



Additional Updates

2026 Update for Private, Public, and Canadian Organizations

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Client Rights (CR, PA-CR, CA-CR)

FPCR 2.03/PA-CR 2.03/CA-CR 2.03

The organization obtains informed, written consent from the individual or a legal guardian prior to recording, photographing, or filming, or the organization has a clear policy prohibiting recording, photographing, or filming.

Interpretation: ~~For programs~~ Organizations providing Early Childhood Education (ECE) or Out-of-School Time Services (OST) ~~it is not necessary to do not need to~~ obtain consent each time children or youth may be recorded, photographed, or filmed; consent may be provided at enrollment and maintained in program records or files. Consents should be reviewed and updated annually.

Interpretation: Organizations providing crisis call services that record phone calls for quality assurance purposes may obtain informed consent verbally before initiation of services. The organization should ensure the caller understands the organization's policy on call recording and address any concerns the caller may have regarding the practice.

Juvenile Justice Interpretation: *In juvenile justice programs, when recording, photographing, or filming is required by law, consent may not be necessary. However, it is still expected that the organization inform clients prior to recording, photographing, or filming.*

Program Administration (PRG, PA-PRG, CA-PRG)

FPPRG 2.03/PA-PRG 2.03/CA-PRG 2.03

If the organization determines that serious harm would likely ensue if an individual were to review their case record, and applicable law provides no guidance on case record access, then:

- a. senior management reviews, approves in writing, and enters into the case record the reasons for refusal; and
- b. procedures permit a qualified professional to review records on behalf of service recipients, provided the professional signs a statement that information determined to be harmful will be withheld.

NA ~~Applicable law prohibits limiting a person's access to their case record for any reason. There are no circumstances in which the organization would limit a person's access to their case record.~~

PRG 4/PA-PRG 4/CA-PRG 4: Telehealth

~~When engaging service recipients in technology-based service delivery~~ Telehealth, services are based on the needs of the service population and are provided by appropriately trained and licensed personnel.

NA: ~~The organization does not offer telehealth services. The organization does not engage service recipients in technology-based service delivery.~~

Examples: *Examples of different technologies that may be used to delivery telehealth services include, but are not limited to: telephones/mobile phones, computers, tablets, videoconferencing, interactive messaging systems, or any other tool that allows personnel to see, hear, and/or interact with service recipients from a remote location and provide services at a distance.*

~~Terms that are often used to refer to the delivery of services via technologies include, but are not limited to: telehealth, teleservices, telepractice, telemental health, telepsychiatry, mHealth, online therapy, distance counseling, internet or web-based interventions, telephonic services, and digital services.~~

PRG 4.01/PA-PRG 4.01/CA-PRG 4.01

The organization develops telehealth policies and procedures ~~to guide technology-based service delivery~~ that address:

- a. privacy and security measures specific to the service delivery model;
- b. the use of acceptable technologies including personnel-owned devices, if applicable; and
- c. collecting, storing, tracking, and transmitting information gathered electronically.

^FPRG 4.02/PA-PRG 4.02/CA-PRG 4.02

For each individual, the organization:

- a. assesses the appropriateness of ~~technology-based service delivery~~telehealth services based on the individual's preferences, established criteria, and suitability factors;
- b. monitors the effectiveness of, and any evolving risks associated with, whether or not the telehealth service delivery model ~~is effective~~; and
- c. arranges for services to be delivered in person when necessary.

Note: *Please see the Case Record Checklist for additional guidance on this standard.*

^FPRG 4.03/PA-PRG 4.03/CA-PRG 4.03

Prior to engaging in telehealth~~technology-based service delivery~~, service recipient~~persons~~ served receive information needed to make an informed decision about engaging in the service including:

- a. the service provider's physical location, contact information, and credentials;
- b. alternate methods of service delivery, including access to other service providers, in the event of a technology disruption or malfunctionical failure;
- c. privacy and confidentiality limitations associated with telehealth~~electronic communication~~;
- d. instructions on how to access services and use the technologies;
- e. risks and benefits associated with the service delivery model;
- f. emergency response procedures including verifying the person's current location for the purposes of emergency management;
- g. how personal information and data will be documented, stored, protected, and used; and

- h. under what conditions a referral for an face-to-face alternative services delivery model may be made.

