



**Exhibit 1: Scope of Services**  
**Residential Care Center (RCC) and QRTP-Certified RCC Contract**  
**with the Division of Milwaukee Youth Protective Services (DMCPS)**

*Contract Period: January 1, 2023 – December 31, 2023*

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## Program Overview

The primary purpose of Residential Care Center (RCC) and Qualified Residential Treatment Placements (QRTP) placements is to provide individualized treatment needs for youth receiving case management services through one of the Contracted Case Management Agencies of Division of Milwaukee Child Protective Services (DMCPS). These services are provided to youth who cannot be safely maintained in their home of origin or a community setting, subjected to jurisdiction of Wis. Stat. ch. 48 and, when applicable, Wis. Stat. ch. 938, placing youth in out-of-home care (OHC). Youth placed in RCCs and QRTPs should be receiving intense and specialized treatment for mental health and behavioral health needs.

The Contractor must comply with all licensing requirements outlined in DCF 52, Adm Code, must be in good standing with the Wisconsin DCF Youth Welfare Licensing Section, hold a contract with DMCPS and follow all treatment requirements of this license as required by the law.

The Contractor should provide safe and high-quality expectations of care as a RCC and QRTP provider. Expectations of high-quality care include creating and maintaining open, supportive, and strength-based communication among all collaborators legally involved in the youth's care. Through this expectation, the Contractor will ensure the facility's treatment and programming needs are in the best interest of the youth and meet the youth's unique mental health and behavioral health needs. By providing high-quality care for children in placement, the Contractor will assist in the youth's permanency goal by planning for transition into a least restrictive setting.

## Youth Well-Being

The Contractor is expected to ensure that the youth's well-being in the RCC and QRTP is top priority. This includes but not limited to the categories listed below. When youth are placed in a RCC or QRTP setting, children are placed for treatment needs to aid in stabilizing unsafe/untreated mental health and behavioral health needs. The plan for stabilizing the youth's unsafe/untreated mental health and behavioral health needs should be done in collaboration with the youth's Contracted Case Management Team and Family Permanency Team (FPT).

### Child Safety While in Placement

DMCPS supports and encourages a child protective system that is comprehensive, child-centered, family-focused, trauma-focused, treatment based and community-based and incorporated appropriate measures to prevent the occurrence or recurrence of child maltreatment. In addition a child protective system that promotes physical and psychological recovery and social re-integration in an environment that fosters health, safety, self-respect, and dignity of the youth.

When placed in a RCC or QRTP, the youth will be protected from potential threats to their safety, in or out of the facility. The Contractors must confirm there shall be no maltreatment by agency staff, other residents in the facility, or others involved with the RCC Or QRTP. The Contractor



must provide training to staff regarding prevention of maltreatment while a child is in their care. The training must include:

- 1) Detailing protocols for staff regarding mandated reporting of child abuse or neglect
- 2) Information related to medical neglect and procedures, or programs, or both to provide for the:
  - a) Coordination and consultation with individuals designated by and within appropriate health-care facilities
  - b) Prompt notification by individuals designated by and within appropriate healthcare facilities of cases of suspected medical neglect
  - c) Trauma informed care designated to help the facility provide the child with the most adequate quality of care based on their treatment needs related to trauma
  - d) Non-violent, verbal de-escalation-based restraint/holds training that using safe holds as a last resort remaining in compliance with DHS 52
  - e) The Contractor must have procedures in place outlining the immediate steps to be taken to ensure and protect the safety of the abused or neglected child and of any other child under the same care who may also be in danger of abuse or neglect and to ensure their placement in a safe environment

The use of physical restraints and corporal punishment is prohibited except in the event of an emergency as defined by the facility's licensing requirements. Any restraint policies must be approved by DMCPs at the beginning of each contract period when the Contractor submits the facility's restraint policies with the DMCPs Registration packet during the Registration period.

The Contractor will ensure all training updates are available for DMCPs review. DMCPs recommends the Contractor provide the facility's staff with the following trainings:

- 1) Positive behavioral interventions, which excludes the use of physical discipline and corporal punishment, shall be provided to all direct care staff within the licensing period
- 2) The dynamics of high-risk behavior and its prevention and management must be provided to all direct care staff within the licensing period

Additional trainings should also include any specialization programming the RCC or QRTP provides for the population within the facility.

The RCC or QRTP must continually improve the skills and qualifications of the direct line and supervisory staff providing services to children by participating in continuous quality improvement initiatives. The services provided to children in the facility must be inclusive and representative of the children the facility serves.

