[](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwj7jZXWpfnOAhVB12MKHXeyAV8QjRwIBw&url=http://www.dacfs.org/partners-friends/&psig=AFQjCNHA_qejobK3aJ1vX4-pYQP5V8FMKw&ust=1473201575164784)

# PROGRAM STATEMENT

# Foster Family Agency

# FOSTER FAMILY AGENCY

# 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

AnFFA 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 a plan of operation that 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 non-minor dependents. This document specifies how these components comply with the required services and standards established by regulation and law as well as how these components 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 [Chapter 8.8 Foster Family Agencies](http://www.dss.cahwnet.gov/ord/entres/getinfo/pdf/Ffaman.pdf). 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 anticipates 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. The bottom of the page in each section of the binder can be used to indicate whether the information being submitted is “Initial’ or “Revised” and include the date.
* 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 the program meets its needs.
* Submission of revisions must be prepared in the appropriate order and formatted accordingly.
* Submit two copies of the revisions and 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/LICENSEE NAME:** |
| **PROGRAM NAME (IF ANY) OR NAME COMMONLY KNOWN AS OR DIFFERENT THAN ABOVE:** |
| **APPLICANT/LICENSEE MAILING ADDRESS:** |

### FACILITY LOCATION

*(Provide the name and address of the main administrative office operating the foster family agency program. Provide the address of each sub-office.)*

| Facility Name | License Number | Address (Street Name, City, Zip, Telephone Number) | Licensed Capacity |
| --- | --- | --- | --- |
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Attach additional sheet, if necessary.

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| Contact Persons Name: | 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:*

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# PROGRAM STATEMENT TEMPLATE

## Foster Family Agency

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| **Applicant/Licensee Name** | **Facility Number, If known** |

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| **REASON FOR SUBMITTING Foster Family Agency PROGRAM STATEMENT** |

***Check the boxes below that best describe the reason(s) a new or updated program statement is being submitted. At least one box must be checked.***

**□ 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):*

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**□ “Adding New” Program Requirement(s) -- Existing Foster Family Agency**

**□** *Update to the Plan of Operation/Program Statement*

**□** *Change in Licensing Forms*

**□** *Population*

**□** *Services and Supports*

**□** *Other Reason(s):*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**□ “Revising” an Existing Program Component(s) -- Existing Foster Family Agency**

**□** *Population*

**□** *Services and Support*

**□** *Other Reason(s)*

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| **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** |
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| 1. POPULATION TO BE SERVED |  |  |
| 1. ABILITY TO SUPPORT CHILDREN/NONMINOR DEPENDENTS/FAMILIES |  |  |
| **ADMINISTRATION FUNCTIONS** |  |  |
| 1. PLAN FOR SUPERVISION, TRAINING, AND EVALUATION OF STAFF |  |  |
| 1. VOLUNTEERS ASSISTING THE FOSTER FAMILY AGENCY |  |  |
| 1. ASSESSMENT/DEVELOPMENT OF NEEDS AND SERVICES PLANS |  |  |
| 1. AGENCY PARTICIPATION IN CHILD AND FAMILY TEAM |  |  |
| 1. EMERGENCY RESPONSE SERVICES |  |  |
| **SERVICES AND SUPPORTS** |  |  |
| 1. CULTURALLY RELEVANT SERVICES |  |  |
| 1. CORE SERVICES AND SUPPORTS |  |  |
| 1. SERVICES DURING PLACEMENT AND POST-PERMANENCY |  |  |
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| 1. RECRUITMENT/RETENTION |  |  |
| 1. TREATMENT SERVICES |  |  |
| 1. SERVICES TO BE PROVIDED TO FAMILIES |  |  |
| 1. SUPPORTING FAMILIES IN CHILD AND FAMILY TEAM PROCESS |  |  |
| 1. TRAINING, SUPERVISION, AND SUPPORT FOR CERTIFIED PARENTS |  |  |
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| 1. CONVERSION PLAN |  |  |
| **POLICIES AND PROCEDURES** |  |  |
| 1. CULTURAL HUMILITY AND SENSITIVITY |  |  |
| 1. COMPLAINTS AND GRIEVANCES |  |  |
| 1. PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM |  |  |
| 1. FAMILY VISITATION AND OTHER COMMUNICATION |  |  |
| 1. PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES |  |  |
| 1. COMMUNITY ENGAGEMENT |  |  |
| 1. TRAUMA INFORMED INTERVENTION AND TREATMENT PRACTICES |  |  |
| 1. HOUSE RULES FOR CHILDREN/NONMINOR DEPENDENTS |  |  |
| 1. NUTRITION/CLOTHING/INCIDENTALS |  |  |
| 1. PERSONAL RIGHTS |  |  |
| 1. DISCIPLINE POLICIES |  |  |
| **ACCREDITATION** |  |  |
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| **MEDICAL/DENTAL SERVICES** |  |  |
| 1. MEDICAL/DENTAL SERVICES |  |  |
| **MENTAL HEALTH SERVICES** |  |  |
| 1. ACCESS TO MENTAL HEALTH SERVICES |  |  |
| **CONTRACTED SERVICES** |  |  |
| 1. CONTRACTED SERVICES |  |  |
| **INTENSIVE SERVICES FOSTER CARE PROGRAM (ISFC)** |  |  |
| 35.SUMMARY OF THE PROGRAM |  |  |