Note: Please see the Case Record Checklist for additional guidance on this standard.

PRG 4.04/PA-PRG 4.04/CA-PRG 4.04

Personnel ~~are trained on, or demonstrate competency in~~ receive initial and ongoing training on:

- a. use of equipment and software as appropriate to their position and the services provided;
- b. privacy and confidentiality issues specific to the service delivery model;
- c. recognizing and responding to emergency emergencies or crisis situations from a remote location; and
- d. engaging and building rapport with service recipients when communicating electronically.

Examples: *Examples of equipment and software training topics include, but are not limited to:*

- a. *set up;*
- b. *features;*
- c. *maintenance;*
- d. *safety and security measures; and*
- e. *responding to technical matters (e.g., maintenance issues and troubleshooting) directly or by contacting the appropriate parties for assistance.*

Examples: *Regarding element (c), in the event of a medical emergency personnel would need to know how and when to contact local emergency responders (e.g., 911) and/or service recipients' emergency contacts.*

FP PRG 4.05/PA-PRG 4.05/CA-PRG 4.05

Personnel only provide ~~technology-based services~~ telehealth to service recipients located in states where they are appropriately licensed, if required.

For-Profit Administration and Financial Management (AFM, CA-AFM)

AFM 2/CA-AFM 2: Strategic and Annual Planning

The organization engages in an inclusive, long-term, strategic planning process and annually conducts short-term planning to support its long-term goals and objectives.

NA *The organization is a network management entity.*

Table of Evidence

Standard Code	Evidence Type	Description
AFM 2	On-Site Activities	<ul style="list-style-type: none"> • Interviews may include: <ol style="list-style-type: none"> 1. Owner 2. CEO or designee 3. Senior management 4. Relevant personnel
AFM 2	On-Site Evidence	<ul style="list-style-type: none"> • <u>Meeting minutes where mission fulfillment and strategic planning were discussed</u> • <u>Documentation of staff involvement and/or communication regarding the strategic plan</u>
AFM 2	Self-Study	<ul style="list-style-type: none"> • Strategic and annual planning procedures Strategic plan • Review of <u>external environment, including community service population</u> demographics • Assessment of strengths and <u>opportunities</u>weaknesses • Community Demographic Profile • Annual plans • <u>Values-based</u>Equity statement

FP AFM 2.01/CA-AFM 2.01

The organization engages in a formal, management-directed strategic planning process to envision and set its strategic direction and priorities that includes:

- a. reviewing its purpose or mission, values, and mandates;
- b. making decisions regarding the proper allocation of resources, including how to fund the strategic planning process itself;
- c. assessing internal strengths and areas for opportunity~~weaknesses~~;
- d. a review of the external environment, including community demographics, and its effect on the organization;
- e. realistic, measurable goals and objectives that flow from its purpose and mandated responsibilities; and

- f. appropriate strategies and activities for meeting identified goals, including the need to redirect, eliminate, or expand services to respond to changing community demographics and the needs of persons served.

Interpretation: COA Accreditation acknowledges that long-term strategic planning timelines may vary based on several factors, including organization size, populations served, and the organization’s specific goals; however, the recommended timeframe for strategic planning is between 2-5 years.

Interpretation: In regard to element (d), for organizations that do not provide services to the general public, such as EAPs, demographic information should be representative of its customer base.

Examples: To enhance its assessment, organizations can draw upon the findings of other external needs assessments, such as those conducted by the United Way, municipal planning boards, universities, or other organizations with a community-wide focus.

Examples: Organizations may utilize a SWOT analysis as a tool to determine the organization’s strengths, weaknesses, opportunities, and threats, considering both internal and external factors.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • One element is not fully implemented; or • The review of service population demographics did not include all populations served or geographic locations; or • The strategy (element g) for meeting one or two identified goals needs greater specificity.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • One element is not addressed at all; or • The organization did not review the demographics of its service population; or • Identified goals and objectives are vague; or • Most identified goals and objectives are not measurable; or

Rating Indicators	
Rating	
	<ul style="list-style-type: none"> Strategies for meeting identified goals are cursory and do not provide a sufficient framework for success.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> Two elements are not addressed at all; or The strategic plan is wholly inadequate or nonexistent.

FP AFM 2.03/CA-AFM 2.03

The organization ~~develops and implements~~ the strategic plan by:~~an annual plan that:~~

- a. regularly monitoring and evaluating progress towards strategic goals;
 - b. adapting the strategic plan as necessary to remain aligned with evolving needs and priorities;
 - c. developing an annual plan that operationalizes the goals and objectives of the strategic plan for each of its departments and programs; and
 - d. maintaining clear and ongoing communication with staff regarding progress.
- ~~1. supports its mission or purpose;~~
 - ~~2. integrates the priorities and objectives of each of its departments and programs;~~
 - ~~3. operationalizes the goals and objectives of the strategic plan;~~
 - ~~4. reflects organizational responses to changing conditions and needs such as resource allocation, funding, and regulatory changes; and~~
 - ~~5. responds to information from PQI activities.~~

Examples: Annual plans can also incorporate other regular planning processes, including: (a) human resource~~HR~~ planning, (b) evaluation of training needs, (c) budget planning, (d) technology and information management planning, and (e) PQI activities~~summary reports~~.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	<p>Practices are basically sound but there is room for improvement; e.g.,</p> <ul style="list-style-type: none"> • Departmental priorities and objectives could be better defined; or • <u>While department and program plans are not integrated into an organization-wide annual plan, all but one or two departments or programs have developed a comprehensive annual plan; or-</u> • <u>The organization has identified the need to update the strategic plan based on significant changes in priorities and/or needs, but it has not yet been adapted; or</u> • <u>Communication with staff about progress of the strategic plan occurs, but it is not consistent or could be clearer.</u>
3	<p>Practice requires significant improvement; e.g.,</p> <ul style="list-style-type: none"> • Management objectives are not included; or • <u>Several departments or programs are not included in the most recent annual plan or have not done an annual plan; or</u> • <u>The strategic plan is outdated based on significant changes in priorities and/or needs; or</u> • <u>Staff receive no information regarding progress on the strategic plan; or</u> • One element is not addressed at all.
4	<p>Implementation of the standard is minimal or there is no evidence of implementation at all; e.g.,</p> <ul style="list-style-type: none"> • Two elements are not addressed at all.

AFM 2.04/CA-AFM 2.04

The organization develops a values-based ~~equity~~ statement that reflects its history and; mission; and affirms values and demonstrates its commitment to fairness, respect, dignity, and equal opportunity for all people who interact with the organization.

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> The organization has an an equity statement <u>that includes all requirements of the standard</u>, but staff or other interested parties are not aware of it.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> The organization has begun the process of developing an an equity statement <u>addressing the requirements of the standard</u>, but the process is not yet complete.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> The organization does not have an an equity statement <u>addressing the requirements of the standard</u> and little to no work has begun to create one.

AFM 3.03/CA-AFM 3.03

The organization collaborates with community members and persons served to address unmet needs in the community and advocate for issues of mutual concern consistent with the organization's purpose, such as:

- a. improvements to existing services;
- b. filling gaps in service to offer a full array of community supports;
- c. the full and appropriate implementation of applicable laws and regulations regarding issues concerning the service population;
- d. improved support and accommodations for people with special needs;
- e. improved access to needed services for underserved populations and marginalized communities;
- f. solutions to community-specific needs ~~including racial equity and cultural and linguistic diversity~~;
- g. service coordination; and
- h. a coordinated community response to public health emergencies.

Examples: *The organization can work at several levels to advocate with, and on behalf of, persons, groups, and families served. For example, direct service personnel can be given the time to carry out advocacy activities so they can support persons and families served to solve problems related to their individual cases. Advisory board members, management, and other personnel, along with persons served, can engage in legislative and other system-wide advocacy activities. They may also work collaboratively with other community organizations to monitor federal, state, and/or local activity that impacts the service population.*

AFM 5/CA-AFM 5: Conflict of Interest

The organization prevents the enrichment of insiders and other abuses by identifying potential conflicts of interest within the organization and properly managing these risks.

