

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

Plan of Operation & Program Statement

Version 1.1
Released: 11/02/2016



CDSS

CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

Effective January 1, 2017, [Assembly Bill \(AB\) 403 \(Chaptered 773, Statutes of 2015\)](#) established a new community care facility category called Short-term residential therapeutic program (STRTP). A STRTP is a residential facility operated by a public agency or private organization that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term 24-hour care and supervision to children and nonminor dependents. The care and supervision provided by a STRTP shall be nonmedical, except as otherwise permitted by law. Private STRTPs shall be organized and operated on a nonprofit basis.

LICENSURE

A STRTP is licensed by the Community Care Licensing Division (CCLD) of the California Department of Social Services (CDSS) pursuant to Health and Safety Code (HSC) section 1562.01 and other applicable laws. As authorized by AB 403, CDSS also issued [Interim Licensing Standards](#) (ILS) to further clarify and implement the Continuum of Care Reform provisions that govern STRTPs. (See also [Assembly Bill 1997 \(Chaptered 612, Statutes of 2016\)](#).)

Prior to filing a licensing application, a prospective licensee must attend a STRTP orientation. In order to be considered for licensure, **a prospective licensee** must submit a completed application and all required supporting documentation, including a **plan of operation and program statement**, and application fee. For assistance filling out the application and other licensing forms, please see LIC 281E Application and Supporting Documentation Checklist.

ACRONYMS/ABBREVIATIONS

- CCLD: Community Care Licensing Division (CDSS)
- CCR: California Code of Regulations
- CCR: Continuum of Care Reform
- CDSS: California Department of Social Services
- CFT: Child and Family Team
- FCARB: Foster Care Audits & Rates Bureau (CDSS)
- GC: Government Code
- HSC: Health & Safety Code
- LIC: Licensing Forms (CCLD)
- MPP: Manual of Policies & Procedures
- STRTP: Short -term residential therapeutic program
- WIC: Welfare & Institutions Code

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

General Instructions: This document is intended to provide a prospective licensee or licensee with general guidance on how to prepare, update, and submit a Plan of Operation and Program Statement.

A prospective licensee or licensee shall have and maintain on file a current, written, definitive plan of operation and program statement that sufficiently ensures that the facility will operate in compliance with applicable laws and is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) to be served. A STRTP shall operate in accordance with the terms specified in its plan of operation and program statement.

INITIAL SUBMISSION OF PLAN OF OPERATION AND PROGRAM STATEMENT

- Step One:** Prepare a detailed, written plan of operation and program statement.
- Step Two:** Submit one copy of the plan of operation and program statement to all county placing agencies from which the applicant anticipates receiving placements, including the county in which the facility is located, to obtain at least one letter of recommendation in support of the facility's program from a county placing agency.
- Step Three:** Submit two copies of the plan of operation and program statement to your local CCL Regional Office or local unit as part of your application package.

UPDATING/REVISING PLAN OF OPERATION AND PROGRAM STATEMENT

A STRTP shall immediately update its plan of operation and/or program statement when it makes changes to its operation or program as required by ILS §§ 87022 and 87022.1. Updates/revisions shall be submitted for licensing agency approval.

- Step One:** Update/revise plan of operation and program statement to reflect changes to your facility's operation or programs. Note: It is only necessary to submit the documents/pages that have been updated or revised, along with a new table of contents and cover sheet that indicates the revision date for each section being updated or revised.
- Step Two:** Submit two copies of your updated/revise plan of operation and program statement to your local CCL Regional office or local unit.
- Step Three:** Submit a copy of your updated/revise plan of operation and/or program statement to all county agencies from which the facility accepts placements, including the county in which the facility is located, for optional review. Also, include a statement of declaration which lists all county placing agencies your plan of operation and/or program statement was submitted to for optional review.

FORMATTING

- ✓ Type or print clearly
- ✓ Prepare and compile the information and documentation as required
- ✓ Use the table of contents contained herein
- ✓ Use number/letter tabs or sheets to separate sections within each table of content
- ✓ Place a cover sheet in front of each section of the binder
- ✓ Place all materials, in the order shown, in a three ring binder, divided by section
- ✓ Keep a copy for your records

PLAN OF OPERATION/PROGRAM STATEMENT

Short-Term Residential Therapeutic Program

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

REASON FOR SUBMITTING PLAN OF OPERATION/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.