#### **Report of Maltreatment in RCC or QRTP**

A contracted RCC or QRTP will not allow practices within their facility or treatment and programming that could potentially put a youth's safety at risk. If a youth has experienced any



form of maltreatment that requires any form of internal and external investigation, DMCPSC will place the facility on hold from any Milwaukee County referrals until a plan of action is implemented to prove the youth can and will remain safe in that RCC or QRTP. However, the Contractor is required to ensure all staff are trained in understanding Mandated Reported policies and laws.

The Contractor will ensure all additional Reporting Requirements Related to Maltreatment in a Residential Care Center follows these guidelines:

- 1) The staff person that witnessed the alleged maltreatment will follow the Residential Care Center's procedures to report the alleged maltreatment to the Division of Milwaukee Child Protective Services Intake (414-220-SAFE) (<https://dcf.wisconsin.gov/cps/mandatedreporters>) as well as notifying the DMCPSC case manager and other parties as outlined in the facility's current license
- 2) Any substantiated maltreatment in a RCC or QRTP requires the agency to submit a Corrective Action Plan (CAP) to DMCPSC within 30 days of being notified of the substantiation, in addition to any required documentation of their license. This CAP shall include any action initiated in response to the recommendations of the agency that conducted the Initial Assessment. Approved Corrective Action Plans will be added to the Contract as an addendum. In addition to the CAP, DMCPSC will conduct a site visit within the 30 days as well.
- 3) If maltreatment occurs and is found substantiated in a DMCPSC Contracted RCC or QRTP, DMCPSC reserves the right to place that facility on hold from any referrals in Milwaukee County until a thorough investigation and site visit has been concluded
- 4) Independent Initial Assessments
  - a) When there is an allegation of maltreatment that is screened in with a contracted provider, a third party conducts the Initial Assessment. The Contractor is expected to cooperate with any investigating body/agency during the investigation and is required to follow up and complete any recommendations from the Initial Assessment. If there are recommendations that are not followed, the Contractor must obtain DMCPSC approval and document in the Contractor's internal records.
  - b) Upon the completion of any Independent Initial Assessment, the RCC or QRTP will follow up within 5 business days with the Contracted Case Management agency or DMCPSC to review any recommendations for the facility in response to the Access Report or completed Assessment

### **Physical Environment**

Youth placed in a DMCPSC contracted RCC or QRTP should have a bedroom/sleeping area where they have the space to store to their personal items. At times, youth may share a bedroom/sleeping area with another resident, however, it the responsibility of the RCC or QRTP



to ensure a youth is sharing a bedroom with another resident of the same cognitive, developmental, and behavioral spectrum. Additional expectations include:

- 1) The youth must have their own bed and should not be sharing a bed with any other resident
- 2) The bedroom/sleeping area must have a door for privacy
  - a) The door or door area can have windows for staff supervision during sleep hours

Youth should have access to bathrooms in the facility that include showers and toilets. RCC or QRPT providers should ensure when a child is in the bathroom, they have privacy from staff and other residents along with a plan that is outlined to the youth and the youth's FPT when a youth will be checked on if in the bathroom for extended periods of time.

Youth who exhibit vulnerable needs such a self-harm or medical needs should have a written plan outlining supervision exceptions by staff when a youth is in her/his/their bedroom/sleeping area or bathroom to ensure they are safe.

RCC or QRPT are expected to always maintain cleanliness of the facility. This includes sanitizing most used, common areas often as well as ensuring no hazard issues that could in the youth getting injured. All broken equipment or furniture should be removed and replaced immediately, especially anything that is detrimental to the child's well-being. All walls, windows, and floors should also be cleared of any broken debris or glass and fixed quickly.

### **Food Policy/Availability**

RCCs and QRTPs should follow the food policy/availability as outlined in their licensing regulations. Youth placed in a RCC Or QRTP should be given at least three meals a day with snacks. Meals and basic snacks should not be earned unless it is outside of licensing regulations, or the youth is able to purchase and eat her/his/their own snacks to their liking.

Youth with dietary restrictions should have a plan outlined in her/his/their treatment plan to ensure all medical dietary restrictions are followed. RCCs and QRTPs should also be documenting efforts and/or successes in ensuring the dietary restrictions are followed for review at time by the youth's FPT or Contracted Case Management team. If a youth needs to take food or a specific drink with her/his/their medications, that should be allowed and documented.

