



Exhibit 1: Scope of Services

Group Home (GH) Contract with the Division of Milwaukee Child Protective Services (DMCPS)

Contract Period: January 1, 2022 – December 31, 2022

The primary purpose of Group Home (GH) placements is to provide for the treatment needs and physical placement of children receiving case management services through one of the Contracted Case Management Agencies of DMCPS. These services are provided to children subject to jurisdiction of Chapter 48 who are placed in an Out-Of-Home Care (OHC) placement when the child cannot be safely maintained in the home of their family of origin.

I. Contract Program Requirements

- A. The Contractor will provide high-quality Residential Care placements for children that best meet the individual needs of the child by:
 - 1) Following all licensing requirements according to DCF Chapter 57. The Contractor must be in good standing with their licensor and hold a contract with DMCPS for the placement and care of children.
 - 2) Providing a safe and high-quality group home.
 - 3) Creating and maintaining open and supportive communications among all parties legally involved in the care and planning for a child's interests, to reach a final goal of permanence for children in out-of-home care.
 - 4) Supporting the principles of the Adoption and Safe Families Act (ASFA), which mandates timely permanence for all children in out-of-home care.
 - 5) Following all treatment planning requirements of their license and as required by law. The child's treatment care plan will be provided timely to the parent/guardian and the DMCPS case manager and be available upon request.
 - 6) Accepting from DMCPS appropriate children for placement in the facility.
 - 7) Offering appropriate programming, including, but not limited to:
 - a) All programming should be provided in accordance with the Wisconsin Child Welfare Model for Practice (<https://dcf.wisconsin.gov/cwportal/model>);
 - b) Mental and behavioral health intervention;
 - c) Support for children to encourage healthy peer relationships;
 - d) Connection to community resources for recreational activities, health care and other services for children;
 - e) Programming that focuses on the needs of children 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.

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

- 8) The Contractor must comply with all applicable Family First Prevention Services Act (FFPSA) and Child Welfare Transformation policies, procedures and requirements 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 (QRTF) by DCF.
- B. Placement in a GH is expected to be short-term to address specific needs of the child. All placements must be authorized by the child's DMCPs case manager and approved through the child's Court Order.
- C. During a child's placement in the GH, the Contractor will arrange for, encourage, support and cooperate in assisting the child to maintain contact with the child's family through regular visitation and family interaction as required in the court order, permanency plan, case plan, and direction from the child's DMCPs case manager. The Contractor shall maintain documentation of the child's visits with their family, to include any siblings of the child.
 - 1) If visits with the child's family are not going to occur at the facility, the Contractor shall maintain documentation of frequency, schedule, location, and whether the visits occurred.
- D. 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 related to an activity of a child in their care related to safety, and extracurricular, social, and age-appropriate development activities that are in the best interest of the child. The RPP Standard includes decisions related to the child/family's cultural, religious, and tribal values.
 - 1) Day Passes: The Contractor will use RPP to make decisions about a child's day or overnight passes and shall discuss with the Contracted Case Management team when appropriate. The Contractor must account for the child's safety while on a pass and shall document internally where and when the child left, what the child will be doing on their pass, and where/how the child can always be reached.
- E. The Contractor's workforce should be culturally competent and able to support the children in their diverse cultural and lifestyle backgrounds. Culturally competency training is required for all staff in compliance with Wisconsin's Executive order #1 and #59.
- F. 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. Children acquiring independent living skills may be exempt from this provision, but only if it is included in the child's treatment/independent living plan and is consistent with their demonstrated level of responsibility.
- G. Food Availability: The Contractor will ensure that a four-day supply of proper various nutritious foods is available to meet the needs of the total number of children for which the center is licensed, to include daily meals and snacks. The group home will make reasonable efforts to consider and accommodate:
- 1) Religious/cultural beliefs and values
 - 2) Dietary restrictions
 - 3) Past trauma history of the children in care
- H. Food Policy: The group home will publish and post within the facility, a menu of planned meals at least one week in advance. The group home should allow children access to food and beverages in a manner that is most home-like and least restrictive. The GH shall not have food locked and unavailable to the child at any point in the day.
- I. Allowances: The Contractor will provide children age-appropriate allowances each week.
- J. Clothing: The Contractor will ensure that children are adequately clothed during their stay. Children 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 (coats, hats, gloves, etc.) is available to children who do not have an adequate supply of their own clothing. The child will maintain possession of these items of clothing when they discharge from the group home.
- K. Mobile Phone and Internet Use Policy: The Contractor must establish a written policy regarding child possession and use of mobile phones. This policy must be provided to DMCPs Contract Administrator within 30 days of the signing of this contract. The policy must identify:
- 1) What happens when a child possessing a mobile phone is brought to the facility for admission.
 - 2) When the child may or may not have or utilize the device.
 - 3) When and where the device will be stored or charged, and how it will be secured from theft or misuse by others when not in possession of the child.
 - 4) How the Contractor will ensure privacy of other children in the facility given the recording and photographic capabilities of most mobile phones.
 - 5) How the Contractor will ensure the child does not use the mobile device to make contact with maltreaters or others who the DMCPs case manager has advised should not be contacted.
 - 6) Whether the Contractor offers Wi-Fi / Internet access to children and how such access is overseen or managed.
- L. Identification