License Change

- New Licensee*
- Location*
- Facility Type*
- 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 Component

- Population*
- Services and Supports*
- Other Change(s):*

Changing an Existing Program Component

- Population*
- Services and Support*
- Other Change(s):*

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

An applicant/licensee shall prepare and maintain a current, written **plan of operation** that is sufficient to ensure that the facility will operate in compliance with applicable laws and is culturally relevant, trauma-informed, and age and developmentally appropriate for the population(s) served. (See Section 87022 and 87022.1 of the STRTP Interim Licensing Standards)

Table of Contents		
A. Vision, Mission, Purpose, Goals, & Philosophies	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
B. Administrative Organization	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
C. Facility Sketches (LIC 999)	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
D. Staff Plan	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
E. Policies Regarding Child Abuse & Neglect Reporting	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
F. Admission Policies and Procedures	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
G. Admission Agreement	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
H. Transition or Transfer Procedures	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
I. Rate Setting and Refund Policies	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
J. Handling Money, Personal Property, & Valuables Policies	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
K. Consultants and Community Resources	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
L. Plan for Use of Delayed Egress Devices	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
M. Conflict of Interest Mitigation Plan (County Operated)	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
N. Continuous Quality Improvement	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:

The following pages contain cover sheets for each section of the plan of operation 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.

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

A. VISION, MISSION, PURPOSE, GOALS AND PHILOSOPHIES

Describe in detail the following the facility's:

- Vision and mission.
- Purpose, methods, goals, and philosophies of the program.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**B. ADMINISTRATIVE ORGANIZATION**

Describe the facility's administrative organization that includes the following:

- Job description of all positions (including the number of employed staff, volunteers, and peer partners) and their respective classifications, qualifications, and duties.
- Information regarding lines of authority and staff responsibilities.
- Verification of employment of administrator, social work, licensed or certified mental health professional, direct care and support staff necessary to perform duties specified in applicable law and ILS.
- Number of hours per week the administrator will spend completing required duties and how the administrator will accomplish such duties as specified by ILS § 87064.
- Statement of the duties delegated to the administrator by the Board of Directors.
- Designated substitute for administrator when he/she is absent.
- Capacity around translators, multilingual staff, and multicultural staff to provide services to support the program population.

Provide:

- An organizational chart of the corporate structure, including parent organization. (LIC 309, Board of Resolution Checklist, may be used to satisfy this requirement.)

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

C. FACILITY SKETCHES

Provide:

- A sketch of the buildings and grounds for each facility.
- Floor plan, which describes the capacities of the building for the use intended and room dimensions.
- Designation of the rooms to be used for nonambulatory children/nonminor dependents, if any.
- Doors and window exits must be shown. Indicate exit routes by number as shown on the LIC 610C Emergency Disaster Plan.
- A sketch of the grounds showing driveways, fences, storage areas, gardens, pools, recreation areas, and other space used by the population(s) served.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**D. STAFF PLAN**

Provide a detailed plan for the hiring, supervising, evaluating, and training staff, to include, peer partners, volunteers, and other qualified individuals.

The training plan shall meet the needs all staff and the population(s) served by the facilities and include at the minimum the following:

- Describe how staff, peer partners, volunteers, and other qualified individuals will be hired, supervised, evaluated, and trained.
- Ensure all staff receive an employee orientations, initial and ongoing training, in-service education.
- Identify the types of training that will be provided to staff, to include who will be required to attend the training, the number of training hours required, and who will be providing the training.
- Identify the organizational strategies to enhance the well-being, retention, and resilience of staff.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**E. POLICIES REGARDING CHILD ABUSE/NEGLECT REPORTING**

Describe the policies, procedures, and practices the facility will utilize to ensure that facility and its employees and independent contractors do not violate the terms of the "The Child Abuse and Neglect Report" which:

- Ensure a supervisor or administrator does not impede or inhibit the reporting of duties of a mandated reporter.
- Procedures for notifying the child's and/or nonminor dependent's authorized representative regarding the abuse reporting.
- The staff designated as mandated reporters and what type of training they will receive in orientation and in-service.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name

Facility Number, If known

PLAN OF OPERATION

F. STATEMENT OF ADMISSION POLICIES AND PROCEDURES

Describe in detail the following:

- Policies and procedures for acceptance/admission.
- Criteria for evaluating and assessing children/NMD upon admission
- Process for assessing children to determine commonality of needs.
- Process for coordination with placing agency and mental health plans.
- Process for engaging and collaborating with interagency placement committee and child and family team.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**G. ADMISSION AGREEMENT**

(ILS § 87022)

Provide:

- A copy of the admission agreement.

