to deliver effective culturally relevant services, including but not limited to, training surrounding sexual orientation; gender expression; gender identity; privilege; oppression; cultural humility; intersectionality; implicit bias; etc.
	Indicate what measures the foster family agency have taken to ensure that the program is compliant with regards to bedroom sharing policies and gender identity and expression.
	How will the foster family agency's staff support families who have lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) children (i.e. knowledge of rejection, acceptance, etc., and the ability to educate and support families through that process).
	How will the agency's core services include support for LGBTQ families (i.e. support groups, LGBTQ specific adoption education, inclusion in all events, recognition of LGBTQ families through the agency's website, environment (pictures and posters), LGBTQ competent mental health).
	How children's sexual orientation, gender identify, and gender expression will be taken into account in all aspect of services (i.e. ensuring that all services provided are LGBTQ competent; LGBTQ and gender expansive children and youth's voice are heard and represented throughout all services; mental health; environment; training; education; youth groups; Straight-Gay alliance groups; etc.)
	How the foster family agency will evaluate service delivery for assessing outcomes associated with culturally relevant services including outcomes surrounding reducing disproportionality and disparity, including how the child or nonminor dependent's sexual orientation, gender identity, and gender expression will be documented.
	The observable behaviors that will be evaluated pertaining to culturally relevant services.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

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Applicant/Licensee Name	Facility Number, If known
P.P. Carlotte and	, , , ,

10. CORE SERVICES AND SUPPORTS

[Reference: 88222.1, 88278.1]

Describe how a foster family agency shall provide core services and supports to children, nonminor dependents, and their families, as appropriate or as necessary, that are trauma informed, culturally relevant, age and developmentally appropriate.

Core services and supports include:

- Medi-Cal specialty mental health services
- Transition support services for children, nonminor dependent, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship.
- Educational and physical, behavioral, and mental health supports, including extracurricular activities and social supports.
- Activities designed to support children and nonminor dependents in achieving a successful adulthood.
- Services to achieve permanency, including supporting efforts to reunify or achieve adoption
 or guardianship and efforts to maintain or establish relationships with parents, siblings,
 extended family members, tribes, or others important to the child or youth, as appropriate.

Core services and support shall be provided directly, secured through agreements with other agencies, or both.

	Describe the direct resources and programs to be used to provide for which specific core services and support listed above.
	Attach agreement(s) and detail reasoning for contracting for which specific core services and support, the relationship between the program and contracting agency, and information on how the program will ensure core services and supports are being met.
aco Ind Am	Ite: A foster family agency shall ensure that Indian children receive core services and support in cordance to the Federal Indian Child Welfare Act. These services shall be in the best interests of lian children as including culturally appropriate, child-centered practices that respect Native nerican history, culture, retention of tribal membership, and connection to the tribal community and ditions.
*Se	ee attached Core Services Matrix for a more detailed operational definition of these services.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

11. SERVICES DURING PLACEMENT AND POST-PERMANENCY

Applicant/Licensee Name	Facility Number, If known

12.TRANSPORTATION ARRANGEMENTS

[Reference: 88222.1, 88487.10]

Describe the transportation plan to include:
☐ How the foster family agency will arrange for transporting children to and from school, activities provided outside the home (including attendance at religious services and lesbian, gay, bisexual, transgender, and queer/questioning affirming activities), and medical/dental appointments.
☐ How the foster family agency will ensure that vehicles used to transport children are maintained in safe operating condition.
$\hfill\square$ How the foster family agency will ensure that vehicle registration and insurance will be maintained
☐ How the foster family agency will ensure that only appropriately licensed program staff and volunteers will transport children.
☐ How the foster family agency will ensure that the Resource Family shall not allow a child to be transported by a person the Resource Family knows or reasonably should know does not have a valid driver's license.
☐ How the foster family agency will ensure that resource families shall not smoke or permit any individual to smoke a pipe, cigar, or cigarette containing tobacco or any other plant in a motor vehicle that is regularly used for providing transportation to a child or nonminor dependent.
☐ Any other arrangements specified in the needs and services plan or Transitional Independent Living Plan for a child or included in the written placement agreement between a Resource Family and the placement agency.
If accepting nonminor dependents, describe:
☐ Procedures for transportation of nonminor dependents that includes arrangements between the nonminor dependent and certified parents or approved resource families, be in accordance with the transitional independent living plan, and ensuring how the nonminor dependent will be permitted to arrange for his or her transportation.
$\hfill\square$ Policies for nonminor dependents owning or operating their own vehicle.
☐ Procedures for allowing a nonminor dependent to transport others. A nonminor dependent may, but is not required to, provide transportation to others.
Please check one of the following:
☐ Initial Submission Date:
Revision Date:

Applicant/Licensee Name	Facility Number, If known

13. RECRUITMENT, RETENTION, TRAINING, SUPERVISION, AND SUPPORT OF RESOURCE FAMILIES

[Reference: 88222.1]

Describe the training plan for approved families to include:
☐ Initial and ongoing training of resource families shall include training in child abuse identification, prevention, and treatment.
☐ A written statement identifying the frequency of home visits by staff overseeing compliance in homes and how plans for correction of problems are handled.
☐ How the foster family agency will provide support to mitigate removal of children and youth due to their sexual orientation, gender identity, and gender expression.
☐ A description of the training topics.
☐ Who will conduct the trainings.
☐ Who will attend the trainings.
☐ How many hours of training will be required annually.
☐ How specialized training will be provided to resource families to assist in meeting the differing needs of children.
☐ A description of how the foster family agency will convert its existing certified family homes to approved resource families by December 31, 2019.
Please check one of the following:
☐ Initial Submission Date:
☐ Revision Date:

Applicant/Licensee Name	Facility Number, If known

14.TREATMENT SERVICES

[Reference: 88222.1]

Describe how the foster family agency will provide or arrange for treatment services and support to meet the individual needs of children and nonminor dependents placed with certified family home or approved resource families of the foster family agency.

Please check one of the following:		
	Initial Submission Date:	
	Revision Date:	

Applicant/Licensee Name	Facility Number, If known

15. SERVICES TO BE PROVIDED TO CERTIFIED PARENTS AND RESOURCE FAMILIES

[Reference: 88222.1, 88265.3]
Describe the type of services for certified parents and approved resource families to include:
$\hfill \Box$ Orientation for potential certified family home applicant or resource family home applicants.
☐ How the applications of potential certified family home applicant or resource family home applicant will be assessed and evaluated.
☐ The type of support services provided to certified parents or approved resource families.
Please check one of the following:
☐ Initial Submission Date:
Revision Date:

Applicant/Licensee Name	Facility Number, If known

16. SUPPORTING CERTIFIED PARENTS AND RESOURCE FAMILIES IN CHILD AND FAMILY TEAM PROCESS

 [Reference: 88222.1]

 Describe how the foster family agency will support children, nonminor dependents, and the certified parents or approved resource families in participating in the child and family team.

 □ Describe how the parties will be notified of participation in the child and family team.

 □ Indicate how all parties will be provided with the outcome of the child and family team meeting and any follow up needed.

 Please check one of the following:

 □ Initial Submission Date: ______

 □ Revision Date: ______

Applicant/Licensee Name	Facility Number, If known

17. TRAINING, SUPERVISION, AND SUPPORT SERVICES OF <u>CERTIFIED</u> <u>PARENTS</u>

[Reference: 88222.1]
Describe the training plan for approved families to include:
☐ Annual training of certified parents.
☐ A written statement identifying the frequency of home visits by staff overseeing compliance in homes and how plans for correction of problems are handled.
☐ How the foster family agency will provide support to mitigate removal of children and youth due to their sexual orientation, gender identity, and gender expression.
☐ A description of the training topics.
☐ Who will conduct the trainings.
☐ Who will attend the trainings.
☐ How many hours of training will be required annually.
☐ How special training needs are identified and met.
☐ A description of how the foster family agency will convert its existing certified family homes to approved resource families by December 31, 2019.
Please check one of the following:
☐ Initial Submission Date:
Revision Date:

Applicant/Licensee Name	Facility Number, If known

18. RESOURCE FAMILY APPROVAL

[Reference: 88222.1, 88300]