RCCs and QRTPs will ensure their kitchen/cooking areas are clean, well-stocked, and food is not expired.

### **Provisions**

The Contractor will, at a minimum, provide youth with essentials that include:

- Providing and replenishing personal hygiene products
- Hair products conducive and respectful to the youth's hair needs
- Seasoned appropriate clothing, coats, hats, gloves, etc.





- Undergarments, socks, and appropriate shoes
- Any specialized supplies that include, but not limited to, hand braces, helmets for protection, communication devices, specialized medical equipment, etc.
- Towels and bathing/showering supplies such as shower shoes, hand towels, wash cloths, etc.
- Any school needs
- Any extracurricular needs for sports or other activities the youth may participate in while in treatment

The RCC and QRTPs should keep a log of the youth's personal belongings during her/his/their placement time. The Contractor can also collaborate with the Contracted Case Management Team and FPT to ensure the youth gets additional or specialized provisions.

### **Clothing**

The Contractor will ensure that youth are adequately clothed during their stay. Youth at the group home may maintain their own clothes, but the Contractor must ensure that an emergency supply of appropriate, clean, and weather appropriate clothing (undergarments, coats, hats, gloves, etc.) is available to youth who do not have an adequate supply of their own clothing. If the RCC and QRTP decides to not maintain an emergency supply, it will be the responsibility of the RCC or QRTP to purchase clothes for the youth upon placement. The youth will maintain possession of these items of clothing when they discharge from the facility.

### **Promoting Normalcy**

The Contractor shall use the Reasonable and Prudent Parenting (RPP) Standard (<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2017-27.pdf>) in decision making as it relates to an activity of a youth in their care. These RPP decisions often relate to the safety, extracurricular, social, and age-appropriate developmental activities that are in the best interest of the youth. The RPP Standard also must consider decisions related to the youth/family's cultural, religious, and tribal values. The Contractor will use RPP to make decisions about a youth's day or overnight passes and shall discuss with the Contracted Case Management team and FPT when appropriate.

The Contractor's workforce should be culturally competent and able to support the youth in her/his/their diverse culture, daily regime, and religious outlet. Cultural competency training is required for all staff in compliance with Wisconsin's Executive Order #1 and #59.

RCC and QRTPs will also promote normalcy by providing the youth with activities outside of treatment and programming within the facility. This can include community activities to various areas, participation in community-based groups, shopping trips, religious activities, etc. By taking the youth to the surrounding community activities, the youth is experiencing how treatment and programming can be married for positive outlets for her/his/their mental health and behavioral health needs.



### **Family Interaction**

The Contractor should also encourage and arrange for the youth's family to be included in all treatment and programming aspects. This includes supporting the youth to maintain contact with her/his/their immediate or chosen family through phone, facetime, letters, virtual options, and even visits at the facility. The Contractor should ensure the youth is permitted to have contact with certain individuals through communication and collaboration with the Contracted Case Management team. The Contractor will document all contact with the youth's immediate family or chosen family or attempts to include the youth's immediate and chosen families.

*Note: A youth's "chosen" family refers to like-kin individuals who have been a part of the youth's life for a significant time. "Chosen" family should be vetted as appropriate to participate by the Contracted Case Management Agency and the parent/legal guardian.*

### **Pass Expectations**

Youth placed in RCCs and QRPTs should have a plan outlining her/his/their pass expectations. The pass plan/expectations should include:

- 1) When passes can start in the duration of her/his/their treatment and programming
- 2) Who approves the passes on the FPT or within the Contracted Case Management Team
- 3) Who passes can be with, including the individual's name, relationship, phone number, address and any other individuals connected to the approved person
- 4) How long passes can be for
- 5) Who is permitted to pick up the youth and drop her/him/them off after the pass
- 6) A log/documentation that states what the youth has taken on the pass and what the youth brings back from the pass
- 7) Who is responsible for the youth's medication/medical needs
- 8) Plan of action if a youth does not return from the pass
- 9) Documentation of any concerns reported by the youth upon returning from pass or noticeable injuries to the youth that were not or could not be explained

The Contractor should ensure documentation is appropriate and accurate during all pass activities for the youth outside the RCC or QRTPs' facility.