For private placements, the admission agreement must specify the following:

- Basic Services
 Payment Provisions
 Basic Rate
 Payment Due Date
 Frequency of Payment
 Refund Policies
.

Please check one of the following:

- Initial Submission Date: _____
 Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**H. TRANSITION OR TRANSFER POLICIES AND PROCEDURES**

(ILS § 87068.4)

Describe the facilities policies and procedures for transition or transfer of children and nonminor dependents that include a minimum the following:

- Upon entry, the development of an individualized transition plan for each child/NMD, with well-defined permanency goals and continuity of care.
- Ensuring each child and his or her authorized representative(s) or nonminor dependent are offered the opportunity to participate in the development of a transition or transfer plan.
- Coordinating with interagency placement committee and child and family team.
- Ensuring social work staff develop and maintain a written removal or transfer record information as specified in the ILS.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

I. RATE SETTING AND REFUNDS

- Describe in details the facilities policies and procedures for rate setting and refunds for children placed by their parents or legal guardians.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**J. HANDLING MONEY, PERSONAL PROPERTY, & VALUABLES****Describe in detail the policies and procedures for:**

- How the facility will safeguard and handle children's money, personal property, and/or other valuables.
- Issuing allowances, including amount.
- Ensure that a child's cash resources are not taken in the form of fines or punishment.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**K. CONSULTANTS AND COMMUNITY RESOURCES TO BE UTILIZED**

- Provide a list of consultants and community resource utilized by the facility as part of its program.
- Describe how the facility will engage and coordinate with community resources and partners, which include tribal partners, county placing agencies, and mental health providers.

Community engagement may include:

- Providing services, including core services and supports.
- Establishing culturally relevant and trauma-informed programs, practices, services, and supports.
- Training, coaching, and other supports for staff.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

L. PLAN FOR USE OF DELAYED EGRESS DEVICES

[Reference: Health and Safety code 1531.1(d), (g) & (h)]

If the licensee plans to use delayed egress devices, describe how the facility will meet the requirements of HSC 1531.1:

Describe in detail how the facility will:

- Be equipped to use egress control devices.
- Provide training for staff on the usage of devices.
- Ensure the protection of the children and nonminor dependents in their facility.
- Provide emergency evacuation procedures.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION

M. CONFLICT OF INTEREST MITIGATION PLANS

- For a county licensed to operate a Short-Term Residential Therapeutic Program, provide a description of its conflict-of-interest mitigation plan, as set forth in WIC 11462.02(g).

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PLAN OF OPERATION**N. CONTINUOUS QUALITY IMPROVEMENT****Describe the following in detail:**

- The facility's written policies and procedures, and practices concerning the continuous quality improvement.
- How the facility shall develop the overall mission, vision, and values of the facility.
- The active inclusion and participation of the staff, children, nonminor dependents, families and community resources.
- The specific outcomes, indicators, and practice standards, including outcomes associated with trauma informed and culturally relevant services.
- The qualitative and quantitative data and information related to identified outcomes, indicators, and practice standards.
- How the facility will review, analyze, and interpret the data.
- How the facility will take the data and inform and improve policies and procedures.
- Describe in detail how the facility will evaluate service delivery and assess outcomes associated with trauma informed services.

Describe how the facility will evaluate its program's outcomes and results to include:

- Evaluate the program's outcomes and results.
- Providing the outcomes and results to the Department for review.
- Policies and procedures that will be put in place to make positive changes to any program.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

An applicant/licensee shall have and maintain on file a current, written, definitive program statement that is culturally relevant, trauma-informed, and age and developmentally appropriate. (See ILS § 87022.1.)

