



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

Contract Period: January 1, 2025 – December 31, 2025

Table of Contents

Program Overview 3

Program Requirements 3

Youth Well-Being 3

 Child Safety While in Placement 3

 Report of Maltreatment in RCC 4

Physical Environment 6

 Sleeping 6

 Toileting/Bathroom 6

 Overall Facility Cleanliness 6

 Environment 7

Food Policy/Availability 7

Provisions 7

Child Specific Provisions 8

Promoting Normalcy 9

Family Interaction 9

Pass Expectations 9

Programmatic Elements 10

 Available Programming 10

 Collaboration Expectations 11

 Supervision of Youth 12

 Treatment Planning 12

 Adherence to DCF/DMCPS Transformation 13

 Transportation 13

 Mobile Phone and Internet Use Policy 13

Agency Requirements 14

 Placement Referrals 14

 RCC Holds 15



Placement Disruptions	15
Bed Holds	16
Training Required.....	16
Reporting Serious Incidents	17
Missing from Care	17
Necessary Resources.....	18
Compliance with DMCPs Required Meetings.....	18
Performance Standards and Accountability.....	18
Department of Children and Families (DCF) Structure/Organization	19
Milwaukee Child Welfare Structure	19
The Division of Milwaukee Child Protective Services (DMCPS).....	19
Appendix 1: Required Policies	21
Addendum.....	22
Qualified Residential Treatment Program (QRTP)	22
Program Overview	22
QRTP Requirements	22



Program Overview

The primary purpose of Residential Care Center (RCC) settings is to provide individualized treatment needs for youth receiving case management services through one of the Contracted Case Management Agencies of the Division of Milwaukee Child Protective Services (DMCPS). These services are provided to youth who are subject to the jurisdiction of Wis. Stat. ch. 48 and, when applicable, Wis. Stat. ch. 938, and who are placed in an out-of-home care (OHC) placement when the youth cannot be safely maintained in the home of their family of origin or a community setting.

Program Requirements

The Contractor shall comply with all licensing requirements outlined in Wis. Admin. Code ch. DCF 52, be in good standing with the Wisconsin DCF Child Welfare Licensing Section and hold a contract with DMCPS.

The Contractor shall provide safe and high-quality care as an RCC. High-quality care includes creating and maintaining open, supportive, and strength-based communication among all collaborators involved in the youth's care. The Contractor shall ensure the facility's treatment and programming are consistent with 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 setting is a top priority. This includes but is not limited to the categories listed below. When youth are placed in an RCC, youth are placed for treatment 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 made 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-informed, treatment-based, and community-based while incorporating appropriate measures to prevent the occurrence or recurrence of child maltreatment. The Contractor should provide an atmosphere that promotes physical and psychological recovery and social re-integration in an environment that fosters the health, safety, self-respect, and dignity of the youth.

The Contractor shall at all times protect youth from maltreatment by agency staff, other residents in the facility, or others involved with the RCC. The Contractor shall provide training to staff regarding prevention of maltreatment while a child is in their care. The training must include:



- Mandated reporting laws and facility protocols for staff regarding mandated reporting of child abuse or neglect
- Information related to medical neglect and procedures, or programs, or both to provide for the:
 - Coordination and consultation with individuals designated by and within appropriate health-care facilities
 - Prompt notification by individuals designated by and within appropriate healthcare facilities of cases of suspected medical neglect.
- Trauma-informed care designed to help the facility provide the child with the most adequate quality of care based on their treatment needs related to trauma
- Non-violent, verbal de-escalation-based approaches to behavioral management and limits on use of physical restraints and holds under DCF 52

The use of corporal punishment is prohibited. The use of physical restraints is prohibited except in the event of an emergency as defined by licensing regulations in DCF 52. Any restraint policies must be approved by DMCPs at the beginning of each contract period. The Contractor shall submit the facility's restraint policies with the DMCPs Registration packet during the Registration period, or at any time the facility changes their restraint model during the contract period. An exception from DCF on the Contractor's license for physical restraint does not equal approval from DMCPs.