***\*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.***

|  |  |
| --- | --- |
| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - AGENCY DESCRIPTION

1. **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.

□ How goals will be measured and how frequently they will be evaluated.

**If the foster family agency intends to serve non-minor dependents, describe in detail the programs or services to be provided consistent with a non-minor dependent in preparing for the transition to independent living.**

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - AGENCY DESCRIPTION

1. **POPULATION TO BE SERVED**

[Reference: 88222.1]

**Describe in detail the following:**

□ The age range, sex, gender, and population of persons to be served, including, but not limited to, children; non-minor 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; non-minor dependent; and families.

□ How your agency will engage the community, community-based organizations, or providers that work with the specific population*.*

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - AGENCY DESCRIPTION

1. **STATEMENT OF ABILITY TO SUPPORT THE DIFFERING NEEDS OF CHILDREN, NON-MINOR DEPENDENTS, AND FAMILIES**

[Reference: 88222.1, 88263]

**Describe in detail the following:**

□ How your program will support the differing needs of children, non-minor dependents, and families, including commercially sexually exploited children or youths; lesbian, gay, bisexual, transgender, queer/questioning; gender expansive; and their families.

□ Describe how will you measure the success of these supports to verify the effectiveness of your ability to serve the differing needs of children, non-minor dependents, and families.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

1. **PLAN FOR SUPERVISION, TRAINING, AND EVALUATION OF STAFF**

[Reference: 88222.1, 88372, 88431.3, 88487.6]

**A foster family agency 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, non-minor 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 non-minor dependent’s right to have 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, non-minor dependents, certified parents, and resource families.*

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

1. **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 be 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 types of training provided.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

1. **ASSESSMENT OF CHILDREN/NON-MINOR DEPENDENTS & DEVELOPMENT OF NEEDS AND SERVICES PLANS**

[Reference: 88222.1, 88268.1, 88268.2]

**Describe the procedures for the development, review, implementation, and modification of the needs and services plan for children and non-minor dependents placed with the foster family agency 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 non-minor dependents will be assessed and the frequency of assessment.

**The 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 non-minor dependent and his or her family, which includes visitation needs.

□ Include the daily activities in which the children or non-minor dependents are scheduled to participate including school, work, and extracurricular activities.

□ Identify the training needs through the needs and services plan. Plan shall be age and developmentally appropriate to address the development of a child or non-minor 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 non-minor dependents.

*If the case plan is not received from the county placing agency, the foster family agency shall document in the needs and services plan the attempts made to obtain the case plan in the child’s needs and services plan.*

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

1. **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 whom 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.

