



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

*Contract Period: January 1, 2026 – December 31, 2026*

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### 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 DMCPS youth who are subject to the jurisdiction of Wis. Stat. ch. 48 and, when applicable, Wis. Stat. ch. 938, 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 DMCPS RCC 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 DMCPS RCC Contractor shall provide safe and high-quality care as an RCC. High-quality care expectations include the facility's treatment and programming remain 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 DMCPS Contractor will assist in the youth's permanency goal by planning for transition into a least restrictive setting. In addition, the DMCPS RCC Contractor will be efficient in maintaining open, supportive, and strength-based communication among all collaborators involved in the youth's care.

### Youth Well-Being

The DMCPS RCC Contractor is expected to ensure that the DMCPS youth's well-being in the RCC setting is a top priority. This includes but is not limited to the categories listed below. When DMCPS 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 DMCPS 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 DMCPS RCC 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 and family.

The DMCPs RCC Contractor shall protect DMCPs youth from maltreatment by agency staff, other residents in the facility, or others involved with the RCC. The DMCPs RCC 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 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 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. All restraint policies must be approved by DMCPs before the contract is signed. 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 crisis intervention model during the contract period. An exception from DCF on the Contractor's license for physical restraint will not be automatic 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 DMCPs contracted RCC shall not allow practices within the facility or treatment and programming that could potentially put a DMCPs youth's safety at risk. If a DMCPs 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 all DMCPs youth can and will remain safe in that RCC.

The DMCPs RCC 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 outlined here: (<https://dcf.wisconsin.gov/cps/mandatedreporters>).

DMCPs Contractors should also contact 220-SAFE to report any maltreatment, follow up with the DMCPs youth's FPT and guardian same day, and notify DMCPs Contract Administrator via email of the situation. The DMCPs Contractor is expected to comply with Child Welfare Licensing (CWL) and any Independent Initial Assessments. Compliance means following through on any Corrective Action Plan (CAP), Imposed Plan of Correction (IPOC) and full cooperation during an investigation at any time.

- 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 DMCPs 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 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 RCC, DMCPs reserves the right to place that facility on hold from receiving any referrals from a DMCPs Contracted Case Management Agency or Wraparound Milwaukee agency providing services to a DMCPs 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 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.

### RCC Holds

When maltreatment is reported to have occurred in the facility to any youth placed, DMCPs may place the 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
- 6) Inability or refusal to comply with CWL or Independent Initial Assessments.

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

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

## Physical Environment

### Sleeping

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

- The DMCPs 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

DMCPs 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 to ensure they are safe.

### Toileting/Bathroom

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

DMCPs youth who require toileting assistance through either a toileting schedule, wearing of protective undergarments, or assistance with 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.

DMCPs 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.

DMCPS 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 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. The facility must always have 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.

Areas where the youth eat or where meals are prepared should remain clean and in compliance with DCF 52.

### Environment

DMCPS Contracted RCC settings should be warm and comfortable for the DMCPS youth. It is encouraged to have a 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

DMCPS Contracted RCCs shall follow the food policy/availability as outlined in DCF 52. Meals and basic snacks shall not be earned unless it is in addition to the food required by licensing rule. DMCPS youth may also be allowed to purchase and eat additional snacks to their liking, as appropriate.

DMCPS 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. 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 DMCPS youth's case management team, FPT, and medical care team. If a DMCPS youth needs to take food or a specific drink with her/his/their medications, that shall be allowed and documented. For DMCPS 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.





DMCPS Contracted 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 DMCPS youth help in the preparation of meals or snacks, the RCC staff should always implement safety measures and proper supervision. The DMCPS 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 Contracted RCC facilities should not deny a DMCPS 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 DMCPS RCC Contractor shall, at a minimum, provide DMCPS 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 facility will provide the DMCPS youth with the necessary daily products based on need. However, for additional or specialized products, the facility is encouraged to work with the youth's FPT and Contracted Case



Management Team to develop a plan for the DMCPs youth to receive additional or specialized products.

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

The DMCPs RCC Contractor shall ensure that DMCPs youth are adequately clothed during their stay. DMCPs youth at the facility may maintain their own clothes, but the DMCPs RCC Contractor shall ensure that an emergency supply of appropriate, clean, and weather-appropriate clothing (undergarments, coats, hats, gloves, etc.) is available to DMCPs 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 DMCPs youth upon placement. The DMCPs youth will maintain possession of these items of clothing when they discharge from the facility.

### Child Specific Provisions

When DMCPs youth are in an DMCPs Contracted RCC and require specialized equipment or supplies, including, but not limited to:

- specialized beds/furniture,
- technology recommended by a mental health provider,
- specialized hygiene products (due to allergies or skin sensitivities),
- personalized hobby supplies (art supplies, journals, etc.),
- head gear for protection,
- protective undergarments,
- weighted blankets,
- specialized food for dietary needs,
- other devices not listed to aid in treatment.

*Note: all items that are purchased for DMCPs youth are property of the youth and upon discharge, shall be moved with the youth.*

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



### Promoting Normalcy

The DMCPSC RCC 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 DMCPSC 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 must consider decisions related to the youth/family's cultural, religious, and tribal values.

The DMCPSC RCC Contractor will use RPP to advocate for the DMCPSC youth to be connected to others who will support the youth's treatment, cultural, religious and tribal values. The DMCPSC Contracted Case Management Agency and FPT shall make the final decision whether an activity for the DMCPSC youth is safe and appropriate based on the Ongoing Standards.

### Family Interaction

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

### Mobile Phone and Internet Use Policy

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

### Pass Expectations

DMCPSC Youth placed in a DMCPSC Contracted RCC should have a plan outlining the youth's pass expectations. Passes shall be a part of the DMCPSC 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. The pass plan/expectations should include:

- Who approves the passes on the FPT and/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,
- Duration of the pass,
- Who is permitted to pick up the youth and drop the youth off after 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 who picks the youth up for the pass, who is responsible for medication/medical needs, and any concerns reported by the youth at the time of the pass and upon returning from the pass,
- RCC staff should document noticeable injuries to the youth that were not or could not be explained and contact local law enforcement and follow the maltreatment protocol.

## Programmatic Elements

### Available Programming

The DMCPs RCC 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>). Treatment and programming shall be based on the RCC's specialization including, but limited to:

- Age-appropriate education, including support for noted educational needs
  - If a DMCPs 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 DMCPs 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 DMCPs youth to encourage healthy peer relationships



- Connection to community resources for recreational activities, health care and other services for DMCPs youth
- Programming that focuses on the needs of DMCPs 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 DMCPs youth's immediate family or family of choice to participate in the youth's treatment goal expectations.
  - If the DMCPs 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 relates to specific needs of the children in care:
  - Neurodivergent needs
  - Sexualized behavior programming
  - Children involved with CYSF/delinquent behaviors
  - Victimization of sex trafficking
  - Intense trauma exposure
  - Victims of maltreatment

*Note: The DMCPs RCC Contractor does not need to provide all services directly to the DMCPs youth in in the RCC setting. The DMCPs 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 DMCPs Contracted RCC, the DMCPs youth's Contracted Case Management Team, FPT, legal parties and any other entity to guarantee the youth's success in the treatment and programming. The DMCPs RCC Contractor shall maintain informal communication updates with the Contracted Case Management Team and FPT based on the DMCPs 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 DMCPs youth is placed in an RCC setting, the DMCPs RCC 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 DMCPSC RCC Contractor should ensure at the least, 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 DMCPSC youth to ensure the youth's mental health and behavioral health needs are being met.

The DMCPSC RCC Contractor should document who is a part of the monthly FPT 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.

### Conflict Resolution Process

DMCPSC RCC Contractors are encouraged to implement the chain of command protocol when a FPT conflict arises. This chain of command protocol is as follows:

- Contacted the DMCPSC youth's assigned case manager through a phone call or email,
  - Determination for how long to wait for a return call or email will be based on the need.
    - If it is to collect information, allow the assigned case manager at least 2 business days to respond.
    - If it is a crisis, give the assigned case manager one hour to respond.
    - In the event of an emergency that could impact the DMCPSC youth's life, contact 911.
  - When a DMCPSC Contracted Case Management Agency Case Manager is providing courtesy supervision for another Wisconsin county, the DMCPSC Contracted RCC should contact the home county's case manager.
- Contact the assigned case manager Supervisor,
- Contact the assigned Program Manager.

If the DMCPSC Contracted RCC continues to receive no response from the DMCPSC youth's assigned case management team, the RCC staff can send an email with the outline of attempted contacts to the DMCPSC RCC Contract Administrator to determine further steps in the Conflict Resolution Process.





### Supervision of DMCPs Youth

There shall be appropriate staff supervision, nurturing and effective engagement of DMCPs youth in programming. The DMCPs RCC 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 Standard).

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

### Extraordinary Payment Request

If the DMCPs Contracted RCC administration believes a DMCPs 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>). EPRs are funds for needs/services not included in the RCCs approved daily rate to help youth who exhibit a need for more support on a short-term basis while in placement.

DMCPs RCC Contractors should reference the EPR memo to ensure proper completion of an EPR request. Any EPR not meeting the DMCPs standards will be immediately denied and sent back until the form is properly completed.

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

### Treatment Planning

The DMCPs RCC Contractor shall follow all treatment planning requirements of their license and as required by law. The DMCPs 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 DMCPs RCC Contractor must create and maintain open and supportive communications among all parties legally involved in the care and planning for a DMCPs youth's interests, to reach a final goal of permanence for youth in out-of-home care.

All DMCPs 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 DMCPs RCC Contractor shall be responsible for providing written progress reports monthly for each DMCPs 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 DMCPs youth's education status, highlighting any recent accomplishments, setbacks, or concerns in relation to learning or the school environment
- Whether the DMCPs 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 DMCPs youth's progress towards discharge
- The DMCPs youth's level of engagement in services
- The immediate family or DMCPs 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 DMCPs RCC Contractor feels is necessary to convey the youth's status to the Contracted Case Management Team and parent/legal guardian.*

### Transportation

The DMCPs RCC 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 DMCPs youth's treatment plan to establish who will provide transportation and how the youth will get to these places safely and effectively.

### Agency Requirements

#### Placement Referrals

Placements are planned by the DMCPs youth's Contracted Case Management Team and approved by the youth's court order. When the DMCPs 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:

- DMCPs 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 DMCPSC Contracted RCCs using [Supporting Youth and Children](#) (SYNC) for the RCC to review. The DMCPSC RCC Contractor may accept, waitlist, or decline the placement referral. The DMCPSC RCC Contractor will review each referral it receives for appropriateness for placement to ensure supportive programming is appropriate for the youth. The DMCPSC RCC Contracted Case Management agency authorizes all placement referrals electronically for each youth using the SYNC website.
- While reviewing the referrals in SYNC, the DMCPSC RCC Contractor shall ensure that they can provide the appropriate support for the youth's mental health and behavioral health needs. The DMCPSC RCC 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 DMCPSC RCC Contractor shall consult with the Contracted Case Management Team when there are concerns or more information is needed.
- The DMCPSC RCC 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.
  - Within that time, the DMCPSC Contracted RCC may request additional information from the Contracted Case Management Team to make a more informed decision.
  - The DMCPSC RCC Contractor may staff the referral internally with an admissions panel and cannot give an acceptance or denial decision within those 5 business days. If this occurs, the DMCPSC RCC Contractor shall inform the Contracted Case Management Team immediately.
- The DMCPSC Contracted 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.

*Note: The DMCPSC RCC Contractor may not accept a youth just to fill a bed or meet census. The DMCPSC youth's acceptance should be based on the RCC'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 DMCPSC RCC Contractor has determined that the youth's needs are greater than the facility can manage safely and can explain why.



- 2) The DMCPs 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 DMCPs 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 DMCPs youth's mental health or behavioral health needs cannot be met under the RCC's programming expectations.

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

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

### Placement Disruptions

The DMCPs RCC Contractor may determine the DMCPs youth should be removed from the RCC based on safety concerns or failure to provide the youth with the accurate and specialized treatment needs. The DMCPs RCC Contractor shall provide a written 30-day notice for any DMCPs 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 DMCPs youth, the DMCPs Contracted RCC administration shall contact the Contracted Case Management Team's assigned Program Manager. The DMCPs Contracted RCC must be able to state the immediate danger/safety issues that require an immediate removal. The DMCPs Contracted RCC shall hold an emergency team meeting with the Contracted Case Management Team, assigned Program Manager and FPT to determine if a safety/crisis plan can be implemented to support the youth during any transition.

### Bed Holds

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

- The DMCPs youth is hospitalized for medical or for mental health assessment
- The DMCPs youth chronically goes missing from care, but returns shortly
- The DMCPs youth is on an extended pass/vacation with her/his/their family



- The DMCPs 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 DMCPs Contracted 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 DMCPs Contracted 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.*

*Note: Bed holds should not be approved prior to a DMCPs youth's placement in the RCC. It is between the Contracted Case Management Team and DMCPs Contracted RCC to determine a plan that does not include a bed hold prior to placement to ensure the youth can be placed in a timely manner. If an agreement is made for a bed hold prior to the legal placement in the RCC, the Contracted Case Management Team is responsible for payment of that bed hold.*

### Reporting Serious Incidents

The DMCPs RCC Contractor shall submit via email to [DCFDMCPsOngoingServicesSection@wisconsin.gov](mailto:DCFDMCPsOngoingServicesSection@wisconsin.gov) and via requirements through the DMCPs RCC 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 DMCPs receives and reviews the SIR, DMCPs may conduct a site visit (announced or unannounced) depending on the severity of the incident as determined by the DMCPs Contract Administrator.

### Missing from Care

In accordance with the *Missing from Out-of-Home Care Requirements* memo (dated June 5<sup>th</sup>, 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. When a DMCPs youth goes missing from care, it is the responsibility of the DMCPs RCC Contractor to file a missing person's police report within 12-24 hours (timeframe dependent upon vulnerability of the child). If the DMCPs youth is critically missing (i.e., cognitive delayed or medically impaired) this should be reported to the nearest police district immediately. If the DMCPs youth is a victim of sex trafficking, this information must also be shared with the police.





The DMCPSC RCC Contractor must reach out to Contracted Case Management Team via email immediately, to share information about the DMCPSC youth's missing status. The DMCPSC RCC Contractor shall also provide information to the parent(s)/guardian(s) about the youth's status at this time. If DMCPSC is the guardian of the child, notification to the Contracted Case Management Team is sufficient.

Upon return to placement, the DMCPSC RCC Contractor must evaluate the DMCPSC 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.

#### Adherence to DCF/DMCPSC Code, Standards and Policies

The DMCPSC RCC 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 DMCPSC. Preference for placement may be given to Contractors who are certified as a QRTP by DCF.

DMCPSC RCC Contractors shall follow all policies issued by DMCPSC, DCF and Child Welfare Licensing. The DMCPSC Contract Administrator will ensure DMCPSC RCC Contractors are notified of any DMCPSC changes, but not limited to, the Scope of Services, Contract that is issued, and policy and procedure changes that will affect RCC outcomes. The DMCPSC RCC Contractor is responsible for ensuring they remain updated on all state and federal changes, Child Licensing changes, and any other changes related to their own internal policies and procedures.

DMCPSC RCC Contractors should inform DMCPSC Contract Administrator of changes in policy and procedures that directly impact DMCPSC youth's well-being (i.e. changes in restraint models, provision, admission/discharge procedure) upon the effective date of change.

#### Compliance with DMCPSC Required Meetings

DMCPSC RCC Contractors are expected to attend any RCC related program and contract meetings convened by DMCPSC (either virtually or in-person). If attendance is not possible by any staff member, the DMCPSC RCC Contractor must notify the assigned DMCPSC 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. DMCPSC may evaluate Contractor performance based on outcomes developed by DCF and/or DMCPSC. 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

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 DCF.

The vision of DCF 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 meet all licensing requirements applicable to their type of congregate care facility (Residential Care Center or Group Home) as outlined in state administrative rules, remain in good standing with DCF's 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.