The RCC must continually improve the skills and qualifications of staff providing services to youth by participating in continuous quality improvement initiatives. The services provided to youth in the facility must be inclusive and representative of the youth the facility serves. DMCPs recommends the Contractor provide the facility's staff with the following trainings:

- 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
- The dynamics of high-risk behavior and its prevention and management should be provided to all direct care staff within the licensing period
- Trauma-Informed Care training to help staff learn techniques to coach youth through trauma triggers while in care.

Additional trainings should also include any specialization programming the RCC provides for the population within the facility. The Contractor shall ensure all training updates are available for DMCPs review.

Report of Maltreatment in RCC

A contracted RCC shall 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 in the facility that requires any form of internal or external investigation, DMCPs will place the facility on hold from any referrals from a DMCPs Contracted Case Management

Agency until a plan of action is implemented to ensure the youth can and will remain safe in that RCC. The Contract Administrator will inform the RCC administration if the facility will be on a hold due to allegations of maltreatment, due to an investigation of maltreatment or if Child Welfare licensing has issued a corrective action plan based on the results of an investigation.

The Contractor is required to ensure all staff understand the Mandated Reporting policies and laws. The Contractor shall ensure all additional reporting requirements related to maltreatment in an RCC follow these guidelines:

- The staff person who witnessed the alleged maltreatment will follow the Residential Care Center's procedures to report the alleged maltreatment to either the Division of Milwaukee Child Protective Services Intake (414-220-SAFE) (<https://dcf.wisconsin.gov/cps/mandatedreporters>) or the Child Welfare Agency located in the facility's county. In addition, the Contractor is responsible for notifying the DMCPSC case manager and other parties as outlined in the facility's current license.
- Any substantiated maltreatment in an RCC 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, the DMCPSC Contract Administrator or designee will conduct a site visit within the 30 days.
 - If there is a CAP or Imposed Plan of Correction (IPOC) issued by the DCF Child Welfare Licensing (CWL) Section, DMCPSC will follow up with CWL on the facility's commitment to the CAP. DMCPSC will schedule a face-to-face or virtual meeting to review the changes the facility will implement due to the maltreatment. During this time, DMCPSC reserves the right to place the facility on hold, request DMCPSC youth be removed, or the Contracted Case Management Agency will provide more face-to-face contact with the youth."
- If maltreatment occurs and is found substantiated in a DMCPSC contracted RCC, DMCPSC reserves the right to place that facility on hold from receiving any referrals from a DMCPSC Contracted Case Management Agency or Wraparound Milwaukee agency providing services to a DMCPSC youth until a thorough investigation and site visit has been concluded.
- Independent Initial Assessments
 - When there is an allegation of maltreatment that is screened in with a contracted provider, a third party conducts the Initial Assessment. The Contractor shall cooperate with any investigating body/agency during the investigation and is required to follow up and complete any recommendations from the Initial Assessment.



- Upon the completion of any Independent Initial Assessment, the RCC administration will follow up within 5 business days with the DMCPSC Contracted Case Management agency or DMCPSC Contract Administrator to review any recommendations for the facility in response to the Access Report or completed Assessment.

Physical Environment

Sleeping

Youth placed in a DMCPSC contracted RCC should have a bedroom/sleeping area where they have the space to store their personal items. Youth may share a bedroom/sleeping area with another resident, however, it is the responsibility of the RCC staff to ensure a youth is sharing a bedroom with another resident of the same cognitive, developmental, and behavioral spectrum. Additional expectations include:

- The youth must have their own bed and shall not share a bed with any other resident
- The bedroom/sleeping area must have a door for privacy
 - The door can have windows for staff supervision during sleep hours

Youth should have access to bathrooms in the facility that include showers and toilets. RCC providers should ensure when a youth is in the bathroom, they have privacy from staff and other residents.

Youth who may be vulnerable due to self-harming behavior or particular medical conditions 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.

Toileting/Bathroom

Youth who require toileting assistance through either a toileting schedule, wearing of protective undergarments, or assistance with managing cleanliness after toileting should have a written plan that is supervised by a staff supervisor. The staff supervisor should report any concerns about toileting issues to the youth's FPT and Case Management Team immediately and ensure that the concerns are documented and reviewed with necessary professionals, such as on-campus nursing staff or primary care medical teams, as needed.

Youth who have toileting mishaps or needs should not be made to sleep in, sit in or be exposed to soiled beds, linens, and clothing. Staff should ensure youth are immediately cleaned up, along with their bed, linens, and clothing, upon noticing the accident.

Youth who require toileting assistance shall not be ridiculed, shamed, or mistreated. They should be treated with respect, privacy, dignity, and care when this assistance is required.

Overall Facility Cleanliness

RCCs are expected to always maintain cleanliness. This includes sanitizing the most used common areas often as well as ensuring there are no hazards that could result in the youth getting injured. Ensuring working and running plumbing; free from clogs/standing water. All broken equipment or furniture should be removed and replaced immediately, especially anything

that is detrimental to the youth's well-being. All walls, windows, and floors should also be cleared of any debris or broken glass and repaired promptly, if necessary.

Environment

RCC settings should be warm and comfortable for the youth. It is encouraged to have trauma-informed atmosphere, and comfortable/maintainable furnishings to alleviate the feelings of an institutional-like placement. Although RCC settings may not be home-like due to the expectation of limited stays to focus on intense treatment, they should provide trauma-informed care environments to promote safe and healthy treatment.

Food Policy/Availability

RCCs shall follow the food policy/availability as outlined in DCF 52. Youth placed in an RCC should be given at least three meals a day plus snacks. Meals and basic snacks shall not be required to be earned unless it is in addition to the food required by licensing rule. Youth may also be allowed to purchase and eat additional snacks to their liking, as appropriate.

Youth with dietary, religious, or cultural practices should have a plan outlined in the youth's treatment plan to ensure all dietary expectations are followed. Youth with dietary restrictions due to medical reasons should have a plan outlined in their file and all refusals to follow the dietary plan should be documented and shared with the youth's case management team, FPT, and medical care team. If a youth needs to take food or a specific drink with her/his/their medications, that shall be allowed and documented. For youth with dietary needs based on their religious or cultural practices, the facility should ensure food is acceptable based on the guidelines in that religious or culture. This includes having an outside source prepare the food/meals and proper storage of the food/meals.

RCCs shall ensure their kitchen/cooking areas are clean and well-stocked, and that food is not expired. For facilities that have kitchen areas on the unit, RCC staff should ensure all safety measures are followed to avoid any injuries. If any food is kept in locked areas for storage due to overflow or dietary needs, youth shall have access to other food options.

In RCC settings where youth help in the preparation of meals or snacks, the RCC staff should always implement safety measures and proper supervision. The youth's treatment plans should also reflect the independent living skill outline and documentation of the youth's ability to perform the tasks in the kitchen area.

Note: RCC facilities should not deny a youth for placement based on their dietary needs. The facility should work with the Contracted Case Management Agency making the referral to provide safe and suitable solutions for the youth's dietary needs. The DMCPs Contract Administrator can be a part of these discussions to ensure adequate planning.

Provisions

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

- Personal hygiene products;
- Hair products conducive, appropriate, and respectful to the youth's hair needs, including brushes and/or combs;



- Seasonally appropriate clothing, including coats, hats, gloves, and shoes;
- Undergarments and socks;
- Any specialized supplies that include, but are not limited to, hand braces, helmets for protection, communication devices, specialized medical equipment, protective undergarments, and feminine products;
- Towels and bathing/showering supplies such as shower shoes, hand towels, wash cloths, and shower caps;
- Any school supplies;
- Any equipment and/or supplies needed for extracurricular sports or other activities the youth may participate in while in treatment.

At a minimum, it is expected the RCC will provide the youth with the necessary daily products based on need. However, for additional or specialized products, the RCC are encouraged to work with the youth's FPT and Contracted Case Management Team to develop a plan for the youth to receive additional or specialized products.

The RCC should keep a log of the youth's personal belongings during the youth's placement time. Any provisions purchased for the youth during their time in the RCC setting are the youth's to take upon discharge.

The Contractor shall ensure that youth are adequately clothed during their stay. Youth at the RCC may maintain their own clothes, but the Contractor shall 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 decides not to maintain an emergency supply, it will be the responsibility of the RCC to purchase clothes for the youth upon placement. The youth will maintain possession of these items of clothing when they discharge from the facility.

Child Specific Provisions

When youth are in an RCC and require specialized equipment or supplies, including, but not limited to, beds to accommodate the youth's size, technology recommended by a mental health provider, specialized hygiene products (due to allergies or skin sensitivities), personalized hobby supplies (art supplies, journals, etc.), helmets for protection, protective undergarments, weighted blankets, or other devices to aid in treatment, those items are to be discharged with the youth.

The RCC should keep a record of these items that are purchased either through Extraordinary Payment Requests, facility funding/donations, or other financial means. If the youth's Contracted Case Management Team, an insurance entity, or parts of the youth's FPT purchase any specialized products, they should be included in the youth's log of personal belongings.



Note: RCC should not deny a child based on their child specific provisions. The RCC is encouraged to work with the Contracted Case Management Team and FPT to ensure child provisions can be accommodated before denying the child.

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 Contracted Case Management Agency shall make the final decision whether a location where the youth has a day or overnight pass is safe and appropriate based on the Ongoing Standards. It is encouraged that this decision be a collaborative process between the youth's RCC treatment team, FPT and Contracted Case Management Team.

The Contractor's workforce should be culturally competent and able to support the youth in her/his/their diverse culture, daily regime, and any religious practice. Cultural competency training is required for all staff in compliance with Wisconsin's Executive Order #1 (https://docs.legis.wisconsin.gov/code/executive_orders/2019_tony_evers/2019-1.pdf) and #59 (https://docs.legis.wisconsin.gov/code/executive_orders/2019_tony_evers/2019-59.pdf).

RCCs shall also promote normalcy by providing the youth with activities outside of treatment and programming within the facility. This can include community activities in various areas, participation in community-based groups, shopping trips, religious activities, etc.

Family Interaction

The Contractor should also encourage and arrange for the youth's family to be included in all aspects of treatment and programming. This includes supporting the youth to maintain contact with her/his/their immediate or chosen family through phone calls, letters, virtual meetings, and in-person visits at the facility. The Contractor should ensure the youth is permitted to have contact with certain individuals through communication and collaboration with the youth's FPT and Contracted Case Management Team. The Contractor shall 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 an RCC should have a plan outlining the youth's pass expectations. The pass plan/expectations should include:



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

The Contractor shall ensure documentation is appropriate and accurate during all pass activities for the youth outside the RCC facility.

The Contractor shall work within the confines of a RPP and within the limitations set by the case management team for each youth enrolled in programming. Passes shall be a part of the youth's treatment program and shall not be earned as a part of treatment progress. Choices that youth make while on pass shall be considered within treatment planning.

Programmatic Elements

Available Programming

The Contractor shall accept youth with mental health and behavioral health needs that match the RCC's treatment and programming specializations. All programming shall 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:

- Age-appropriate education, including support for noted educational needs
 - If a youth requires educational services outside of the RCC setting, the facility will work closely with the youth's Contracted Case Management Team and FPT on this plan
- Mental and behavioral health intervention with a focus on the youth's current and past trauma
- Independent living skill development if age-appropriate or within the case planning from the Contracted Case Management Agency



- Support for youth to encourage healthy peer relationships
- Connection to community resources for recreational activities, health care and other services for youth
- 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
- A family component that includes the youth's immediate family or family of choice to participate in the youth's treatment goal expectations. If the youth does not have a family of origin or chosen family, the RCC shall work with the youth and the Contracted Case Management team on identifying a way to create a family-like support system for the youth.
- Any specialty programming that related to specific needs of the children in care. This can include but is not limited to:
 - Neurodivergent needs
 - Sexualized behavior programming
 - Children involved with CYSF/delinquent behaviors
 - Victimization of sex trafficking
 - Intense trauma exposure
 - Victims of maltreatment
- After Care/Discharge Planning
 - QRTP providers shall 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
 - QRTP providers shall provide recommendations for any appropriate specialized treatment and programming in the community to help with the transition to a less-restrictive setting.

Note: The Contractor does not need to provide all services directly to the youth in in the RCC setting. 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 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 appropriate. The Contractor shall maintain informal communication updates with the Contracted Case Management Team and FPT based on the



youth's treatment plan and shall send out monthly, formal treatment plan updates to the Contracted Case Management Team and parent/legal guardian.

When a youth is placed in an RCC setting, the Contractor in collaboration with the youth's Contracted Case Management Team, FPT, legal parties and any other appropriate 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 staff supervision, nurturing and effective engagement of youth in programming. The Contractor shall ensure that youth are supervised when under the care of the facility staff except when adhering to Wis. Stat. § 48.383 (Reasonable and Prudent Parenting Standards).

The Contractor is able to determine the effective staff/resident ratio based on the individual needs of the youth in their care, but the Contractor must at all times meet the minimum staff-to-resident ratio requirements in DCF 52, unless an exception has been granted by DCF in writing.

If the RCC administration believes a youth needs additional supervision while in their care, they can utilize the Extraordinary Payment Request (EPR) (<https://dcf.wisconsin.gov/files/forms/doc/2794.docx>). The RCC must fill out the entire EPR form indicating the reason why the additional payment is needed, how the youth's safety and supervision will be monitored and how the request is a part of the youth's treatment plan. EPRs are only approved for a short period of time and when the approval period has ended, the RCC or QRTP must submit another request if the additional supervision services are needed.

If the additional services needed include any type of special provisions for the youth, those provisions must be discharged with the youth.

Treatment Planning

The Contractor shall follow all treatment planning requirements of their license and as required by law. The youth's treatment plan shall be provided to the parent/guardian and the youth's Contracted Case Management Team within 30 days after the team meeting is held. 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 shall 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:

- The youth's education status, highlighting any recent accomplishments, setbacks, or concerns in relation to learning or the school environment
- 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
- Any medical issues or treatment of medical needs
- The youth's progress towards discharge
- The youth's level of engagement in services
- The immediate family or youth's chosen family's involvement in the treatment and planning
- Passes and outcomes
- 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 shall 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 are certified as a QRTP by DCF.

Transportation

The Contractor shall 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 establish who will provide transportation and how the youth will get to these places safely and effectively.

Mobile Phone and Internet Use Policy

Typically, when a youth is placed in an RCC setting, the use of mobile phones and access to internet use is not allowed. The Contractor shall have a phone the youth can use to contact



approved individuals on a call list. Youth shall have access to any internet use for virtual contact or for school but under the supervision of the RCC staff.

Agency Requirements

Placement Referrals

Placements are planned by the youth's Contracted Case Management Team and approved by the youth's court order. When the Contracted Case Management team has determined that a youth high risk needs a higher level of care placement in a RCC setting, the following process occurs:

- Contracted Case Management Teams staff all potential Higher Level of Care (HLOC) placements with DMPCS Ongoing Services Section (OSS). DMPCS OSS provides written approval or denial for the need of a higher level of care.
- The Contracted Placement Referral Unit (PRU) provides higher level of care options for the Contracted Case Management agency based on need of the youth.
- Referrals are sent to the RCC using [Supporting Youth and Children](#) (SYNC) for the RCC to review. The Contractor may accept, waitlist, or decline the placement referral. The Contractor will review each referral it receives for appropriateness for placement to ensure supportive programming is appropriate for the youth. The Contracted Case Management agency authorizes all placement referrals electronically for each youth using the SYNC website.
- While reviewing the referrals in SYNC, the Contractor shall ensure that they can provide the 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 shall consult with the Contracted Case Management Team when there are concerns or more information is needed.
- The Contractor should inform the Contracted Case Management Team they have received the referral within 5 business days after determining if they are accepting or denying the youth.
 - However, within that time, the RCC may request additional information from the Contracted Case Management Team to make a more informed decision. If the Contractor must staff the referral internally with an admissions panel and cannot give an acceptance or denial decision within those 5 business days, the Contractor shall inform the Contracted Case Management Team.
- The RCC is only expected to review or take the referrals during regular business hours of 8:00 a.m.-5:00 p.m., Monday-Friday, excluding state holidays.
- The Contractor shall develop and maintain documentation of all denials. These denials shall include the youth's name, age, date the referral was received, and reason for denial.

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



Placement denials shall focus on specific reasons, including, but not limited to the following:

- 1) The Contractor has determined that the youth's needs are greater than the facility can manage safely and can explain why.
- 2) The youth does not fit within the age requirements of the facility based on the facility's licensing expectations.
- 3) The histories and experiences of a youth already placed at the facility are contrary to the best interests of the youth seeking placement (e.g., the youth is the victim of another resident already placed)
- 4) The youth's mental health or behavioral health needs cannot be met under the RCC's programming expectations.

At the time of discharge for youth legally placed in the facility, the Contractor should document the following:

- 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.
- If the Contractor requested a change in placement before the youth completes treatment, the specific reasons for discharge of the youth.

RCC Holds

DMCPS may place an RCC "on hold" for new placement referrals for reasons including, but not limited to, the following:

- 1) New allegations of maltreatment in the RCC
- 2) Identification of placement danger threat(s)
- 3) Concerns with the quality of care provided to residents
 - A. This includes ongoing concerns that continue to be prevalent or no noticeable change in action based on a previous allegation of maltreatment
- 4) Financial instability of entity
- 5) RCC staff shortages that prohibit the best quality of care of the youth

If DMCPS places an RCC "on hold" 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 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 seeking removal to allow for appropriate planning and a safe transition for the youth. It is recommended

that for each 30-day request there is clear and consistent communication with the assigned Contracted Case Management Team to attempt to plan for any potential disruption.

If the RCC provider believes there should be an immediate removal of a youth, the RCC administration shall contact the Contracted Case Management Team's assigned Program Manager. The RCC must be able to state the immediate danger/safety issues that require an immediate removal. The RCC may ask to hold an emergency team meeting with the Contracted Case Management Team and FPT to determine if a safety/crisis plan can be implemented to support the youth during any transition.

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

- The length of stay in the RCC from placement to discharge
- 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.
- Specific rationale detailing the reason(s) for the placement disruption discharge.

Bed Holds

Bed Holds may be requested for reasons including, but not limited to:

- The youth is hospitalized for medical or for mental health assessment
- The youth chronically goes missing from care, but returns shortly
- The youth is on an extended pass/vacation with her/his/their family
- The youth is serving court-ordered sanction days in Milwaukee County Children's Court Detention Center or another court-ordered location.

If a bed hold is needed for these reasons, or another reason not listed but considered appropriate, the RCC administration shall collaborate with the Contracted Case Management Agency on this approval. The Contracted Case Management Agency will determine if a bed hold is justified and ensure payment continues based on the agreement.

Note: Bed holds should not exceed 13 days without further approval from the DMCPs Contract Administrator. The RCC and Contracted Case Management Agency must agree about the extended time of a bed hold and shall provide the reasons in writing within 10 days of a bed hold.

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 DMCPs youth. 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 on Trauma Informed Care and how to work with triggers and reactions effectively, and safely to traumatic events
- 4) Training regarding the prevention of maltreatment while a youth is in their care
- 5) Training detailing protocols for staff regarding mandated reporting of youth abuse or neglect
- 6) 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 shall submit via email to DCFDMCPSCOngoingServicesSection@wisconsin.gov and via requirements through the Contractor's license, a Serious Incident Report (SIR) within 72 hours of a serious incident occurring. Any SIR shall also be submitted to the RCC's licensor for review. Serious incident reports should be completed as required by DCF licensing requirements, and any time law enforcement or emergency medical providers are contacted. Once DMCPSC receives and reviews the SIR, DMCPSC may conduct a site visit (announced or unannounced) depending on the severity of the incident as determined by the DMCPSC Contract Administrator.

Missing from Care

In accordance with the *Missing from Out-of-Home Care Requirements* memo (dated June 5th, 2023- <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/memos/2023-14.pdf>) there are critical steps that must be taken if a youth enters missing from care status while placed in an RCC or QRTP. When a youth goes missing from care, it is the responsibility of the Contractor to

file a missing person's 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. If DMCPs is the guardian of the child, notification to the Contracted Case Management Team is sufficient.

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 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 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 shall 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



Federal Child and Family Service Review's Program Improvement Plan (PIP) and applicable state and federal law.

The RCC's Performance Standards shall also be reviewed on a yearly basis at in-person site visits by the DMCPs Contract Administrator or designee. During this time, the DMCPs Contract Administrator or designee will determine if the RCC requires more than one site visit a year. This information will be discussed during the in-person site visit.

Department of Children and Families (DCF) Structure/Organization

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 youthhood education services and W-2 programs. The Child Abuse and Neglect Prevention Board is administratively attached to the Department of Children and Families.

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

Milwaukee Child Welfare Structure

The Division of Milwaukee Child 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 children and youth and healthy families in Milwaukee County and to execute DCF's mission that all Wisconsin children and 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

Quality Operations Bureau

The DMCPs Quality Operations Bureau (QOB) holds primary responsibility for supporting all Division administrative operations and quality improvement initiatives. The QOB oversees the Division's financial operations to support state operations, private contractor administrative costs and direct client services. The QOB is responsible for the management of division funding as well as the coordination of fiscal operations with DCF financial management staff. The QOB 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. Youth Restraint Policy
3. QRTP Policies
 - a. Additional Programming Available
 - b. Aftercare Policy

Addendum

Qualified Residential Treatment Program (QRTP)

Program Overview

The Family First Prevention Services Act (FFPSA) of 2018 is designed to help families whose children are at risk of removal, stay together. However, at times, youth 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 Programs (QRTP) are non-family settings under FFPSA that are intended to provide quality mental health and behavioral health care for youth. QRTPs are leading providers of best practice in the field of child development, trauma, and attachment. QRTPs provide specialty programming that is designed to give the youth in their care tailored services and supports based on that youth's individual needs. More about the expectations of QRTP Providers is covered in Wis. Admin. Code ch. DCF 61 ([Wisconsin Legislature: Chapter DCF 61](#)).

A QRTP setting shall provide individualized treatment needs for youth receiving case management services through one of the Contracted Case Management Agencies of the Division of Milwaukee Child Protective Services (DMCPS). These services are provided to youth who are subject to the jurisdiction of Wis. Stat. ch. 48 and, when applicable, Wis. Stat. ch. 938, and who are placed in an out-of-home care (OHC) placement when the youth cannot be safely maintained in the home of their family of origin or a community setting.

QRTP Requirements

The Contractor shall comply with all licensing requirements based on their type of Congregate Care (Residential Care Center (RCC) or Group Home) as outlined in state administrative rule and be in good standing with the Wisconsin DCF Child Welfare Licensing Section and hold a contract with DMCPS. As a certified QRTP provider, the Contractor shall also follow all requirements under Wis. Admin. Code ch. DCF 61.

The Contractor shall provide safe and high-quality care. High-quality care includes creating and maintaining open, supportive, and strength-based communication among all collaborators involved in the youth's care. The Contractor shall ensure the facility's treatment and programming follow a trauma informed care model that provides consistency with 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.

A QRTP provider must meet the following requirements under FFPSA:

- The Congregate Care setting is accredited through an independent, not-for-profit accrediting organization approved by the U.S. department of health and human services.
- Utilizes a trauma informed treatment model



- The Congregate Care setting assist in engaging, and building, a Family Permanency Team (FPT) for that youth
- Has access to registered/licensed nursing staff and licensed clinical staff 24/7
- After Care-the Congregate Care setting shall provide discharge planning and family-based aftercare for at least 6 months after the youth's discharge from the QRTP.

QRTP providers shall articulate how the facility's specialized programming will not only help the youth transition from a most restrictive setting to a family-like setting but will ensure the programming assists in the transition through specific mental health, emotional health, and behavioral health treatment. This includes making 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, to the extent possible, at a convenient location for the youth's family. QRTP providers should keep notes on who attends the meetings and continue to build the youth's FPT.