Provide 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 be 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 re-victimized.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ADMINISTRATIVE FUNCTIONS

1. **EMERGENCY RESPONSE SERVICES**

[Reference: 88222.1]

**Describe in detail the following:**

□ Emergency response services to be provided to children, non-minor 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 the child or non-minor dependent’s authorized representative(s) of theirwhereabouts and condition.

□ Communication protocol among foster family agency staff and local fire, law enforcement, child or non-minor 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **CULTURALLY RELEVANT SERVICES**

[Reference: 88222, 88222.1, 88487.1]

**Describe in detail how the foster family agency will embed a culturally relevant lens into all core services. Demonstrate how services in this program will have the following** **elements of cultural 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 the foster family agency’s staff will 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 voices 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 non-minor dependent’s sexual orientation, gender identity, and gender expression will be documented.

□ The observable behaviors that will be evaluated pertaining to culturally relevant services.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **CORE SERVICES AND SUPPORTS**

[Reference: 88222.1, 88278.1]

**Describe how a foster family agency shall provide core services and supports to children, non-minor 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, non-minor dependents, 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 non-minor 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.

**Note:** A foster family agency shall ensure that Indian children receive core services and support in accordance to the Federal Indian Child Welfare Act. These services shall be in the best interests of Indian children as including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

\*See attached Core Services Matrix for a more detailed operational definition of these services.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **SERVICES DURING PLACEMENT AND POST-PERMANENCY**

[Reference: 88222.1]

**For additional services and support, the foster family agency shall include in their policies and procedures:**

□ A description of how the foster family agency will provide or arrange for additional services and support to meet the individual needs of children, non-minor dependents, and families during placement and post-permanency.

□ The name, location, and services provided by an agency or agencies that the foster family agency has contracted with, either formally or informally, to provide services and supports.

□ A description of how the foster family agency will ensure services and supports provided pursuant to subsection (b)(12)(A) protect the health and safety and maintain the confidentiality and privacy of information and documentation.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **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.

□ 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 non-minor 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 non-minor dependents, describe:**

□ Procedures for transportation of non-minor dependents that includes arrangements between the non-minor dependent and certified parents or approved resource families, how the procedures will be in accordance with the transitional independent living plan, and ensuring how the non-minor dependent will be permitted to arrange for his or her own transportation.

□ Policies for non-minor dependents owning or operating their own vehicle.

□ Procedures for allowing a non-minor dependent to transport others. A non-minor dependent may, but is not required to, provide transportation to others.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **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 non-minor 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **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:**

□ 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 types of support services provided to certified parents or approved resource families.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

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

[Reference: 88222.1]

**Describe how the foster family agency will support children, non-minor 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **TRAINING, SUPERVISION, AND SUPPORT SERVICES OF CERTIFIED PARENTS**

[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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **RESOURCE FAMILY APPROVAL**

[Reference: 88222.1, 88300]

**Describe how the foster family agency will comply with the Resource Family Approval standards and requirements.**

□ Describe in detail the program’s 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 non-minor 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, that is not an adoption agency, will collaborate with an adoption agency.

**Note: The Resource Family Approval Implementation Plan document can be used in addition to completing this section.**

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - SERVICES AND SUPPORTS

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **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, non-minor 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 most important to that individual. Thisincorporates a life-long commitment to: self-evaluation and critique, 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **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 be limited to:

□ 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE 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 vulnerable 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **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 non-minor dependents can be visited by family members, friends, and others.

□ When and under what circumstances the child or non-minor dependent is permitted to have home visits with parents and/or relatives.

□ When and under what circumstances the child or non-minor 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 commercially sexually exploited children or youths when visiting family and friends.

□ Under what circumstances other types of visits are or are not permitted.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **PLANNED ACTIVITIES/USE OF COMMUNITY RESOURCES**

[Reference: 88222.1]

**Describe the foster family agency’s plan for SOCIAL and RECREATIONAL activities. Including, but not limited to:**

□ The plan for individual child activities and group interaction activities.