Table of Evidence		
Standard Code	Evidence Type	Description
AFM 5	On-Site Activities	<ul style="list-style-type: none"> • Interviews may include: <ul style="list-style-type: none"> ○ Owner ○ CEO ○ Advisory group, if applicable ○ CFO ○ Relevant personnel ○ Persons served ○ Community members • Network interviews may include: <ul style="list-style-type: none"> ○ Network advisory group ○ Directors of organizations that contract with the managing entity ○ Network personnel involved in assessments and referral • Review conflict of interest documentation system
AFM 5	On-Site Evidence	<ul style="list-style-type: none"> • Meeting minutes documenting discussions of potential and apparent conflicts of interest from the previous 12 months

		<ul style="list-style-type: none"> • Sample of network information illustrating ownership disclosure language
AFM 5	Self-Study	<ul style="list-style-type: none"> • Conflict of interest policy • Nepotism policy • Ethical referral policy • Policy prohibiting preferential treatment • Network policy prohibiting steering and <u>directing referrals</u> creaming of persons served <u>unfairly</u>

AFM 5.04/CA-AFM 5.04

The organization has a written policy on nepotism regarding hiring, supervision, and promotion and ensures that relatives working within the organization:

- are appropriately qualified for the position;
- do not work within the same hierarchy of supervision as one another; and
- are not unfairly considered for positions, promotions, or contracts.

Interpretation: *In regard to element (b), organizations in which members of the executive leadership team are related can show implementation of this standard by demonstrating that the board or another neutral party assumes supervisory management responsibilities to avoid the direct supervision of a relative.*

AFM 5.05/CA-AFM 5.05

The ~~e~~Organization policy prohibits:

- making or accepting payment or other consideration in exchange for referrals;
- preferential treatment of organization members, community partners, board or advisory group members, personnel, or consultants applying for and receiving the organization's services; and
- steering or directing referrals to private practices in which personnel, consultants, or the immediate families of personnel and consultants are engaged.

Interpretation: *It is permissible to include on referral lists personnel and consultants with private practices, or family members of personnel and consultants, but the organization may not actively direct service recipients to the practices of these individuals and must clarify in writing the relationship between the private practitioners and the organization.*

AFM 5.06

The network prohibits unfairly steering or directing referrals to ~~or "creaming" persons served for~~, specific network service provider organizations, such as network owners, or individual practitioners within the network.

NA The organization is not a network management entity and is not assigned the Network Administration (NET) standards.

Interpretation: This includes practices that selectively target or serve persons who are more likely to be successful or have higher reimbursement rates.

AFM 6/CA-AFM 6: Protection of Reporters of Suspected Misconduct

The organization policy prohibits ~~employment-related~~ retaliation against employees, and others affiliated with the organization, who come forward with information about suspected misconduct or questionable practices, and procedures for reporting suspected misconduct include:

- a. a description of reportable activities;
- b. provides an appropriate, confidential channel for reporting such information; and
- a-c. how reported violations are handled.-

Table of Evidence		
Standard Code	Evidence Type	Description
AFM 6	On-Site Activities	<ul style="list-style-type: none">• Interviews may include:<ol style="list-style-type: none">1. CEO2. HR director3. Relevant personnel
AFM 6	On-Site Evidence	<ul style="list-style-type: none">• Documentation of any grievances/incidents related to retaliation, <u>if applicable</u>
AFM 6	Self-Study	<ul style="list-style-type: none">• Policy protecting reporters of suspected misconduct• Procedures for reporting <u>and responding to</u> suspected misconduct

AFM 7/CA-AFM 7: Internal Control Environment

The organization has implemented~~establishes an~~ internal control policies and procedures~~environment~~ that promotes ethical financial management and includes mechanisms for:

- a. conducting ongoing monitoring of the effectiveness of internal control policies and procedures;
- b. management review by more than one individual;
- c. ~~ensuring~~assuring that ~~fiscal management~~ directives are carried out;
- d. prevention of error, mismanagement, or fraud;
- e. safeguarding and verification of assets; and
- f. segregation of duties to the extent possible.

AFM 8.02/CA-AFM 8.02

The organization has procedures that address the management, purchase, or sale of real estate, securities, or other assets. ~~to ensure proper management of funds and assets that:~~

~~outline acceptable levels of risk;~~

~~include a policy for maintaining cash reserves;~~

~~address the management, purchase, or sale of real estate, securities, and other assets; and~~

~~ensure practices conform to applicable legal and regulatory requirements.~~

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • Some elements of the procedures are unclear. One element is not fully implemented.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • The procedures are vague or limited and are not useful. Two elements are not fully implemented; or • One element is not addressed at all.
4	Implementation of the standard is minimal or there is no evidence of implementation at all; e.g., <ul style="list-style-type: none"> • The organization has no procedures addressing the standard. re are no fund management procedures.

FP AFM 9.02/CA-AFM 9.02

Financial information is routinely analyzed and ~~the information~~ includes:

- a. a monthly and annual analysis of financial performance against budget projection with budget-to-actual variance analyses performed on interim financial statements of activities;
- ~~a.b.~~ confirmation that cash flow meets operational needs;
- ~~b.c.~~ confirmation that cash reserves are in alignment with an operating reserves policy;
- ~~c.d.~~ a review of service revenues and actual service delivery costs; and
- ~~d.e.~~ an annual inventory of significant assets, including securities.

FP AFM 11.01/CA-AFM 11.01

Accounting records are kept up-to-date and balanced on a monthly basis, as demonstrated by:

- a. timely reconciliation of bank statements and subsidiary records to the general ledger;
- b. up-to-date posting of cash receipts and disbursements;
- c. monthly updating of the general ledger; and
- d. review of the bank reconciliation by an individual who does not ~~person other than the person who performs~~ prepare the reconciliation and who is not authorized to sign checks.

Interpretation: *Subsidiary records include, but are not limited to: accounts receivable, accounts payable, and fixed assets.*

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none">• <u>The organization has an occasional, minor problem in compliance such as short delays in posting receipts and disbursements or slightly overdue updates to the general ledger; or</u>• <u>One element is not fully addressed.</u>
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none">• <u>Bank reconciliation is not regularly reviewed by two people as required. One element is not addressed at all.</u>

Rating Indicators	
Rating	
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

AFM 11.03/CA-AFM 11.03

Oversight and management of the organization's accounting system require:

- a. a financial officer or business manager to maintain the financial accounts who has prior accounting and bookkeeping experience, or an accounting degree, C.P.A. credential, or other recognized accounting/financial certification, as appropriate to the size and complexity of the organization; and
- b. all personnel who use the system demonstrate competency in, or are trained on its use, including refresher trainings when changes or updates are made to the system.~~to receive initial and ongoing training on its use.~~

Rating Indicators	
Rating	
1	The organization's practices reflect full implementation of the standard.
2	Practices are basically sound but there is room for improvement; e.g., <ul style="list-style-type: none"> • Refresher<u>Ongoing</u> staff training needs strengthening.
3	Practice requires significant improvement; e.g., <ul style="list-style-type: none"> • The organization has a qualified financial officer, but the system is deficient in some significant regard, such as lack of training for some personnel.
4	Implementation of the standard is minimal or there is no evidence of implementation at all.

Administration and Management for Child and Youth Development Programs (CYD)

CYD 2.02

Long-term program planning addresses the overall direction and sustainability of the program, and includes:

- a. reviewing the program's mission, values, mandates, and logic model (or equivalent framework);
- b. considering input from stakeholders, including personnel, oversight and advisory entities, program participants and their families, and other community partners;
- c. considering information obtained during continuous quality improvement activities;
- d. identifying and assessing strengths, ~~opportunities~~~~weaknesses~~, and critical issues, including any changing conditions that may impact the program or community;
- e. establishing objectives that reflect the analysis of strengths, ~~opportunities~~~~weaknesses~~, and critical issues, and support achievement of the goals articulated in the program's logic model (or equivalent framework); and
- f. devising strategies for meeting objectives, including timelines, deliverables, and responsible parties.

CYD 2.03

The program develops a ~~values-based~~~~equity~~ statement that reflects its history ~~and~~, mission, and ~~affirms~~~~values~~~~and~~~~demonstrates~~ its commitment to fairness, respect, dignity, and equal opportunity for all people who interact with the program.

Table of Evidence		
Standard Code	Evidence Type	Description
CYD 2	On-Site Activities	<ul style="list-style-type: none">• Interviews may include:<ol style="list-style-type: none">1. Program Director2. Relevant personnel3. Administrator (or representative of entity) responsible for oversight, if applicable4. Member(s) of advisory group
CYD 2	Self-Study	<ul style="list-style-type: none">• See program mission statement provided during application• Long term plan• Procedures (or description of process) for long term planning (CYD-AM 2.02)

		<ul style="list-style-type: none"> • <u>Values-based Equity</u> statement
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Network Administration (NET)

NET 3: Network-Wide Planning

An inclusive, A-network-wide planning process supports the network management entity's commitment to achievement of positive outcomes for the persons and families the network it serves.

Note: Network management entities are expected to conduct both internal strategic planning and network-wide strategic planning. Internal strategic planning addresses the governance, operations, and future direction of the organization itself, whereas network-wide strategic planning addresses the collective needs, performance, and long-term direction of the network as a whole. See GOV 2 for additional information on internal strategic planning requirements for network management entities.

Table of Evidence		
Standard Code	Evidence Type	Description
NET 3	On-Site Activities	<ul style="list-style-type: none"> • Interviews may include: <ol style="list-style-type: none"> 1. Managing entity CEO 2. Network advisory body 3. Governing body 4. Directors or organizations that contract with the managing entity 5. HR Director for the managing entity and representative network provider organizations
NET 3	Self-Study	<ul style="list-style-type: none"> • Long-term and annual plans • Planning procedures • <u>Community Demographic Profile Review and analysis of service population demographics</u> • Network-level workforce analysis and documentation of actions taken

NET 3.01

At least ~~Every~~ every three years, the network management entity conducts a network-wide, ~~long-term~~, strategic planning process that:

- ~~a. reviews its mission, values, and strategic direction;~~
- ~~b. assesses its strengths and weaknesses;~~
- a. reviews its external environment, including funding and regulatory environments, and their effect on the network;
- ~~c.~~ b. establishes realistic, measurable goals and objectives that flow from its support fulfillment of its mission and mandated responsibilities;
- ~~d.~~ c. identifies appropriate strategies and activities for meeting identified goals, including the need to redirect, eliminate, or expand services to respond to changing community demographics and needs;
- ~~e.~~ d. identifies allocates resources necessary to support capacity development for the delivery system, as needed; and
- ~~f.~~ addresses changes in the funding environment;
- ~~g.~~ addresses changes in the regulatory environment; and
- ~~h.~~ e. includes the input of network provider organizations service recipients and their families.

Interpretation: *Depending on the network's development, this may be the initial network development plan or the most recent strategic plan.*

NET 3.02

Once every ~~long-term~~ strategic planning cycle, the network management entity reviews the demographics of the persons and families it serves and compares ~~them~~ them to the demographics of its defined service population.

NET 3.03

In developing and maintaining the network, the network management entity's leaders consider, and annually review as part of their annual planning:

- a. the full range of services within the network's scope and the network's capacity to meet its responsibilities and goals;
- b. geographic access to network services, including travel times to locations and proximity to public transportation;
- c. the demographic makeup of network service providers compared to the demographic makeup of service recipients;
- d. access to specialty service providers, including culturally relevant service providers; and
- e. flexible hours of operation that meet the needs and preferences of service recipients.

