

Contractor Expectations for Provision of Child Welfare Emergency Services (CWES)

CHILD WELFARE EMERGENCY SERVICES (CWES)

CWES is comprised of Temporary Informal Shelter Care and Emergency Juvenile Shelter Care.

Temporary Informal Shelter Care

Temporary informal shelter care, previously referred to as diversion beds or 47-hour beds, should be used as a very short-term placement. Children are not to be placed in temporary informal shelter care for longer than 47 hours as stated in Iowa Code. 47-hour beds are the only diversion service offered in this contract.

Referrals

This level of care does not require a court order but does require a referral from the Iowa Department of Health and Human Services (HHS), Juvenile Court Services (JCS), or law enforcement. All referrals must be responded to within one hour and the CWES Intake Form must be completed by contractor to document the referral.

Referring staff will receive the following documents from the contractor:

- Crisis plan connecting youth/family to resources and referral information to meet the needs of the individual. The contractor will make efforts to help the family initiate needed services prior to discharge.
- Genogram/family mapping/Discovering Connections Tool to identify the child's informal and formal support systems.

The number of temporary informal shelter care beds at each agency will be identified on CareMatch, along with the counties the agency serves.

Emergency Juvenile Shelter Care

Emergency juvenile shelter care is a short term, temporary placement with a goal of stays less than fourteen (14) days. The number of beds at each agency will be identified on CareMatch, along with ages of youth accepted. These beds will operate under the no eject/no reject protocol.

Referrals

This placement is court ordered or Voluntary Placement Agreement (VPA).

Referring staff can expect:

- A service plan within 10 business days of admission.
- A service planning conference within 5 business days of admission.
- Updates to the service plan every 30 days.
- Monthly service planning follow-up conferences.
- Discharge summary within 5 business days of discharge.
- Genogram/family mapping/Discovering Connections Tool to identify the child's informal and formal support systems.

Staffing

Emergency juvenile shelter care will operate at a one to five (1:5) staff to youth ratio. The contractor shall provide all staff with appropriate and comprehensive training in a manner that teaches staff to promote the safety, permanency, and well-being of each child. Control rooms cannot be used with children placed in this care. This will operate as a one caseworker model where the caseworker is single point of contact for children and their families, with a maximum caseload of 15.

Family Contact

The contractor will facilitate meaningful contact between the child and parents daily (phone, internet video, etc). They will facilitate, not supervise, a minimum of weekly face to face contact between the child and parents or other persons in the child's support system (unless limited by JCS, HHS, or court order). If more than 50 miles away, video conferencing may be used for 3 of the 4 monthly face to face visits.

Daily Activities

The contractor will maintain continuity of the child's day-to-day activities, such as, but not limited to, school, family relationships, health and mental health care, religious activities, and additional services that are identified in the best interest of the child. The contractor will collaborate and coordinate with the referral agency to provide the child with transportation to necessary activities such as family visits and interactions, treatment services, work, and school. This may include assisting with resource needs like vehicle expenses, and gas cards, along with providing or sharing the actual transportation of the youth with referring agency or other community partners.

Medical Needs

The contractor will work with the child's referring worker to determine what medical interventions may be required while the child is in care and schedule appointments as needed. They will arrange required mental and behavioral health appointments and coordinate consent with the referring worker to screen for these services. The

contractor can facilitate Licensed Practitioner of the Healing Arts (LPHA) services to complete the Admission Clinical Review Form for youth who may be assessed for Qualified Residential Treatment Programs (QRTP). They may provide care via telehealth with providers from prior placements or community if possible.

Education

The contractor will provide an education specialist. The education specialist will collaborate with the referral worker and local school district to coordinate services and transportation for the child to receive education in the setting they determine to be the most appropriate.

Reporting

The contractor shall report critical incidents such as death, law enforcement calls or contact, mandatory report of abuse, and emergency treatment by medical personnel within 24 hours of occurrence. They shall also report the use of restraint within 24 hours of occurrence. The contractor shall follow their own operating procedures regarding reporting of elopements.

Post-Discharge Services

The contractor will connect youth and their families with resources and referral information to assist in meeting the needs of the individual. They will make efforts to help families initiate needed services prior to discharge.