□ 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. Including, 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.

□ 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.**

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **COMMUNITY ENGAGEMENT**

[Reference: 88222]

**Describe the foster family agency’s plan to have meaningful involvement with the community/tribal partners, county placing agencies, and mental health providers and its resources in providing services to children, non-minor dependents, and families in including, but not limited to:**

□ Core Services

□ Establishment of culturally relevant, lesbian, gay, bisexual, transgender, and queer/questioning competency, and trauma-informed lenses into the program practices, services, and supports.

□ Training, coaching, and other supports for staff and administrators.

□ Recruitment and retention of resource families.

**Detail the culturally appropriate engagement strategies used to meaningfully involve community/tribal partners and must include, but not be limited to:**

□ Parent and Youth Partners □ Faith-based organizations

□ Cultural Brokers □ LGBTQ affirming families

□ Foster and Relative Placement peer support □ CSEC families

**Detail the communication plan used to achieve community/tribal partner/LGBTQ/ commercially sexually exploited children (CSEC) awareness and involvement that must include, but not be limited to:**

□ Partnership Meetings □ Forums □ Incorporation/Response to Feedback

**If the program seeks to serve special populations, describe the plan to work with the specific community as well as community-based organizations and/or providers who work with this population. Examples of special populations include, but are not limited to:**

□ Special health care needs □ Commercially sexually exploited

□ LGBTQ □ Gang-affiliated children/youth

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **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, non-minor 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 non-minor 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 non-minor dependent, his or her family and friends, and human services agencies in a manner that will empower the child or non-minor dependent.

□ Identify any policies and procedures that have been designed to reduce any potential to re-traumatize children or non-minor dependents, including the integration of trauma-informed consequences.

□ Promote physical and psychological safety for children, non-minor dependents, and families.

□ Enhance the well-being and resilience of children, non-minor 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: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **HOUSE RULES FOR CHILDREN/NON-MINOR 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)

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **NUTRITION, CLOTHING, AND INCIDENTALS FOR CHILDREN/NON-MINOR 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 non-minor 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.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **CHILDREN AND NON-MINOR 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 non-minor 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 non-minor 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 sub-offices.

□ Describe the procedures for having conversations around personal rights in the child and family team.

□ Describe procedures to discuss personal rights upon intake.

□ Establish procedures to periodically check-in with youths to remind them of their personal rights.

□ Describe how children, non-minor dependents, families, and authorized representatives will be advised of personal rights, as well as the right to file complaints.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - POLICIES AND PROCEDURES

1. **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.

□ 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.

□ How the agency will 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 non-minor dependent’s authorized representative(s) of discipline policies.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - ACCREDITATION

1. **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:

□ **The Commission on Accreditation of Rehabilitation Facilities (CARF):** [**http://www.carf.org/**](http://www.carf.org/)

□ **The Council on Accreditation (COA):** [**http://www.coanet.org/**](http://www.coanet.org/)

□ **The Joint Commission (JC):** [**http://www.jointcommission.org/**](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.

\**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.*

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - MEDICAL/DENTAL SERVICES

1. **MEDICAL/DENTAL SERVICES**

[Reference: 80075]

□ Describe procedures used to provide routine medical and dental care, including procedures for handling, storing, and assisting children and non-minor 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 non-minor dependents receive necessary medical care.

□ Procedures for assisting non-minor dependents in the development of skills necessary to obtain self-sufficiency in this area.

□ Procedures for assistance with medications at the request of the non-minor dependent.

□ Describe how transgender children and non-minor 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.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - MENTAL HEALTH SERVICES

1. **ACCESS TO MENTAL HEALTH**

[Reference: 88289.1]

A foster family agency shall ensure children and non-minor dependents have access to mental health services, consistent with the child or non-minor dependent’s case plan provided by the county placing agency, including specialty mental health services for a child or non-minor 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 non-minor dependents access to integrated, appropriate mental health services.