- 1) The Contractor must establish and provide to DMCPSC Contract Administrator within 30 days of the signing of this contract a written statement explaining whether and how Group Home staff may be visually identified and distinguished from Group Home residents by a third party entering the facility. For example, a statement may explain that there is in place a policy calling for all staff to wear photo-ID badges on a lanyard or clip, or for all staff to wear a corporate logo shirt in a certain color identifying them as staff of the group home. If no policy exists and staff are not distinguishable from residents by a third party entering the facility, the Contractor shall provide a written statement indicating such to DMCPSC.

II. Placement Referrals

- A. Transition plan for new group homes (applicable for new group homes contracted with DMCPSC):
 - 1) DMCPSC will collaborate with new group homes on developing a transition plan for admission of children to their group home, such as 1-2 children for the first two weeks with additional children transitioned on an agreed-upon schedule.
- B. Only DMCPSC's contracted partner for placement referral services (Placement Referral Unit (PRU)) can approve placement referrals to the GH, which must be also be authorized by the child's DMCPSC case manager.
- C. Wraparound Placements
 - 1) The Contractor may accept placements made directly by Wraparound for children under a CHIPS Dispositional Order.
 - 2) The Wraparound program is responsible for payment of Wraparound placements.
 - 3) The Group Home cannot refuse placement solely because the child is involved, or will become involved in the future, with the Wraparound program.
 - 4) The Group Home 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. Note: Wraparound will not pay invoices until a Wraparound contract or letter of intent is in place.
- D. Acceptance of Children into the Group Home
 - 1) The Contractor must always ensure a single point of contact for placement coordination.
 - 2) The Contractor must make itself available for placement between the hours of 8:00 a.m. and 5:00 p.m.
 - 3) The Contractor should develop an afterhours contact and share the information with DMCPSC and PRU if the Contractor wishes to be accessed in emergency or after hour placements.



- E. The Provider must respond to the referring agency for all placement referrals within 1 business day of receipt of referral to accept or deny placement, or to ask for more information and set up a time to meet with the child.
 - 1) The Contractor is required to track all denials for placements with a focus on reason(s) for the denial.
 - 2) The Contractor may accept or deny placement referrals in accordance with the needs of the child or children in their care. The Contractor must provide the PRU and the Ongoing Case Management agency with a detailed reason in writing for all denials. Placement denials must be for a specific reason, including, but not limited to the following:
 - a) Needs of the child 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.
 - b) The child does not fit within the age requirements that can be placed at the home.
 - c) The histories and experiences of a child already placed at the facility are contrary to the best interests of the child seeking placement (i.e. child is a member of a rival gang).
- F. 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 facility
 - 2) Identification of placement danger threat(s)
 - 3) Concerns with the quality of care provided to residents
 - 4) Financial instability of entity
- G. Entering a Contract with DMCPs does not guarantee placement of children.

III. **Child Safety While in Placement**

- A. The Division of Milwaukee Child Protective Services supports a child protection system that is comprehensive, child-centered, family-focused and community-based; incorporates all appropriate measures to prevent the occurrence or recurrence of child abuse and neglect; and promotes physical and psychological recovery and social re-integration in an environment that fosters the health, safety, self-respect and dignity of the child.
- B. Children will be protected from potential threats to their safety, whether in or out of the center. Contractors must comply with the following requirements:
 - 1) The use of physical restraints and corporal punishment is prohibited except in the event of an emergency as defined by DCF 57 licensing guidelines.
 - 2) Any restraint policies must be approved by DMCPs at the beginning of each contract period.



- a) The Contractor will submit any restraint policies with the DMCPs Registration packet during the Registration period each year.
- b) The Contractor shall not utilize any physical restraint unless the Contractor's policy has been approved by DMCPs. An exception from DCF on the Contractor's license for physical restraint does not equal approval from DMCPs.
- 3) 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.
- 4) 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.
- 5) All children shall receive crisis intervention and safety planning if determined necessary by their care plan or requested by the child's Contracted Case Management team.
- 6) There shall be appropriate adult supervision, nurturing and effective engagement of children in programming. The Contractor will ensure that children are supervised 24 hours per day, 7 days per week except when adhering to s. 48.383 Reasonable and Prudent Parenting Standards.
- C. The Contractor must provide training to agency staff regarding the prevention of maltreatment while a child is in their care. Agency staff training must include:
 - 1) Training detailing protocols for staff regarding mandated reporting of child abuse or neglect.
 - 2) 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; and
 - b) Prompt notification by individuals designated by and within appropriate healthcare facilities of cases of suspected medical neglect.
- D. The agency 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 within their agency.
- E. Additional Reporting Requirements Related to Maltreatment in a Group Home
 - 1) The staff person that witnessed the alleged maltreatment will follow the GH'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 DMCPs case manager and other parties as outlined in the facility's current license.



- 2) Any substantiated maltreatment in a GH requires the agency to submit a Corrective Action Plan (CAP) to DMCPD 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.

F. Independent Initial Assessments

- 1) 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 DMCPD approval and document in the Contractor's internal records.
- 2) Upon the completion of any Independent Initial Assessment, the GH will follow up within 5 business days with the Contracted Case Management agency or DMCPD to review any recommendations for the facility in response to the Access Report or completed Assessment.

IV. Necessary Resources

- A. 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.
- B. 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 group home staff, supervisors, and managers. This is to include career ladders recognizing length of service, attainment of graduate degrees or professional certification, additional skills, experiences, or competencies.

V. Compliance with DMCPD Required Meetings

- A. Contractors are expected to attend all group home-related program and contract meetings convened by DMCPD (either virtually or in-person), for which they are provided at least 20 days advance notice. If attendance is not possible by any staff member, the Contractor must notify the assigned DMCPD Contract Administrator prior to the meeting of the agency's inability to attend.



VI. Child Welfare Transformation and Family First Prevention Services Act

- A. DMCPs and DCF are in the process of a child welfare transformation initiative. All Contractors will be required to abide by any laws, rules, policies, and procedures set forth by DCF and/or DMCPs.
- B. The Contractor will be required to comply with all Family First Prevention Services Act laws, rules, policies, procedures, and programmatic changes.

VII. Performance Standards and Accountability

- A. The Contractor shall perform all services consistent with the documents constituting the Contract.
- B. DMCPs may evaluate Contractor performance based on outcomes developed by DCF and/or DMCPs. Performance standards may be developed regarding the care the child has received in the facility, to include, but not be limited to, the child's stability, safety, and well-being. The Contractor's performance will be a factor in determining placement referrals and contract renewal.
- C. 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.
- D. The Contractor will be responsible for providing written progress reports monthly for each child in care under this contract and for providing these reports to the child's family and the child's Contracted Case Management team.
 - 1) Each report is due by the 10th day of each month for any child that was in contractor's care for ten or more days in the prior month and must be provided to the child's Contracted Case Management team.
 - 2) The report must provide a response to the following questions/topics:
 - a) The child's education status, highlighting any recent accomplishments, setbacks, or concerns in relation to learning or the school environment;
 - b) Whether the child has experienced any sudden, unusual changes in behavior, any specific progress related to the child's treatment, or any recent changes or related issues of concern;
 - c) The child's progress towards discharge;
 - d) The child's level of engagement in services.
 - 3) The report is not limited to the information listed above and may include as much information as the Contractor feels is necessary to convey the child's status to the DMCPs case manager.
- E. The Contractor will be responsible for documenting the following related to any child in its care.
 - 1) The length of stay in the group home from placement to discharge;



- 2) Where the child is discharged to, e.g., birth home, 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 child completing treatment;
- F. 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 DMCPD Policies and Procedures, the *Jeanine B. Settlement Agreement* and associated corrective action plan, the Federal Child and Family Service Review's Program Improvement Plan (PIP) and applicable state and federal law.

VIII. Department of Children and Families (DCF) Structure/Organization

- A. The Department of Children and Families (DCF) directly administers child welfare services in Milwaukee through the Division of Milwaukee Child Protective Services (DMPCS) and runs the Statewide Public Adoption Program. DCF also provides licensing of facilities that provide out-of-home care for children. In addition, DCF oversees child welfare at the local level. Local child welfare agencies administer programs to assist children and families that include assistance for children in need of protection or services, foster care services, child abuse and neglect investigations, and community-based juvenile justice services. DCF also administers a variety of other family-centered state programs such as early childhood education services and W-2 programs. The Child Abuse and Neglect Prevention Board is administratively attached to the Department of Children and Families.
- B. The vision of the Department of Children and Families is that all Wisconsin children 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 children and families statewide
 - 2) Putting families in the center of successful child support and good-paying jobs programs
 - 3) Safely transforming the child welfare and youth justice system to dramatically increase the proportion of children 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
- C. Milwaukee Child Welfare Structure
- 1) The Division of Milwaukee Child Protective Services (DMPCS)



- a) DMCPDS works with families to ensure the safety and well-being of children. With its many community partners, DMCPDS provides services to families in crisis that help keep children safely in the home. When it is necessary, DMCPDS looks to out-of-home care placements to provide appropriate temporary and permanent homes for children who cannot live with their families of origin. DMCPDS contracts with service providers to provide placement, case management, in home services, and other supportive services to families in the Milwaukee community.
 - b) DMCPDS is responsible for administering child protective services in Milwaukee County and works to assure the safety, well-being, and permanence of children. DMCPDS provides oversight over the Case Management Services contract, as well as other contracted services serving children and families in need of child welfare services.
 - c) The vision of DMCPDS is to have safe children and healthy families in Milwaukee County and to execute DCF's mission that all Wisconsin children will be safe and loved members of thriving families and communities.
- 2) DMCPDS Ongoing Services Section
- a) The DMCPDS Ongoing Services Section is responsible for managing the programming, policy, and coordination of contract agencies providing ongoing services for the Milwaukee child protective services system. This includes direct involvement in the negotiation, monitoring and performance evaluation of contracts with agencies that provide ongoing 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.
- 3) Bureau of Quality Improvement
- a) The DMCPDS 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.