Table of Contents			
1.	Population To Be Served	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
2.	Emergency Response Services	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
3.	Transportation Arrangements	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
4.	Core Services and Supports	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
5.	Trauma Informed Intervention and Treatment Practices	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
6.	Development and Modification of Needs and Services Plans	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
7.	Planned Activities	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
8.	Services During Placement and Post-Permanency	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
9.	Plan for Participation In Child and Family Team	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
10.	Identification of Home-Based Care	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
11.	Complaints and Grievances	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
12.	Participation and Assistance In Initiatives to Improve the Child Welfare System	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
13.	Family Visitation	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
14.	Personal Rights	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
15.	House Rules	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
16.	Storage of Medications	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
17.	Positive Discipline Policies	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
18.	Medical/Dental Services	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
19.	Documentation of Accreditation	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
20.	Mental Health Program Approval	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
21.	Food And Nutritional Plan/Sample Menus/Clothing & Incidentals	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
22.	Emergency Intervention Plan (Runaway Plan)	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:
23.	Neighborhood Compliant Procedures	<input type="checkbox"/> Initial / <input type="checkbox"/> Revised	Date:

The following pages contain cover sheets for each section of the plan of operation 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.

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**1. POPULATION TO BE SERVED****Describe in detail the following:**

- The age range, sex, gender, and population of persons to be served by the facility, including, but not limited to, children; nonminor dependents; persons with physical or developmental disabilities; or mental disorders.
- The practice models or interventions that will be utilized and/or tailored to serve 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 facility will engage the community, community-based organizations, or providers that work with the specific population.
- How your facility's programs will support the differing needs of children, nonminor dependents, and families, including commercially sexually exploited children or youth; 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, nonminors, and families.

Licensees' that intend to admit/or specialize in care for children and/or nonminor dependents who have a propensity for behaviors that result in harm to self or others shall:

- Describe how the facility shall take precautions to protect that child or nonminor dependent and all others.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

2. EMERGENCY RESPONSE SERVICES

Describe in detail the following:

- Emergency response services to be provided to children, nonminor dependents, and staff in the facility including during evenings, weekends, and holidays.
- How the facility plans to respond to disasters (e.g., earthquakes, fires, floods, etc.).
 - The protocol for notifying children or nonminor dependent's authorized representative(s) of their whereabouts and condition, including in AWOL situations.
 - The communication protocol among facility staff and local fire, law enforcement, child or nonminor dependent's attorney, and other disaster authorities.
 - The training for facility staff, their duties, and responsibilities under the disaster plan.

Please check one of the following:

- Initial Submission Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**3. TRANSPORTATION ARRANGEMENTS**

[Reference: 87074]

Describe the transportation plan to include:

- How the facility will arrange for transporting children to and from school, activities provided outside the facility (including attendance at religious services and lesbian, gay, bisexual, transgender, and queer/questioning affirming activities), and medical/dental appointments.
- How the facility will ensure that vehicles used to transport children are maintained in safe operating condition.
- How the facility will ensure that vehicle registration and insurance will be maintained.
- How the facility will ensure that only appropriately licensed program staff and volunteers will transport children.
- How the facility will ensure that the facility shall not allow a child to be transported by a person who does not have a valid driver's license.
- How the facility will ensure that staff shall not smoke or permit any individual to smoke tobacco or any other product 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 nonminor dependent shall be included in the written placement agreement between the facility and the placement agency.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**4. CORE SERVICES AND SUPPORTS**

[Reference: 87078.1]

A STRTP shall provide a plan to include 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, and include the following (see attached Core Services Matrix for a more detailed operational definition of these services):

- Medi-Cal specialty mental health services.
- Transition support services for children, nonminor dependent, and families upon initial entry, during placement changes, and for families who assume permanency through reunification, adoption, or guardianship.
- Educational, 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, 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 the specific core services and supports listed above.
- Attach agreement(s) with detailed reasoning for the contracting of 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 STRTP shall ensure that Indian children receive core services and support in accordance with the Federal Indian Child Welfare Act. These services shall be in the best interests of Indian children, including culturally appropriate, child-centered practices that respect Native American history, culture, retention of tribal membership, and connection to the tribal community and traditions.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**5. TRAUMA INFORMED INTERVENTIONS AND TREATMENT PRACTICES**

“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 facility will provide trauma informed intervention, practices, services, and supports, including the following:

- 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 STRTP 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).
- Identify the observable behaviors that will be evaluated pertaining to the effects of trauma informed services.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**6. DEVELOPMENT, REVIEW, IMPLEMENTATION AND MODIFICATION OF NEEDS AND SERVICES PLANS**