□ Describe how the children or non-minor dependents will have access to appropriate mental health services.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Applicant/Licensee Name** | **Facility Number, If known** |

# PROGRAM STATEMENT - CONTRACTED SERVICES

1. **CONTRACTED SERVICES**

[Reference: 88222.1]

□ Describe the foster family agency’s procedures when contracting staff to provide services to children and non-minor dependents.

□ Describe how the foster family agency will provide the contractor’s name, what services they will provide, and to whom they will be providing the services to.

□ Describe how the foster family agency will ensure contractors are providing adequate services to children and non-minor dependents that include culturally relevant and trauma-informed services.

**Please check one of the following:**

□ Initial Submission Date: \_\_\_\_\_\_\_\_\_\_\_\_

□ Revision Date: \_\_\_\_\_\_\_\_\_\_\_\_

Applicant/Licensee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facility Number If Known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**35. ISFC PROGRAM STATEMENT ADDENDUM**

1. **Program Description [Reference: WIC 18360.05]**

* Describe how the ISFC program will target and support children or non-minor dependents who require specially trained Resource Parents, and intensive professional and paraprofessional services and support, to remain in a Home-Based Family Care (HBFC) setting. Also, describe how the ISFC program will help youth avoid congregate care or support youth exiting congregate care in a Short-Term Residential Therapeutic Program, Group Home, or out-of-state Residential Center.
* Describe the agreements your agency has established with counties to regularly evaluate how to recruit and support families that can meet the individual needs of children who require the ISFC level of care, including clear procedures to request or participate in CFTs as needed, including whenever there is a risk of placement disruption.
* Describe family finding and individualized approaches to approving ISFC families.

1. **Program Goals [Reference: WIC 18360.10]**

* Identify Program goals to ensure ISFC Resource Parents are carefully selected, trained, supervised, and matched to a child’s or non-minor dependent’s needs and strengths.

1. **Training Requirements [Reference: WIC 18360.10(b)]**

* Describe how ISFC Resource Parents will be trained to be able to provide ISFC. Identify other ISFC training requirements consistent with WIC 18360.10(b) to include initial and any ongoing training for ISFC Resource Parents.

1. **ISFC Core Services and Supports [Reference: WIC 18360.10(c)]**

* Describe necessary core services and supports and how they will be provided to children and non-minor dependents, including culturally relevant services.
* Describe the types of support services provided to ISFC Resource Parents.
* Describe how the Foster Family Agency will arrange for and provide services and supports needed by each child or non-minor dependent for which they meet eligibility criteria under publicly funded programs, including but not limited to, mental health, education, and health care services.
* Identify the staff delivering core services and supports, as well as the staff’s educational and professional background.

1. **Staffing Requirements [Reference: WIC 18360.10(c)]**

* Identify social work staff with a Master’s degree that will manage the cases of eligible ISFC placed children.

1. **Staffing Ratios [Reference: WIC 18360.10(c)]**

* Comply with social worker to client staffing ratios consistent withWIC 18360.10(c).

1. **Staff Training Requirements [Reference: WIC 18360.10(c)]**

* Ensure staff training requirements meet or exceed all ISFC requirements set forth in ISFC statute.
* Ensure that any support staff employed has 40 hours of training to include, but not be limited to, working with children who have experienced trauma, behavioral de-escalation techniques, CPR, and first aid.

1. **Needs and Services Plan [Reference: WIC 18360.15(a)]**

* Describe how the Foster Family Agency will ensure the child’s Needs and Services Plan is developed in coordination with the child’s case worker, ISFC Resource Parent, and Child and Family Team, if available.
* Ensure that the ISFC Resource Parent is provided with a copy of the child’s Needs and Services Plan.

# CDSS USE ONLY:

KDE Date \_\_/\_\_/\_\_ Initials \_\_/\_\_

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| Signature of Authorized Person: | Title: | Date: |

# COUNTY REVIEW:

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| TITLE: | COUNTY: |