Examples: *Specialty service providers can include provider organizations or independent contractors able to meet the linguistic, cultural, ethnic, or other needs of specific groups within the network's defined service population.*

NET 3.04

The network management entity implements the network-wide strategic plan by: ~~annually develops a short-term plan that:~~

- a. regularly monitoring and evaluating progress towards strategic goals;
- b. annually evaluating and identifying the type and number of service providers required to accomplish the network's mission, goals, and objectives;
- c. adapting the strategic plan as necessary to remain aligned with evolving needs and priorities;
- d. developing an annual plan that operationalizes the goals and objectives of the strategic plan; and
- ~~a. maintaining clear and ongoing communication with network providers regarding~~
~~progressevaluates and identifies the type and number of service providers required to~~
~~accomplish the network's mission, goals,~~
~~b. and objectives; and~~
~~c. e. supports the achievement of the network's long-term goals and objectives.~~

Examples: ~~Annual plans can also incorporate other regular planning processes, including:~~

- ~~a. HR planning;~~
- ~~b. evaluation of training needs;~~
- ~~c. budget planning; and~~
- ~~a. PQI summary reports.~~

Family Foster Care and Kinship Care (FKC, CA-FKC, PA-CFS)

FPFKC 4.03/CA-FKC 4.03/PA-CFS 6.04

Assessments explore children's strengths, needs, and functioning related to the following areas:

- a. physical health, including any chronic health problems;
- b. emotional stability and adjustment;
- c. behavior, including any risk of harm to self or others;
- d. education and cognitive development, including school readiness;
- e. family relationships, including with siblings and kin;
- f. informal and social supports, including relationships with adults and peers in the extended family and community, as well
- g. as connections to community and cultural resources;
- h. substance use;
- i. trauma exposure and related symptoms;
- j. gender identity and sexual orientation; and
- k. any history of or exposure to domestic violence or human trafficking.

NA *The organization does not provide case management services for children.*

Interpretation: *Regarding element (i), when exploring gender identity and sexual orientation personnel should ask open-ended questions that prompt discussion and help establish rapport, as opposed to asking direct questions. Information shared should be used to inform service*

planning, as well as for matching children with resource families they may be able to join, when appropriate, and should only be included in written plans when children give explicit consent.

Examples: Several tools are available to help identify a potential victim of human trafficking and determine next steps toward an appropriate course of treatment. Examples of these tools include but are not limited to: the Rapid Screening Tool for Child Trafficking and the Comprehensive Screening and Safety Tool for Child Trafficking.

FP FKC 14.01/CA-FKC 14.01/PA-CFS 14.03

Meetings with children, parents, and resource parents:

- a. occur at least once a month;
- b. happen on a consistent, scheduled basis at mutually agreed upon times, whenever possible;
- c. take place primarily in the home (parent or resource family); and
- d. include time for private discussion with all parties to ensure both children and their caregivers can feel comfortable sharing information.

Interpretation: When treatment foster care is provided, workers should meet with children and resource families at least twice per month, consistent with FKC 13.10.

The first meeting with the resource parents should occur within the first two weeks of placement, consistent with the assessment timeframes outlined in FKC 4.01.

~~Organizations that provide only Foster Care Home Services may meet with resource families in the home less than monthly, but at a minimum on a quarterly basis.~~

When no children are placed in a resource family's home, or if the organization only provides foster care home services, meetings with resource families in the home may occur less than monthly, but at a minimum should occur on a quarterly basis.

Mental Health and/or Substance Use Services (MSHU, PA-MHSU, CA-MHSU)

MHSU 7.03/CA-MHSU 7.03/PA-MHSU 7.03

~~Organizations that employ or have formal agreements with telemedicine practitioners, or individuals that provide telehealth services, monitor and share information in a way that ensures privacy and security of confidential information.~~

~~**NA** The organization does not employ or have formal agreements with telemedicine practitioners.~~

MHSU 7.043/CA-MHSU 7.043/PA-MHSU 7.043

The organization maintains a supply of naloxone on-site and appropriately trained staff are available to administer this medication in the event of an overdose.

NA The organization provides mental health services only.

MHSU 7.054/CA-MHSU 7.054/PA-MHSU 7.054

Individuals at risk of opioid overdose, and their families when appropriate, are provided with a naloxone kit or prescription.

NA *The organization provides mental health services only.*

Interpretation: *Individuals at risk of opioid overdose who should receive a naloxone kit or prescription include individuals withdrawing from opioids who refuse MAT, individuals withdrawing from MAT for opioid use disorder, or individuals who are currently using opioids.*