### **Medical, Dental and Vision needs**

The Contractor will ensure the youth's ongoing physical medical; dental and vision needs are tended to while the youth is in the care of RCC or QRTP. The Contracted Case Management team should provide the RCC or QRTP of the dates of the youth's most recent physical, immunization records, last dental, and vision appointments as well as any specialty medical appointments. This includes any follow up appointments for specialized concerns.

## **Programmatic Elements**





### **Available Programming**

The Contractor shall accept youth with mental health and behavioral health needs that match the RCCs and QRTPs treatment and programming specializations and current population/census in the facility. All programming should be provided in accordance with the Wisconsin Child Welfare Model for Practice (<https://dcf.wisconsin.gov/cwportal/model>).

The Contractor shall offer treatment and programming based on the population and specialization of the facility, including, but not limited to:

- 1) Age-appropriate education
  - a) If a youth requires educational services outside of the RCC or QRTP, the facility will work closely with the youth's Contracted Case Management and FPT on this plan
- 2) Mental and behavioral health intervention with a focus on the youth's current and past trauma
- 3) Independent living skill development if age-appropriate or within the case planning from the Contracted Case Management Agency;
- 4) Support for youth to encourage healthy peer relationships
- 5) Connection to community resources for recreational activities, health care and other services for youth
- 6) Programming that focuses on the needs of youth in various stages of social physical, healthy growth, and development, addressing age-appropriate factors such as social development, academic achievement, positive recreational activities, essential life skills, choosing healthy relationships, job training and employment skills deemed appropriate
- 7) A family component that includes the youth's immediate family or family of choice to participate in the youth's treatment goal expectations
- 8) Any specialty programming that related to specific needs of the children in care. This can include but not limited to:
  - a) Neurodivergent needs
  - b) Sexualized behaviors programming
  - c) Children involved with CYSF/delinquent behaviors
  - d) Victimization of sex trafficking
  - e) Intense trauma exposure
  - f) Victims of maltreatment
- 9) After Care/Discharge Planning
  - a) QRTPs will provide 6 months of an individualized After Care Plan that includes collaboration with the Contracted Case Management team, FPT and the child's transitional placement
  - b) Providing recommendations on specialized treatment and programming in the community to help with the transition to a lesser restrictive setting

*Note: The Contractor does not need to provide all services directly to the youth in placement. The youth's treatment and case plan may address the services and be provided outside the facility.*



### **Collaboration Expectations**

Collaborative efforts are encouraged to occur between the RCC and QRPT with the youth's Contracted Case Management team, FPT, legal parties and any other entity to guarantee the youth's treatment and programming needs are accurate. The Contractor will maintain informal communication updates with the Contracted Case Management Team and FPT based on the youth's treatment plan and will send out monthly, formal treatment plan updates to the Contracted Case Management team and parent/legal guardian as well.

When a child is placed in a RCC or QRTP setting, the Contractor in collaboration with the youth's Contracted Case Management team, FPT, legal parties and any other entity should be planning for discharge at the time of admission. The Contractor should ensure monthly team meetings are held at a place of convenience for the youth's immediate, involved family or family of choice, and the FPT. Monthly team meetings should be a part of the treatment and programming for the youth, which can include having more meetings during the month to ensure the youth's mental health and behavioral health needs are being met.

The Contractor should document who is a part of the monthly meetings, where the meetings were held, any agenda items, action steps and outcomes. Monthly team meetings should also focus on the youth, family and team's strengths, positive outcomes as well as solutions for any challenges the youth may be experiencing.

### **Supervision of Youth**

There shall be appropriate adult supervision, nurturing and effective engagement of youth in programming. The Contractor will ensure that youth are supervised 24 hours per day, 7 days per week except when adhering to Wis. Stat. § 48.383 (Reasonable and Prudent Parenting Standards).

The typical expectation of supervision also ensures staff/youth ratio to be accepted: 1:6 during wake hours, 1:8 during sleep hours. The Contractor should be able to determine the effective staff/resident ratio based on the individual needs of the youth in their care. The Contractor can utilize the Extraordinary Payment Request (<https://dcf.wisconsin.gov/files/forms/doc/2794.docx>) when a youth may need more supervision for a set amount of time to ensure that the youth is safe as well others around them.

### **Treatment Planning**

The Contractor must follow all treatment planning requirements of their license and as required by law. The youth's treatment plan will be provided timely to the parent/guardian and the youth's Contracted Case Management team. This plan must also be available upon request of any of the parties listed previously. The Contractor must create and maintain open and supportive communications among all parties legally involved in the care and planning for a youth's interests, to reach a final goal of permanence for youth in out-of-home care.