[Reference: 87068.2, 87068.22, 87068.3]

Describe the procedures for the development, review, implementation, and modification of a needs and services plan for children and NMD served by the facility and the facilities procedures for collaborating with the child and family team that include the following:

- Ensure services provide meet the treatment needs of the child as assessed.
- Identify the anticipated duration of treatment, and the timeframe and plan for transitioning the child to a less restrictive family environment.
- Ensure consistency with the case plan as developed by the county placing agency and recommendations by the child and family team.
- Support the reasonable and prudent parent standard
- Identify how children and NMDs will be assessed and the frequency of assessment.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**7. PLANNED ACTIVITIES**

[Reference: 87079]

The licensee shall develop, maintain, and implement a written plan for activities as required by ILS § 87079, which shall include at a minimum:

- A plan for individual child activities and group interaction activities.
- Physical activities, including but not limited to games, sports and exercise.
- Identification of leisure time.
- Identification of the children involved in the activities.
- Education activities, including attendance at an education program, and afterschool study.
- Activities which meet the training, money management, and personal care and grooming needs identified in the child's and/or nonminor dependents needs and services plans.

Extracurricular, enrichment, cultural, and social activities may include, but are not limited to, the following:

- Worship services
- Community events, including lesbian, gay, bisexual, transgender, queer/questioning, and gender expansive children and youth activities
- Outdoor adventure clubs
- School or after school activities
- Movies, farming, gardening
- Overnight activities
- Babysitting

Describe the program's planned educational activities and services. Activities include, but are 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.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

8. SERVICES DURING PLACEMENT AND POST PERMANENCY

Describe in detail how the facility will:

- Provide or arrange for additional services and support to meet the individual needs of children, nonminor dependents, and families during placement and post-permanency.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**9. PLAN PARTICIPATION IN CHILD AND FAMILY TEAM**

- Describe in detail how the facility plan for participation in the child and family team process.

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 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.

Facility Responsibility:

- The STRTP 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 STRTP.

Provide a 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 is 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 youth and their families so that they will not be re-victimized.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

10. IDENTIFICATION OF HOME BASE CARE

- Describe the facility's policies and procedures for working with the county and/or Foster Family Agency in finding permanency for a child or nonminor dependent transitioning to home base care.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**11. COMPLAINTS AND GRIEVANCES**

[Reference: 87072.2]

The facility shall develop, maintain and implement written complaint procedures by which children, nonminor dependents, or their authorized representatives are permitted to file complaints, without fear of retaliation, with the facility administrator regarding facility staff or operations.

Describe how the STRTP will handle complaints and grievances, to include but are not 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 location in the facility where the procedures are accessible to children, nonminor dependents and their authorized representatives.
- 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: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**12. PARTICIPATION AND ASSISTANCE IN INITIATIVES TO IMPROVE THE CHILD WELFARE SYSTEM**

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: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**13. FAMILY VISITATION**

Describe the facilities policy and rules regarding visitation to include the following, but is 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 while ensuring cultural relevancy.
- How the STRTP 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 STRTP 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 STRTP will work and educate those on lesbian, gay, bisexual, transgender, and queer/questioning, sexual orientation, gender identity, and gender expression.
- How the STRTP will ensure the safety and security of commercially sexually exploited children or youth 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: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**14. CHILDREN AND NONMINOR DEPENDENTS PERSONAL RIGHTS**

[Reference: 87022.1, 88487.8]

The facility shall provide a description of how they will ensure the protection of the children and nonminor dependent's personal rights.

Describe in detail the following:

- Policies and procedures for promoting and ensuring the personal rights of children and nonminor dependents.
- 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 children/NMD and visitors in the facility.
- The procedures to discuss personal rights upon intake.
- Established procedures to periodically check-in with children/NMD to remind them of their personal rights.
- 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: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**15. HOUSE RULES FOR CHILDREN/NONMINOR DEPENDENTS**

Specify other house rules, to include, but are not limited to:

- Curfew
- Dating
- Completing homework
- Cleaning bedrooms, laundry, and other areas
- Use of entertainment equipment
- Dress code
- General prohibited behaviors
- Use of cell phones, computers, tablets, etc.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**16. POSITIVE DISCIPLINE POLICIES**

[Reference: 80072(a)(3), 83072.1]

Describe the STRTP'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 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 the child's or nonminor dependent's authorized representative(s) of discipline policies.