Lix	elerence. 00222.1, 00300]
	escribe how the foster family agency will comply with the Resource Family Approval and and requirements.
	Describe in detail the programs implementation plan that includes:
	☐ An orientation for staff.
	☐ An orientation for families.
	☐ A staff development process whereby staff enhance their knowledge, skills, and abilities to ensure they can effectively approve, monitor, and support resource families.
	☐ Recruitment and hiring of new personnel, as necessary.
	☐ Outreach, recruitment, and support for Resource Family applicants.
	☐ Retention and support services for certified parents converting to resource families.
	☐ Any other strategies or approaches to be utilized to successfully implement the Resource Family Approval program.
	If the foster family agency chooses to approve resource families they shall describe in the program statement the conversion plan for its certified family homes to obtain Resource Family Approval prior to December 31, 2019.
	Describe how the foster family agency plans to recruit, retain, train, supervise, and support resource families to meet the appropriate needs of children and nonminor dependents, consistent with the training requirements set forth in Welfare and Institution Code section 16519.5.
	Describe how the foster family agency plans to be consistent with the training requirements set forth by the county child welfare placing agency.
	Describe how the foster family agency who is not an adoption agency will collaborate with an adoption agency.
	The Resource Family Approval Implementation Plan document can be used in addition to completing ction.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

19. CERTIFIED FAMILY HOME CONVERSION PLAN

If the foster family agency chooses not to approve resource families, describe how the FFA will convert its existing certified family homes to resource families on or before December 31, 2019.

Please check one of the following:		
	Initial Submission Date:	
	Revision Date:	

Applicant/Licensee Name	Facility Number, If known

20. CULTURAL HUMILITY AND SENSITIVITY

[Reference: 88222.1]

Describe the program's plan to incorporate cultural humility and sensitivity to providing services and collaboration with staff, children, nonminor dependents, certified parents, approved resource families, and community resources.

"Cultural humility" means the ability to maintain an interpersonal stance that is open to another individual in relation to aspects of cultural identity that is most important to that individual and incorporates a lifelong commitment to: self-evaluation and critique, to redressing the power imbalances in an authoritative relationship, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.

Please check one of the following:		
	Initial Submission Date:	
	Revision Date:	

Applicant/Licensee Name	Facility Number, If known
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21. COMPLAINTS AND GRIEVANCES

[Reference: 88222.1]		
Describe how the foster family agency will develop, maintain, and implement policies and procedures for handling complaints and grievances to include but not limited to:		
$\hfill\square$ How staff, children, and authorized representatives shall receive copies of such procedures.		
☐ How children and their authorized representatives are informed of their rights and permitted to file complaints.		
☐ Include producers on where each complaint and grievance will be held within the foster family agency.		
☐ Describe the process for providing a follow-up or feedback loop to communicate the action or inaction for the complaints and the rationale in a trauma informed and culturally relevant manner.		
Please check one of the following:		
☐ Initial Submission Date:		
☐ Revision Date:		

Applicant/Licensee Name	Facility Number, If known

22. PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM

CHILD WELFARE SYSTEM Reference: 88222.1]
The Quality Parenting Initiative, in partnership with caregivers, aims to redesign child welfare organizations at the local level to better recruit, support and retain quality foster caregivers who can effectively parent rulnerable children and youth.
☐ Provide all policies, procedures, and rationale for participating and/or assisting with county/state initiatives such as the Quality Parent Initiative and the Quality Improvement Project to improve the child welfare system.
Please check one of the following:
☐ Initial Submission Date:
Revision Date:

Applicant/Licensee Name	Facility Number, If known

23. FAMILY VISITATION AND OTHER COMMUNICATION

[Reference: 80068(b)(8), 88068.2(a)(6)]

	Describe the foster family agency's policy and rules regarding visitation to include the following, but not limited to:		
	When and under what circumstances children or nonminor dependents can be visited by family members, friends, and others.		
	When and under what circumstances the child or nonminor dependent is permitted to have home visits with parents and/or relatives.		
	When and under what circumstances the child or nonminor dependent is permitted to have overnight visits with parents, relatives, family members, and friends.		
	Provide all policies, procedures, and rationale for visitation including permitted circumstances for family visitation to the certified parents or approved resource home, family home visits, overnight visits with parents and/or relatives whilst ensuring cultural relevancy.		
	How the foster family agency will support visits for lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth with adults who are affirming of their sexual orientation, gender identity, and gender expression regardless of their biological connection.		
	How the foster family agency will ensure the lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth will not be exposed to rejection with those they visit with. If the adults who are visiting these children and youth are not affirming, detail how the foster family agency will work and educate those on lesbian, gay, bisexual, transgender, and queer/questioning, sexual orientation, gender identity, and gender expression.		
	How the foster family agency will ensure the safety and security of a commercially sexually exploited children or youths when visiting family and friends.		
	Under what circumstances other types of visits are or are not permitted.		
Ple	ease check one of the following:		
	Initial Submission Date:		
	Revision Date:		

Applicant/Licensee Name	Facility Number, If known

24. PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES

[Reference: 88222.1]
Describe the foster family agency's plan for SOCIAL and RECREATIONAL activities. Include, but not limited to:
$\hfill\square$ The plan for individual child activities and group interaction activities.
\square Identification of the children involved in the activities.
☐ Attendance of lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth in community activities.
Describe the program's planned educational activities and services. Include, but not limited to:
☐ Special education
☐ Use of public or private schools
☐ Tutoring, if applicable
☐ Providing a safe learning environment for the lesbian, gay, bisexual, transgender, and queer/questioning and commercially sexually exploited children or youths.
$\hfill \square$ Provide a SAMPLE DAILY ACTIVITY SCHEDULE for one week, including weekends and holidays.
The schedule must include social, recreational and educational activities, and coordinate with Section 19. to include CORE SERVICES.
Diagon should any of the fallowing.
Please check one of the following:
☐ Initial Submission Date:
Revision Date:

Applicant/Licensee Name	Facility Number, If known

25. COMMUNITY ENGAGEMENT

[Reference: 88222]

community/tribal partners, co	ounty placing agencie	eaningful involvement with the s, and mental health providers and its nor dependents, and families in including
☐ Core Services		
•		isexual, transgender, and queer/questioning program practices, services, and supports.
☐ Training, coaching, and other	er supports for staff and	administrators.
☐ Recruitment and retention of	f resource families.	
Detail the culturally appropricommunity/tribal partners an		egies used to meaningfully involve ot be limited to:
☐ Parent and Youth Partners		☐ Faith based organizations
☐ Cultural Brokers		☐ LGBTQ affirming families
☐ Foster and Relative Placem	ent peer support	☐ CSEC families
		mmunity/tribal partner/LGBTQ/ wareness and involvement that must
☐ Partnership Meetings	☐ Forums	☐ Incorporation/Response to Feedbac
	unity-based organizati	describe the plan to work with the specific ions and/or providers who work with this de but are not limited to:
☐ Special health care needs		$\ \square$ Commercially sexually exploited
□ LGBTQ		☐ Gang-affiliated children/youth
Please check one of the followir	ng:	
☐ Initial Submission Date:		

☐ Revision Date: _____

Applicant/Licensee Name	Facility Number, If known

26. TRAUMA INFORMED INTERVENTION AND TREATMENT PRACTICES

[Reference: 88222.1, 88263]

"Trauma informed interventions" means program interventions practices, services, and supports that recognize and respond to the varying impact of traumatic stress on children, nonminor dependents, and their families, certified parents, resource families, and those who have contact with the child welfare system.

Describe how the foster family agency will provide trauma informed intervention, practices, services, and supports. ☐ Be respected, informed, connected, and hopeful for children or nonminor dependents regarding his or her own experience with trauma. ☐ Identify the interrelationship between trauma and symptoms of trauma including, but not limited to, substance abuse, eating disorders, depression, and anxiety. ☐ Work in a collaborative way with a child or nonminor dependent, his or her family and friends, and human services agencies in a manner that will empower the child or nonminor dependent. ☐ Identify any policies and procedures that have been designed to reduce any potential to retraumatize children or nonminor dependents, including the integrated of trauma informed consequences. ☐ Promote physical and psychological safety for children, nonminor dependents, and families. ☐ Enhance the well-being and resilience of children, nonminor dependents, and families. ☐ Specify in detail how foster family agency staff will be trained to deliver effective trauma informed care. Include the approximate length of training, position/person that will provide the training and their qualifications. ☐ Detail the trauma informed interventions that will be used (indicate which are evidence-based, promising practices, innovative practices and culturally specific healing practices). ☐ Describe in detail how the foster family agency will evaluate service delivery for assessing outcomes associated with trauma informed services. ☐ Identify the observable behaviors that will be evaluated pertaining to trauma informed services. Please check one of the following: ☐ Initial Submission Date: ☐ Revision Date: ___

Applicant/Licensee Name	Facility Number, If known

27. HOUSE RULES FOR CHILDREN/NONMINOR DEPENDENTS IN CERTIFIED PARENTS OR RESOURCE FAMILIES HOME

	Provide all policies, procedures, and rationale for unsupervised visits away from the certified parents or approved resource family home.
	Describe the standard house rules, if any, that the foster family agency may allow certified parents or approved resource families to uphold or implement on the following, but not limited to:
	□ Curfew
	☐ Dating
	☐ Completing homework
	☐ Cleaning bedrooms, laundry, and other areas
	☐ Use of entertainment equipment
	☐ General prohibited behaviors.
	☐ Other (Specify)
ΡI	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

28. NUTRITION, CLOTHING, AND INCIDENTALS FOR CHILDREN/NONMINOR DEPENDENTS IN CERTIFIED PARENTS OR RESOURCE FAMILIES HOMES

	Describe how the foster family agency ensures that children have adequate clothing, proper nutrition, and personal hygiene items.
	Provide all policies and procedures for the nutrition provided to youth including a sample menu, provisions for special dietary needs, nutrition education, and food preparation skill services for youth and nonminor dependents.
	Provide all policies and procedures to ensure the presence of adequate clothing; culturally relevant and gender identity or expression personal hygiene items; youth's request for clothing whilst adhering to the Foster Youth Bill of Rights; and how children and youth's sexual orientation, gender identity, and gender expression will be affirmed through their clothing style.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known

29. CHILDREN AND NONMINOR DEPENDENTS PERSONAL RIGHTS

[Reference: 88222.1, 88487.8]
A foster family agency shall provide a description of how they will ensure the protection of the children and nonminor dependent's personal rights to include the following:
☐ Describe the foster family agency's policies and procedures for promoting and ensuring the personal rights of children and nonminor dependents.
□ Describe the plan to have the Foster Youth Bill of Rights and information about the Foster Care Ombudsperson always fully visibly posted without obstructions in areas accessible to clients and visitors in the foster family agency offices and suboffices.
☐ Describe the procedures for having conversations around personal rights in the child and family team.
☐ Describe procedures to discuss personal rights upon intake.
$\hfill \Box$ Establish procedures to periodically check-in with youths to remind them of their personal rights.
☐ Describe how children, nonminor dependents, families, and authorized representatives will be advised of personal rights as well as ability to file complaints.
Please check one of the following:
☐ Initial Submission Date:
☐ Revision Date:

Applicant/Licensee Name	Facility Number, If known

30. DISCIPLINE POLICIES [Reference: 80072(a)(3), 83072.1]
Describe the foster family agency's discipline policies and procedures to include:
☐ Type(s) of discipline permitted.
$\hfill \square$ Conditions under which each type of discipline will be used.
☐ Types of discipline NOT PERMITTED (corporal punishment and violation of personal rights).
☐ How the agency will ensure that a child or youth's sexual orientation, gender identity, and gender expression is not violated, discriminated against, or punished.
$\hfill \Box$ How will the agency handle peer to peer relationships and/or conflicts.
☐ Ensuring commercially sexually exploited children or youth are not re-victimized by the types of disciplinary actions taken.
☐ Provisions for informing child's or nonminor dependent's authorized representative(s) of discipline policies.
Please check one of the following:
☐ Initial Submission Date:
☐ Revision Date:

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - ACCREDITATION

31. DOCUMENTATION OF ACCREDITATION

[Reference: 88289]

An applicant or licensed Foster Family Agency shall submit documentation of accreditation or application for accreditation with its application for licensure. Below are the three accrediting bodies that foster family agencies can choose from:

\Box The Commission on Accreditation of Rehabilitation Facilities (CARF): <u>http://www.carf.org/</u>
☐ The Council on Accreditation (COA): http://www.coanet.org/
☐ The Joint Commission (JC): http://www.jointcommission.org/

The following applies to a foster family agency before January 1, 2017:

- The foster family agency shall have until December 31, 2018 to obtain accreditation.
- On January 1, 2017, the licensed foster family agency shall submit documentation of accreditation or a copy of its application for accreditation to the licensing agency as part of its program statement.
- The foster family agency shall provide documentation to the licensing agency reporting its accreditation status on July 1, 2017, January 1, 2018, and July 1, 2018.

The following applies to a foster family agency licensed on or after January 1, 2017:

- The foster family agency shall have up to 24 months from the date of licensure to obtain accreditation.
- The foster family agency shall submit documentation of accreditation or application for accreditation with its application for licensure.
- The foster family agency shall provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure.
- The foster family agency shall provide a copy of their final accreditation summary report to the licensing agency within 30 days of its release date.
- The foster family agency shall provide a copy of their corrected action in response to the final accreditation summary report within 30 days of its completion date to the licensing agency.
- The licensing agency may request additional information from the foster family agency regarding its accreditation status.
- The licensing agency may revoke a foster family agency license pursuant to Health and Safety Code section 1506.1 for failure to obtain accreditation within the timeframes specified in this subdivision.

Please check one of the following:			
	Initial Submission Date:		
	Revision Date:		

^{*}To reduce duplication, footnote the bottom of the Program Statement/Plan of Operation to identify what the accreditation standard or contract requirement it applies to.

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - MEDICAL/DENTAL SERVICES

32. MEDICAL/DENTAL SERVICES

	Describe procedures used to provide routine medical and dental care, including procedures for handling, storing, and assisting children and nonminor dependents with self-administration of medications.
	Describe procedures used to identify and handle medical, dental, and psychiatric emergencies.
	Describe procedures used to train certified parents and approved resource families to dispense and destroy medication.
	Identify staff responsible for dispensing and destroying medications.
	Procedures for ensuring that nonminor dependents receive necessary medical care.
	Procedures for assisting nonminor dependents in the development of skills necessary to obtain self-sufficiency in this area.
	Procedures for assistance with medications at the request of the nonminor dependent.
	Describe how transgender children and nonminor dependents' medical needs will be met (i.e., agency staff and medical provider knowledge of the child's medical condition) and include the foster family agency's policy on hormone and hormone blocker treatment and address how those type of medical decision will be made by a transgender experienced and competent physician only (these are not decisions made by staff or the program treatment team).
	Describe procedures used to ensure commercially sexually exploited children or youths are adequately examined and provided specific medical/mental health services to ensure they are not further re-victimized while being examined.
Ple	ease check one of the following:
	Initial Submission Date:
	Revision Date:

Applicant/Licensee Name	Facility Number, If known	

PROGRAM STATEMENT - MENTAL HEALTH SERVICES

33. ACCESS TO MENTAL HEALTH

[Reference: 88289.1]

A foster family agency shall ensure children and nonminor dependents have access to mental health services, consistent with the child or nonminor dependent's case plan provided by the county placing agency, including specialty mental health services for a child or nonminor dependent who meets medical necessity criteria for specialty mental health services under the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program.

- A foster family agency may provide mental health services only with a current Medi-Cal contract as an organizational provider of a mental health plan.
- A foster family agency shall not directly provide Medi-Cal specialty mental health services without a current mental health program approval as required by the Department of Health Care Services.
- A foster family agency that has not obtained a mental health program approval shall provide children and nonminor dependents access to integrated, appropriate mental health services.

	Describe how the children or nonminor dependents will have access to appropriate mental health
	services.
Ple	ase check one of the following:
	Initial Submission Date:
	Revision Date:

☐ Revision Date: _____

Applicant/Licensee Name	Facility Number, If known

PROGRAM STATEMENT - CONTRACTED SERVICES

34. CONTRACTED SERVICES [Reference: 88222.1]
☐ Describe the foster family agency's procedures when contracting staff to provide services to children and nonminor dependents.
☐ Describe how the foster family agency will provide contractors name, what service they will provide, and to whom they will be providing the service to.
☐ Describe how the foster family agency will ensure contractors are providing adequate services to children and nonminor dependents that include culturally relevant and trauma informed services.
Please check one of the following:
☐ Initial Submission Date:

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REVIEWED BY:		DATE:	
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TITLE:	COUNTY:		