All youth shall receive crisis intervention and safety planning if determined necessary by their care plan or requested by the youth's Contracted Case Management team.

The Contractor will be responsible for providing written progress reports monthly for each youth in care under this contract and for providing these reports to the youth's family and the youth's Contracted Case Management team.

The report must provide a response to the following questions/topics:

- 1) The youth's education status, highlighting any recent accomplishments, setbacks, or concerns in relation to learning or the school environment
- 2) Whether the youth has experienced any sudden, unusual changes in behavior, any specific progress related to the youth's treatment, or any recent changes or related issues of concern
- 3) Any medical issues or treatment of medical needs
- 4) The youth's progress towards discharge
- 5) The youth's level of engagement in services
- 6) The immediate family or youth's chosen family's involvement in the treatment and planning
- 7) Passes and outcomes
- 8) Visits and outcomes

*Note: This report is not limited to the information listed above and may include as much information as the Contractor feels is necessary to convey the youth's status to the Contracted Case Management team and parent/legal guardian.*

### **Adherence to DCF/DMCPS Transformation**

The Contractor must comply with all applicable Family First Prevention Services Act (FFPSA) and Youth Welfare Transformation policies and procedures as required by DCF and/or DMCPs. Preference for placement may be given to Contractors who comply with FFPSA requirements and are certified as Qualified Residential Treatment Programs (QRTP) by DCF.

### **Qualified Residential Treatment Placement Facilities**

The Family First Preservation Services Act (FFPSA) of 2018 is designed to help families whose children are at risk of removal, stay together. However, at times, children may exhibit more mental health and behavioral health needs that could impact their ongoing safety or the safety of others and when this happens, they will be placed outside the home.

Qualified Residential Treatment Placements (QRTP) are non-family settings under Family First that is intended to provide quality mental health and behavioral health care for children. QRTPs are leading providers in best practice in the field of child development, trauma, and attachment. QRTPs can and will have specialty programming that is designed to give the child in their care



very tailored services and supports based on that child's individual needs. RCCs in the state of Wisconsin are encouraged to explore the option of becoming a QRTP provider.

If a RCC provider becomes, or currently is, a QRTP provider, they have committed to the following expectations under FFPSA:

- 1) The RCC is accredited through national accreditation
- 2) Use a trauma informed treatment model
- 3) Engage, and build, a family permanency team
- 4) Have a registered/licensed nursing staff and licensed clinical staff on site and available 24/7
- 5) Provide and implement a 6 month After Care plan for when the child discharges from care

QRTP providers will articulate how the facility's specialized programming will not only help the child transition from a most restrictive setting to a family like setting but will ensure the specialized programming is specific to that child's mental health, emotional health, and behavioral health needs. This includes making concise and professional recommendations for the After Care plan in conjunction with the Contracted Case Management Team and FPT. QRTP providers will ensure monthly Family Permanency Team meetings are held at a location of convenience for the child's family. This includes keeping notes on who attends the meetings.

### **Transportation**

The Contractor must provide or arrange transportation to and from all medical/mental health/dental appointments, all court-ordered services, school, and other community-related activities.

Transportation needs to other events such as passes, court hearings, off campus schooling, and community-related activities should be included in the youth's treatment plan to show the expectations of who and how the youth is able to get to these places safely and effectively.

### **Mobile Phone and Internet Use Policy**

Typically, when a youth is placed in a RCC or QRTP setting, the use of mobile phone and access to internet use is not allowed. The Contractor will have a phone the youth can use to phone approved individuals on a call list. Youth will have access to any internet use for virtual contact or for school but under the supervision of the RCC or QRTP staff.

## **Agency Requirements**

### **Placement Referrals**

Placements are planned by the child's Contracted Case Management team and approved by the child's court order. Contracted Case Management teams also staff all potential Higher Level of Care (HLOC) placements with DMPCS Ongoing Services Section to present the youth's high risk



needs that can only be safe in a RCC or QRTP setting. DMCPSS OSS provides written approval to the Contracted Case Management Team for when a youth's needs may require the higher level of treatment.

Placement referrals are generally sent by the Contracted Case Management agency for each youth. The Contracted Placement Referral Unit (PRU) will provide options for the Contracted Case Management agency based on need of the youth and will attempt to make placement matches. Only DMCPSS's contracted partner for the Placement Referral Unit (PRU) can approve placement referrals for group homes, which must also be authorized by the youth's Contracted Case Management team.

Referrals are sent to the RCC or QRTP setting that can provide the accurate and appropriate support for the youth's mental health and behavioral health needs. The Contractor is responsible to review the referrals and intake material to determine if the youth's mental health and behavioral health needs can be individually supported in that environment. The Contractor will consult with the Contracted Case Management team when there are concerns or more information needed.

The Contractor should have a decision of acceptance or denial into the RCC Or QRTP based on the referral or intake material within 5 business days of receiving the information. If the Contractor must staff the information internally with an admissions panel and cannot given an acceptance or denial decision within those 5 business days, the Contractor will verbalize this to the Contracted Case Management Team giving them an idea of when a decision can be made.

The Contracted Case Management Agencies may submit referrals/intakes during a 24-hour period, however, the RCC or QRTP Contractor is only expected to review or take the referrals during regular business hours of 8:00am-5:00pm, Monday-Friday, excluding state holidays.

The Contacted should develop and maintain documentation of all denials. These denials should include the youth's name, age, date received information, and reason for denial.

*Note: The Contractor should not be accepting a youth just to fill a bed or meet census. The youth acceptance should be based on the RCC or QRTP's ability to meet that youth's individual mental health or behavioral health needs.*

*It is a requirement that each newly contracted RCC develop a plan for the acceptance of youth to be submitted to the DMCPSS Contract Administrator.*

### **Wraparound Placements**

The Contractor may accept placements made directly by Wraparound for youth under a CHIPS Dispositional Order. For these placements, the Wraparound program is responsible for payment of Wraparound placements. The Contractor cannot refuse placement solely because a youth is involved, or will become involved in the future, with the Wraparound program. The Contractor is



not required to become an “in-network” provider for Wraparound but is encouraged to seek a Wraparound contract so that Wraparound payments may be timely processed.

### **Acceptance of Youth in the RCC or QRPT**

The Contractor must always ensure a single point of contact for placement coordination. The Contractor must be available for placement between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday. If the Contractor wishes to be available for after-hours placements, the Contractor should develop an afterhours contact and share the information with DMCPs and the PRU.

The Contractor may accept or deny placement referrals in accordance with the needs of the referred youth or youth in their care. Placement denials shall focus on specific reasons, including, but not limited to the following:

- 1) Needs of the youth are greater than the staff in the Contractor’s home can safely manage. The Contractor must describe the specific needs that they are unable to meet.
- 2) The youth does not fit within the age requirements of the facility
- 3) The histories and experiences of a youth already placed at the facility are contrary to the best interests of the youth seeking placement (i.e. youth is the victim of another resident already placed)

For youth accepted into the Contractor’s facility, should also be documenting the following:

- 1) The length of stay in the residential care center from placement to discharge
- 2) Where the child is discharged to, e.g., reunification, relative care, non-relative care, foster home, treatment foster home, another RCC, group home, or that the child is missing from care, etc.
- 3) Specific reasons for discharge of children where the Contractor requested a change in placement without the youth completing treatment

### **Placement Holds**

DMCPs may place facilities “on hold” for new placement referrals for reasons including, but not limited to, the following:

- 1) New allegations of maltreatment in the RCC or QRTP
- 2) Identification of placement danger threat(s)
- 3) Concerns with the quality of care provided to residents
- 4) Financial instability of entity
- 5) Ongoing staff shortages that prohibit the best quality of care of the youth

If DMCPs places a “hold” on a specific RCC or QRTP, the DMCPs Contract Administrator will notify the Contractor via email within 1 business day of this decision.

*Note: Entering a Contract with DMCPs does not guarantee placement of youth.*





### **Placement Disruptions**

The Contractor may determine the youth should be removed from the RCC or QRTP setting based on the safety concerns or failure to provide the youth with the accurate and specialized treatment needs. The Contractor shall provide a written 30-day notice for any youth for which they are asking removal to allow for appropriate planning and transition for the youth. It is recommended that for each 30-day request there has been clear and consistent communication with the assigned Contracted Case Management team to attempt to plan for any potential disruption.

The Contractor will be responsible for documenting the following related to all youth once they are discharged.

- 1) The length of stay in the group home from placement to discharge
- 2) Where the youth is discharged to, e.g., birth home, foster home, treatment foster home, another RCC, group home, or that the youth is missing from care, etc.
- 3) Specific rational detailing discharge reason(s)

If the Contractor is requesting that a child be removed in less than 30 days, they must ask the youth's Contracted Case Management Team and DMCPSC Contract Administrator to help develop a safe and appropriate plan.

### **Training Required**

All current and newly hired staff must successfully and timely complete and comply with the core competencies and staff professional development requirements for their employment position to provide quality services and support successful outcomes for children. This includes compliance with strategies for increasing the tenure of agency staff, supervisors and managers including career ladders recognizing length of service, attainment of graduate degrees or professional certification, additional skills, experiences, or competencies.

The Contractor must provide the following trainings for their staff upon hire, and at specified times during employment:

- 1) Training on positive behavioral interventions, which excludes the use of physical discipline and corporal punishment, must be provided to all direct care staff during each licensing period
- 2) Training on the dynamics of high-risk behavior and its prevention and management must be provided to all direct care staff during each licensing period
- 3) Training regarding the prevention of maltreatment while a youth is in their care
- 4) Training detailing protocols for staff regarding mandated reporting of youth abuse or neglect
- 5) Training related to medical neglect and procedures or programs, or both to provide for the:
  - a) Coordination and consultation with individuals designated by and within appropriate health-care facilities



- b) Prompt notification by individuals designated by and within appropriate healthcare facilities of cases of suspected medical neglect
- c) The agency must continually improve the skills and qualifications of the direct line and supervisory staff providing services to youth by participating in continuous quality improvement initiatives within their agency

Information about trainings shall be made available for the DMCPSC Contract Administrator upon request. The Contractor must be able to provide information to DMCPSC Contract Administrator as it relates to implementation of methods, strategies, skills given at training.

### **Reporting Serious Incidents**

The contractor must submit a serious incident report within 72 hours of the incident occurring. This should also be sent over to your licensor for review. Serious incident reports should be completed anytime law enforcement is contacted, including interactions with police, ambulance, EMT, etc. After DMCPSC receives the serious incident report, there may be a site visit (announced or unannounced) that occurs depending on the severity of the incident by the DMCPSC Contract Administrator.

### **Missing from Care**

In accordance with [DMCPSC Missing from Out-of-Home Care Policies](#), there are critical steps that must be taken if a youth enters missing from care status while placed at a RCC or QRTP. When a youth goes missing from care, it is the responsibility of the Contractor to file a missing persons police report within 12-24 hours (timeframe dependent upon vulnerability of the child). If the youth is critically missing (i.e., cognitive delayed, medically impaired) this should be reported to the nearest police district immediately. If the youth is a victim of sex trafficking, this information must also be shared with the police.

The Contractor must reach out to Contracted Case Management team via email immediately, to share information about the youth's missing status. The Contractor shall also provide information to the parent(s)/guardian(s) about the youth's status at this time.

Upon return to placement, the Contractor must evaluate the youth for additional programming needs or specific interventions and must communicate this information with the youth's Contracted Case Management team. There are additional requirements for the Case management agency when a youth returns from missing status, so it is imperative that the Contractor notify the youth's Contracted Case Management team immediately upon the youth's return.

### **Necessary Resources**

Except as detailed elsewhere in the Contract as obligations of the Department, the Contractor shall provide the personnel and any materials or resources necessary for the performance of the services. All current and newly hired staff must successfully and timely complete and



comply with the core competencies and staff professional development requirements for their employment position to provide quality services and support successful outcomes for youth. This includes compliance with strategies for increasing the tenure of group home staff, supervisors, and managers. This should also include career ladders recognizing length of service, attainment of graduate degrees or professional certification, additional skills, experiences, or competencies.

### **Compliance with DMCPs Required Meetings**

Contractors are expected to attend any RCC or QRTP related program and contract meetings convened by DMCPs (either virtually or in-person). If attendance is not possible by any staff member, the Contractor must notify the assigned DMCPs Contract Administrator prior to the meeting of the agency's inability to attend.

### **Performance Standards and Accountability**

The Contractor shall perform all services consistent with the documents constituting the Contract. DMCPs may evaluate Contractor performance based on outcomes developed by DCF and/or DMCPs. Performance standards may be developed regarding the care the youth has received in the facility, to include, but not be limited to, the youth's stability, safety, and well-being. The Contractor's performance will be a factor in determining placement referrals and contract renewal. The Contractor will meet with DMCPs on a periodic basis to discuss and review any potential operational concerns or developments along with the Contractor's performance under the requirements of this contract. Corrective action, or any other remedies available to the State under the Contract, may be undertaken for failure to comply with the provisions of the Contract, including failure to follow DMCPs Policies and Procedures, the *Jeanine B. Settlement Agreement* and associated corrective action plan, the Federal Youth and Family Service Review's Program Improvement Plan (PIP) and applicable state and federal law.

## **Department of Youth and Families (DCF) Structure/Organization**

The Department of Youth and Families (DCF) directly administers youth welfare services in Milwaukee through the Division of Milwaukee Youth Protective Services (DMPCS) and runs the Statewide Public Adoption Program. DCF also provides licensing of facilities that provide out-of-home care for youth. In addition, DCF oversees youth welfare at the local level. Local youth welfare agencies administer programs to assist youth and families that include assistance for youth in need of protection or services, foster care services, youth abuse and neglect investigations, and community-based juvenile justice services. DCF also administers a variety of other family-centered state programs such as early youthhood education services and W-2 programs. The Youth Abuse and Neglect Prevention Board is administratively attached to the Department of Youth and Families.

The vision of the Department of Youth and Families is that all Wisconsin youth and youth are safe and loved members of thriving families and communities. To reach our vision, we are



focused on reducing racial and ethnic disparities in our programs and services, focusing on five key priorities:

- 1) Systematically increasing access to quality early care and education programs that support the needs of youth and families statewide
- 2) Putting families in the center of successful youth support and good-paying jobs programs
- 3) Safely transforming the youth welfare and youth justice system to dramatically increase the proportion of youth supported in their homes and communities
- 4) Dedicating additional resources to support vulnerable and historically underserved youth, specifically teenage girls, kids with complex care needs, and youth transitioning out of the foster care system
- 5) Fostering a workplace where agency staff feel engaged, valued, and connected to our vision

## **Milwaukee Child Welfare Structure**

### **The Division of Milwaukee Youth Protective Services (DMCPS)**

DMCPS works with families to ensure the safety and well-being of children and youth. With its many community partners, DMCPS provides services to families in crisis that help keep children safely in the home. When it is necessary, DMCPS looks to out-of-home care placements to provide appropriate temporary and permanent homes for children who cannot live with their families of origin. DMCPS contracts with service providers to provide placement, case management, in-home services, and other supportive services to families in the Milwaukee community.

DMCPS is responsible for administering child protective services in Milwaukee County and works to assure the safety, well-being, and permanence of youth. DMCPS provides oversight over the Case Management Services contract, as well as other contracted services serving youth and families in need of youth welfare services. The vision of DMCPS is to have safe youth and healthy families in Milwaukee County and to execute DCF's mission that all Wisconsin youth will be safe and loved members of thriving families and communities.

### *DMCPS Ongoing Services Section*

The DMCPS Ongoing Services Section is responsible for managing the programming, policy, and coordination of contract agencies providing ongoing services for the Milwaukee youth protective services system. This includes direct involvement in the negotiation, monitoring and performance evaluation of contracts with agencies that provide Contracted Case Management services, in-home services, out-of-home care placement providers, independent living providers, and other providers who fall in the scope of the Ongoing Services Section.

One of the DMCPS Ongoing Services Section's key objectives is to ensure youth are receiving high-quality care from the Contractors providing RCC or QRTP services for DMCPS youth.



DMCPS Ongoing Services Section may conduct site visits (announced and unannounced) to meet this key purpose, and the DMCPS Contract Administrator will perform these visits and may be accompanied by an additional state employee

*Bureau of Quality Improvement*

The DMCPS Bureau of Quality Operations (BQO) holds primary responsibility for supporting all Division administrative operations and quality improvement initiatives. BQO oversees the Division's financial operations to support state operations, private contractor administrative costs and direct client services. BQO is responsible for the management of division funding as well as the coordination of fiscal operations with DCF financial management staff. BQO ensures that proper accounting and audit measures are in place.



## Appendix 1: Required Policies

Below is the minimum list of policies that the Contractor is required to submit to DMCPS with its Registration materials. A Registration will not be considered complete for review until all policies have been submitted. It is acceptable that some areas below may be covered within the same policy/agreement. The Contractor may create (or have) additional policies in line with program design.

1. Youth Provisions Policy
2. Mobile Phone and Internet Use Policy
3. New RCC Youth Acceptance Policy
4. Youth Restraint Policy
5. QRTP Policies
  - a. Additional Programming Available
  - b. Aftercare Policy