If accepting nonminor dependents (NMD) include:

- Discipline policies and procedures do not apply to NMDs.
- Expectations and consequences policies and procedures for NMDs.
- Procedures for offering the NMDs the opportunity to participate in the development and review of these policies and procedures based on individual need and/ability.
- Consequences for NMD when they do not comply with reasonable expectations.

Please check one of the following:

- Initial Submission Date: _____
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Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**17. MEDICAL/DENTAL SERVICES****Describe the following:**

- Procedures used to provide routine medical and dental care.
- Procedures used to identify and handle medical, dental, and psychiatric emergencies.
- 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 on 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 STRTP's policy on hormone and hormone blocker treatment. Address how those type of medical decisions will be made by a transgender experienced and competent physician only (these are not decisions made by staff or the program treatment team).
- Procedures used to ensure commercially sexually exploited children or youth 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: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

18. STORAGE OF MEDICATIONS

Describe the facilities procedures for:

- Handling, storing, and assisting children and nonminor dependents with self-administration of medications.
- Training staff and nonminor dependents to dispense and destroy medication.
- Identifying staff responsible for dispensing and destroying medications.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**19. DOCUMENTATION OF ACCREDITATION**

A facility shall:

- Have up to 24 months from the date of licensure to obtain accreditation.
- Submit documentation of accreditation or application for accreditation with its application for licensure.
- Provide documentation to the licensing agency reporting its accreditation status at 12 months and at 18 months after the date of licensure.
- Provide a copy of their final accreditation summary report to the licensing agency within 30 days of its release date.
- 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.
- .
- Attached documentation as required.**

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

20. MENTAL HEALTH PROGRAM APPROVAL

- Provide documentation of current mental health program approval as required by ILS 87089.1.
- Provide a description of each mental health treatment service the facility will directly provide to children/NMD, as necessary, which may include:
 - Medication Support Services
 - Intensive Day Treatment Services
 - Day Rehabilitation Services
 - Crisis Intervention Services
 - Target Case Management Services
 - Other Mental Health Services
- If the facility has not obtained a mental health program approval, please describe how the facility will ensure access to integrated, appropriate mental health services.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT**21. FOOD AND NUTRITIONAL PLAN/SAMPLE MENUS, CLOTHING & INCIDENTALS**

Provide all policies and procedures for the nutrition provided to children and nonminor dependents including a sample menu, provisions for special dietary needs, nutrition education, and food preparation skill services. Describe the policies around clothing and incidentals.

Provide a SAMPLE MENU which includes:

- One week's worth of planned meals, including snacks from the four basic food groups.
- Portion sizes.
- Times meals are served.
- Describe any provisions available for children with special dietary needs.
- Provide the information of the vendor contracted to provide nutritional services.
- Describe any services related to nutrition education and food preparation skills provided to children and/or nonminor dependent.

Describe the following in detail:

- How the program ensures that children have adequate clothing and how the child's and nonminor dependent's request for new clothing is handled.
- How the program provides personal hygiene items for children.
- The policies and procedures ensuring that nonminor dependents have an adequate supply of clothing, hygiene items and toiletries.
- The policies and procedures to assist the nonminor dependents in maintaining their clothing (loss and theft prevention).
- How the program ensures these policies adhere to the Foster Youth Bill of Rights.

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- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

22. EMERGENCY INTERVENTION PLAN (RUNAWAY PLAN)

- Describe the facilities Emergency Intervention Plan, including a Runaway Plan, as specified in ILS 87095.24.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

Short-Term Residential Therapeutic Program

Applicant/Licensee Name	Facility Number, If known
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PROGRAM STATEMENT

23. NEIGHBORHOOD COMPLIANT PROCEDURES

[Reference: HSC 1524.5]

- Describe the facility's procedure for handling neighborhood complaints.

Please check one of the following:

- Initial Submission Date: _____
- Revision Date: _____

CDSS USE ONLY:

Date ___/___/___ Initials ___/___

SIGNATURE OF AUTHORIZED
PERSON:

TITLE:

DATE:

COUNTY REVIEW

REVIEWED BY:

DATE:

TITLE:

COUNTY: