



**Exhibit 1: Scope of Services**  
**Group Home (GH) Contract**  
**with the Division of Milwaukee Child Protective Services (DMCPS)**  
*Contract Period: January 1, 2026 – December 31, 2026*

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## Program Overview

The primary purpose of a Group Home (GH) setting is to provide nurturing and safe placement 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 or origin, like-kin placement, or foster home setting.

## Program Requirements

The DMCPS GH shall follow licensing requirements outlined in Wis. Admin. Code Ch 57 and shall remain in good standing with Wisconsin Department of Children and Families (DCF) Child Welfare Licensing (CWL) Section to hold a contract with DMCPS.

The DMCPS GH shall provide a safe and high-quality care group home setting. High quality care includes creating and supporting strength-based and transparent communication with collaborators involved in the youth's care. The DMCPS GH shall ensure the group home setting provides a culturally sensitive home environment to help the youth adjust to placement. By providing high-quality care for youth in a group home setting, the DMCPS GH will aid in the youth's permanency goal planning to transition into a least restrictive setting.

### Youth Well-Being

The DMCPS GH shall ensure that the youth's well-being in the GH setting is a top priority. The DMCPS GH will ensure, upon placement, that youth are provided with the group home rights and responsibilities to ensure equitable and fair treatment. The youth well-being shall include when youth are placed for reasons due to, but not limited to, significant trauma impact, untreated mental health needs with a formal diagnosis, and/or undiagnosed mental or behavioral health needs. The need for out of home placement such as a GH is used to stabilize these needs by creating a supportive living environment and designing a Family Permanency Team (FPT) to help the youth safely transition to a lesser restrictive environment.

### Youth Safety While in Placement

DMCPS supports a child protection system that is comprehensive, youth-centered, family-focused, and community-based while incorporating all appropriate measures to prevent the occurrence or recurrence of maltreatment. The DMCPS GH should provide an atmosphere that promotes physical and psychological recovery and social



integration in an environment that fosters the health, safety, self-respect, and dignity of youth.

The DMCPs GH shall always ensure and protect the youth from maltreatment by agency staff, other residents in the facility, or others involved with the group home. The DMCPs GH shall provide training to staff about prevention of maltreatment. 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 designated 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

**The use of corporal punishment and physical restraints is prohibited.**

The group home must continually improve the skills and qualifications of staff providing services to DMCPs youth by participating in continuous quality improvement initiatives. The services provided to DMCPs youth in the group home must be inclusive and representative of the youth the group home serves. DMCPs recommends the DMCPs GH provide the group home 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 group home provides for the population within the group home. The DMCPs GH shall ensure all training updates are available for DMCPs review.



## Reporting Maltreatment

A DMCPs contracted group home shall not allow practices within their group home or treatment and programming that could potentially put a youth's safety at risk. If a DMCPs youth has experienced any form of maltreatment in the group home that requires any form of internal or external investigation, DMCPs will place the group home on hold from receiving 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 group home. The DMCPs Contract Administrator will inform the group home administration of the 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 DMCPs GH is required to ensure all staff understand the Mandated Reporting policies and laws. The DMCPs GH shall ensure all additional reporting requirements related to maltreatment in group home follow these guidelines:

- The staff person who witnessed the alleged maltreatment will follow the group home'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 DMCPs GH's county. In addition, the DMCPs GH is responsible for notifying the DMCPs child welfare case manager (CWCM) and other parties as outlined in the group home's current license.
- Any substantiated maltreatment in group home requires the agency to submit a Corrective Action Plan (CAP) to DMCPs 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 DMCPs 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, DMCPs will follow up with CWL on the facility's commitment to the CAP. DMCPs will schedule a face-to-face or virtual meeting to review the changes the facility will implement due to the maltreatment. During this time, DMCPs reserves the right to place the facility on hold, request DMCPs 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 DMCPs contracted group home, DMCPs reserves the right to place that group home on hold from receiving any referrals from a DMCPs Contracted Case Management Agency providing services to a DMCPs youth until a thorough investigation and site visit has been concluded.
- 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 DMCPs GH 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 group home administration will follow up within 5 business days with the DMCPs Contracted Case Management agency or DMCPs 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 DMCPs contracted group home 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 group home 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

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

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

DMCPS contracted group homes 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.

### Overall Environment

DMCPS contracted group home 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.

In addition to creating a home-like environment, the home setting should be tailored to help youth with trauma needs adjust to an out of home setting. This includes having a safe space to retreat when needed, areas in the community to go to, and a typical daily routine. This should be a part of the youth's GH treatment plan and safety plan as designed by the FPT.

### Food Policy/Availability

The DMCPS GH will ensure a four-day supply of various nutritional foods is available to meet the needs of the total number of youth placed in the home, including daily meals and snacks. The DMCPS GH will make reasonable efforts to consider and accommodate the following:

- 1) Religious/cultural beliefs and values
- 2) Dietary Restrictions
- 3) Past trauma history of youth in care





DMCPS Youth with special dietary practices should have a plan outlined in the youth's treatment plan to ensure all dietary expectations are followed. DMCPS 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 group home should ensure food is acceptable based on the guidelines in that religion or culture. This includes having an outside source prepare the food/meals and proper storage of the food/meals. The DMCPS GH must create and post a menu of planned meals for each week. Youth shall have access to food when a youth is hungry or has missed a meal during the day. The group home must not have any food locked away unless it is for food supply storage and/or future meal preparations.

DMCPS GH s shall ensure their kitchen/cooking areas are clean and well-stocked, and that food is not expired. 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 group home settings where youth help in the preparation of meals or snacks, the designated group home 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: DMCPS GH s should not deny a DMCPS youth for placement based on their dietary needs. The group home 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 DMCPS GH shall, at a minimum, provide youth with essentials that include:

- Personal hygiene products;
- Hair products conducive, appropriate, and respectful to the youth's hair care 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 DMCPs contracted group home will provide the youth with the necessary daily products based on need. However, for additional or specialized products, the group homes 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 DMCPs contracted group home 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 in the GH setting are the youths to take upon discharge.

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

### Child Specific Provisions

When youth are in a group home setting 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 DMCPs contracted group home 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: DMCPs GH s should not deny a child based on their child specific provisions. The group home 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 DMCPs GH 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 DMCPs GH 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 have 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 group home treatment team, FPT and Contracted Case Management Team.

When a youth needs transportation to an event, on an approved pass in the community, etc., the DMCPs GH is expected to provide or arrange transportation for the youth. This can include giving the youth bus tickets/passes, setting up rideshare (if appropriate), utilizing members of the FPT and other creative ways to ensure the youth does not miss out on an event.

The DMCPs GH'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](https://docs.legis.wisconsin.gov/code/executive_orders/2019_tony_evers/2019-1.pdf)) and

and #59

([https://docs.legis.wisconsin.gov/code/executive\\_orders/2019\\_tony\\_evers/2019-59.pdf](https://docs.legis.wisconsin.gov/code/executive_orders/2019_tony_evers/2019-59.pdf)).

Group homes 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 DMCPs GH, along with the DMCPs youth's FPT, 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 DMCPs GH 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 DMCPs GH 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 a group home setting should have a plan outlining the youth's pass expectations. The pass plan/expectations should include:

- What type of passes, i.e. community passes, family passes, like-kin passes, overnights (with whom and how long),
- When passes can start in the duration of the youth's treatment and programming
- Passes respect the DMCPs youth's cognitive, mental health and behavioral health functioning level,
- 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. For community-based passes, an agreed upon curfew and transportation plan,
- 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 (both community and overnights)
- 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 DMCPs GH shall ensure documentation is appropriate and accurate during all pass activities for the youth outside the group home.



The DMCPs GH must 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 DMCPs GH shall accept youth with treatment needs that match the programming available in the group home. If the DMCPs GH accepts youth with needs that are different from their current group home programming, the DMCPs GH must create programming to accommodate the needs of the youth or develop specialization in the facility. The DMCPs GH should coordinate with the assigned Child Welfare Case Management (CWM) team to develop treatment goals as needed. All programming should be provided under the Wisconsin Youth Welfare Model for Practice (<https://dcf.wisconsin.gov/cwportal/model>).

The group home shall offer appropriate programming, but not limited to:

- 1) Mental and behavioral health interventions.
- 2) Independent living skills development.
- 3) Support for youth to encourage healthy peer relationships.
- 4) Cultural and community-based resources for recreational activities, health care, and other services.
- 5) Focused service for the needs of youth in various stages of social, physical, and healthy growth and development.

The DMCPs Contractor will collaborate with the case management agency to ensure family support and connections occur whenever possible, unless court-ordered restrictions prevent family interactions. The DMCPs GH shall update the youth's treatment plan with any community resources

The DMCPs GH does not need to provide all services directly to the DMCPs youth in placement. The youth's treatment and case plan may address the services and be provided with community-based services. The DMCPs Contractor shall work with the youth's assigned CWM team and FPT to ensure all court-ordered services are being provided to the youth; either in the group home setting or in the community. This plan shall be in writing and available for the youth and the FPT to access.



### Collaboration Expectations

Collaborative efforts are encouraged to occur between the DMCPs GH, the DMCPs youth's Contracted Case Management (CWCM) Team, FPT, legal parties and any other entity to guarantee the youth's treatment and programming needs are appropriate. The DMCPs GH shall maintain informal communication updates with the CWCM Team and FPT based on the youth's treatment plan and an update on the DMCPs youth's needs shall send out monthly. Any changes to the formal treatment plan shall be in collaboration with the CWCM team, parent/legal guardian and FPT.

When a youth is placed in a group home setting, the DMCPs GH in collaboration with the youth's CWCM Team, FPT, legal parties and any other appropriate entity should be planning for discharge at the time of admission. The DMCPs GH should ensure participate in monthly team meetings, which 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 DMCPs GH should document who is a part of the monthly meetings, where the meetings were held, any agenda items, action steps, and outcomes in the DMCPs youth's file. 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 should be appropriate staff supervision, nurturing, and effective engagement of youth in a group home setting. When DMCPs youth are out in the community on a pass, the youth's whereabouts must be known. The DMCPs GH shall ensure the youth has a designated time for return that follows city curfew and youth's treatment plan (review section titled "Pass Expectations" on page 11).

### Treatment Planning

The DMCPs GH must follow all treatment planning requirements of their license and as required by law. The youth's treatment care plan will be developed in a timely manner with input from the youth, parent/guardian, CWCM team, and FPT. The treatment goals and planning is age and developmentally appropriate and updated as the youth continues to meet their goals.

The DMCPs GH must create and maintain open and supportive communications among all parties legally involved in the care and planning for the DMCPs youth's interests and to reach a final goal of permanence. The DMCPs GH shall document who was involved



in the youth's treatment goal planning and shall document all efforts made to include the parent or legal guardian, CWCM team and other members of the FPT.

### Crisis and Safety Planning

The DMCPs youth and their FPT, along with the DMCPs GH shall develop a crisis/safety plan at the time of placement in the group home. This crisis/safety plan should be uniquely tailored to the youth's needs when they are in a crisis, both in the group home setting and in the community (including school). This plan should include proper intervention by members of the FPT in a time of crisis, including the group home staff. The DMCPs GH will document the validity of this plan and ensure consistent meetings with the FPT when changes are needed.

### Medication Management

The DMCPs GH will ensure all prescribed medication is administered to the prescribed youth and shall keep it stored safely. When a DMCPs youth is placed in the group home, The DMCPs GH will record each prescribed medication given daily, the quantity and dosage. If any over the counter medications used shall be documented. The DMCPs GH shall ensure youth are administered prescribed medications as scheduled during their time in placement.

Any time youth refuse to take prescribed medications, the DMCPs GH must document why and for which medications. The DMCPs GH will notify the CWCM team, parent/legal guardian, their assigned DCF licenser and the medication prescriber. The refusal, prescriber's response/directions, and contacts made following the refusal, shall be, documented it in the youths' file.

*NOTE: It is expected that the DMCPs GH will request a FPT meeting when there is a consistent change in the DMCPs youth's medication routine. This includes, but not limited to consistently refusing medication, changes in the youth's demeanor following taking a medication, frequent changes in medication doses, times etc. The FPT team and DMCPs GH shall be aware at all times of medication changes.*

## Adherence to DCF and DMCPs Transformation

The DMCPs GH 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. DMCPs reserves the right to change expectations based on the FFPSA and give preference to DMCPs GH s who are in compliance with FFPSA requirements becoming certified as a QRTP

During a DMCPs youth's placement in the group home, the DMCPs GH will arrange for, encourage, support, and cooperate in assisting the youth to maintain contact with





family through regular visitation and family interaction as required in the court order, permanency plan, case plan, and direction from the youth's CWCM.

### Transportation

A DMCPs GH are expected to provide, or arrange, transportation to and from all medical/mental health/dental appointments, all court-ordered services, and other community-related activities. The DMCPs GH must work with the CWCM team to transport the youth to and from school anytime there is no existing bus route within the school boundaries.

The DMCPs GH in collaboration with the CWCM team, and FPT shall determine the DMCPs youth's ability to navigate the community on their own and document that ability or strategies to reach that ability in the DMCPs youth's treatment plan. The DMCPs GH and FPT shall provide support for youth, if age and developmentally appropriate, on how to use public transportation or ridesharing. It is also the DMCPs GH's responsibility to provide the youth with the skills and resources for transportation.

It is expected that the GH contract provide transportation for the youth. The GH shall provide a written statement to DMCPs for the lack of transportation and the anticipated time the GH will have limited transportation.

### Mobile Phone and Internet Use Policy

The DMCPs GH must establish a written policy regarding youth possession and use of mobile phones. This policy must be provided to the DMCPs Contract Administrator at the time of open registration or for new DMCPs contracted GHs within a contract year. For already contract DMCPs GHs, any changes to the Mobile Phone and Internet Use Policy during the contract year should be submitted to the DMCPs Contract Administrator.

It is recommended that the DMCPs GH s also give a copy of their Mobile Phone and Internet Use Policy to the DMCPs Contract Case Management Agencies at least yearly, or when changes are made. This is to allow the CWCM teams to review the Mobile Phone and Internet Use Policy prior to a placement referral and to allow a potential DMCPs youth and FPT to know what is expected related to cell phone and internet use prior to a placement agreement.

The Mobile Phone and Internet Policy must identify:

1. What happens when a youth possessing a mobile phone is brought to the facility for admission.
2. When the youth 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 the possession of the youth.
4. How does the DMCPs GH ensure the privacy of other youth in the facility, given the recording and photographic capabilities of most mobile phones.
5. How the DMCPs GH will ensure the youth does not use the mobile device to contact unsafe individuals or others whom the CWCM team has advised should not be contacted.
6. Whether the DMCPs GH offers Wi-Fi/Internet access to youth and how such access is overseen or managed.
7. What offers Wi-Fi/Internet access to youth and how such access is overseen or managed.
8. If a youth displays inappropriate behavior by use of a cellphone or other electronic devices that threaten the safety of staff and other residents.

This policy should be given to the DMCPs youth, CWCM team, and FPT at the time of admission and kept in the DMCPs youth's file for the duration of the placement.

### Placement Referrals

Placements are planned by the DMCPs youth's Contracted Case Management Team and approved by the DMCPs youth's court order. When the Contracted Case Management team has determined that a youth will need placement in a group home setting, the following process occurs:

- Contracted Case Management Teams staff potential out of home placements internally to determine the correct level of placement the DMCPs youth will require to maintain safety,
- The Contracted Case Management Team will reach out to the contracted Placement Referral Unit (PRU) for group home options based on need of the youth,
- The Contracted Case Management agency will submit the referrals using [Supporting Youth and Children](#) (SYNC) for the group homes to review.
  - For emergency placement, the Contracted Case Management Agency is encouraged to still utilize SYNC as the referral process but may also send the referral via email to the group home explaining the reason the referral is an emergency placement.
- The DMCPs GH will review each referral it receives for appropriateness for placement to ensure supportive programming is appropriate for the youth.
- The DMCPs GH may accept, waitlist, or decline the placement referral.



- While reviewing the referrals in SYNC, the DMCPs GH shall ensure that they can provide the appropriate support for the youth's mental health and behavioral health needs. The DMCPs GH 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 their environment. The DMCPs GH shall consult with the Contracted Case Management Team when there are concerns or more information is needed.
- The DMCPs GH should inform the Contracted Case Management Team they have received the referral within 1 business days after determining if they are accepting or denying the youth.
  - However, within that time, the group home may request additional information from the Contracted Case Management Team to make a more informed decision. If the DMCPs GH must staff the referral internally or request a meeting with the Contracted Case Management Agency to review the referral and consent, or they cannot give an acceptance or denial decision within that 1 business day, the DMCPs GH shall inform the Contracted Case Management Team.
- The group home 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.
  - If the group home has an after-hour plan and is willing to review referrals after hours, it is the responsibility of the group home to inform the PRU of that contact information, time of after-hour review, and to inform the Contracted Case Management Agencies that they do after hours referrals.

*Note: The DMCPs GH may not accept a youth just to fill a bed or meet census. The youth's acceptance should be based on the group home's ability to meet the youth's individual mental health or behavioral health needs.*

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

### **Determination of Accepting DMCPs Youth**

Whenever the DMCPs GH accepts placements of youth, the group home programming and placements shall be conducive to the youths' care and placement needs.

The DMCPs GH must always ensure a single point of contact for placement coordination. The DMCPs GH must be available for placement between the hours of 8:00 a.m. and 5:00 p.m. Monday through Friday.

–If the DMCPs GH determines a DMCPs youth is not appropriate for placement in their group home, they need to communicate this decision to the DMCPs Contracted Case



Management Agency and provide the reason why the youth is denied.-Placement denials shall focus on specific reasons that could, but are not limited to, the following:

1. The specific needs of the DMCPs youth are greater than what the staff in the DMCPs GH can safely manage.
2. The DMCPs youth do not fit within the age requirements that can be placed on the home.
3. The histories and experiences of a youth already placed at the facility are contrary to the best interests of the DMCPs youth seeking placement (i.e., the youth is a member of a rival gang, no contact orders between youth).
4. CWCM team has not coordinated placement (i.e., the case manager or representative of the case management agency does not have the placement folder ready and available with any consents and resources needed to create a smooth transition for the youth).
  - a. In this situation, it is encouraged the DMCPs GH and CWCM team coordinate a time that works for all parties for the placement to successfully occur.

### Extraordinary Payment Requests

Extraordinary Payment Requests [Extraordinary Payment Requests](#) (EPRs) are used when a Congregate Care facility needs additional support to safety care for a DMCPs child. EPRs should only be used when the DMCPs GH will be able to not only safely manage the youth in care but be able to transition from that higher need of care to a lower support of care within a reasonable amount of time.

The DMCPs GH should comply with the process to make the request as follows:

1. Set up a collaboration/FPT meeting with the DMCPs' youth's assigned CWCM team to discuss the need for additional supportive services,
2. Completed the EPR document
3. Provide DMCPs with the supporting documentation around the need for the additional services in the group home
4. Submit the document to \_\_\_\_\_ for review.

*NOTE: EPRs will be sent back prior to review if the necessary documentation is not included.*

If DMCPs approves the ERP, it will be approved for up to six months. All new EPR needs will require a new request and when the EPR expires, a new request is needed to continue the additional services.



## Placement Holds

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

1. New allegations of maltreatment in the home
2. Identification of placement danger threat(s)
3. Concerns about 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 the entity
5. Child Welfare Licensing places the GH placements on hold for licensing violations

If DMCPS places a “hold” on a specific home, the DMCPS Contract Administrator will notify the DMCPS GH within 1 business day via email of this decision.

## Placement Disruptions

It is highly recommended that the DMCPS GH will give a 30-day notice when requesting the removal of a DMCPS youth, which will allow for a reasonable time for a new placement. The DMCPS GH must be clear and consistent in communicating with the CWCM team and FPT team to ensure the able to reason for the placement disruption.

If there are safety concerns that may lead to an immediate or 15-day removal, the DMCPS GH s must request a staffing from the Program Manager of the Child Welfare Case Management Agency. This staffing is to discuss the cause for immediate or quick removal of the DMCPS youth, if the placement can be salvaged with additional resources/supports or how the CWCM team and group home can collaboratively, and safely, do a quick removal of the youth. DMCPS considers the following a reason for immediate discharge:

- Victimized staff or other resident (police contact because of it)
- Lack of response and collaboration from the CWCM team to set-up or access services
- Extensive property damage
- Youth refuses to stay in care

Planned Discharges from a Group Home When a DMCPS youth is successfully ready to be discharged from a group home setting to a lesser restrictive setting, the DMCPS GH



will be responsible for documenting the following related to all youth discharged. The Contractor must provide quarterly reports to the Placement Referral Unit (PRU) for all discharges. Information should include:

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

All discharges should include collaboration between the DMCPs GH and all parties legally involved with the youth. This should include any after care planning documents, all youth specific provisions, and final documentations ready to leave with the youth. At times a youth could be entering a higher level of care (i.e. Residential Care Center), the same steps are required in that event.

### Missing from Care (MFC)

Under [DMCPs Missing from Out-of-Home Care Policies](#), the DMCPs GH must reach out to the CWCM via email immediately to share information about the youth's missing status. The DMCPs GH shall also provide information to the parent(s)/guardian(s) about the youth's status as well.

Youth who are missing from care often and for extended periods of time may miss specific programming support. The DMCPs GH shall contact the CWCM to discuss prevention and intervention for the youth to address the MFC behaviors.

Upon return to placement, the DMCPs GH must assess the youth's need for medical intervention, document the youth's demeanor upon return and determine the specific programming /interventions needed. The DMCPs GH will communicate this information with the youth's CWCM and parent/legal guardian.

### Compliance with DMCPs Required Meetings

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

### Performance Standards and Accountability

The DMCPs GH shall perform all services consistent with the documents constituting the DMCPs Contract. DMCPs may evaluate the DMCPs GH 's performance based on outcomes developed by DCF and/or DMCPs. Performance standards may be developed regarding the care the youth has received in the group home, to include, but not be





limited to, the youth's stability, safety, and well-being. The DMCPs GH's performance will be a factor in determining placement referrals and future contract renewals.

The DMCPs GH shall meet with DMCPs on a periodic basis to discuss and review any potential operational concerns or developments along with the DMCPs GH'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 group home'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 group home requires more than one site visit a year. This information will be discussed during the in-person site visit.

### **Necessary Resources**

Except as detailed elsewhere in the Contract as obligations of the Department, the DMCPs GH 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.

## **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 group home care 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. QOB oversees the Division's financial operations to support state operations, private contractor administrative costs and direct client services. QOB is responsible for the management of division funding as well as the coordination of fiscal operations with DCF financial management staff. 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. Mobile Phone and Internet Use Policy
3. New Group Home Youth Acceptance Policy
4. Staff Identification Policy
5. Behavior Intervention Plan
6. QRTP Policies
  - a. Additional Programming Available
  - b. Aftercare Policy



## Addendum

### Quality Residential Treatment Program (Q RTP)

#### 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 (Q RTP) are non-family settings under FFPSA that are intended to provide quality mental health and behavioral health care for youth. Q RTPs are leading providers of best practice in the field of child development, trauma, and attachment. Q RTPs 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 Q RTP Providers is covered in Wis. Admin. Code ch. DCF 61 ([Wisconsin Legislature: Chapter DCF 61](#)).

A Q RTP 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.

#### Q RTP 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 Q RTP 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 Q RTP 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.