

Contractor Expectations for Provision of Qualified Residential Treatment Programs (QRTP)

GOAL

Greater separation between Iowa Department of Health and Human Services (HHS) and Juvenile Court Services (JCS) clients as well as greater specialization of Qualified Residential Treatment Programs (QRTP).

CONTRACT DETAILS

Foster Group Care Services (FGCS) and QRTP are intended to help children with high needs, indicated by an adjudicated Child In Need of Assistance (CINA) or delinquency, thrive and develop the skills necessary to return home. Greater separation will ensure children reside and interact with others in their own age group and with common treatment needs when possible. The behavioral, psychological, emotional, and developmental levels of children shall be considered in the determination of appropriate groupings. HHS will continue to place children close to home when possible. The No Eject/No Reject process will continue, but now includes an approved number of rejections per year based on the size of the QRTP. Collaborative building of new No Eject/No Reject protocol is taking place.

Placement

- Most QRTP beds (ratio 1:4) will be designated for either JCS or HHS youth.
- Carematch will reflect the new bed designations.
- Children with Neurodevelopmental and Comorbid Conditions (NACC) will be at a ratio of one to two (1:2) and continue to be shared between JCS and HHS.
- Problematic Sexualized Behavior beds (PSB) will be at a ratio of one to four (1:4) and will continue to be shared between JCS and HHS.
- Male and Female Specialized Juvenile Delinquency Program (SJDP) will be at a ratio of one to three (1:3) and are for JCS youth only.

*This contract allows for MCO assistance, including one to one (1:1) funding for eligible youth in the QRTP setting.

Referrals

The contractor must respond to referrals within one hour and arrange for youth to be placed within 72 hours. Additional time may be requested and approved by the SAM, Chief, or their designee.

Referring staff can expect:

- A service plan within 15 business days of admission.
- Contractor shall include reintegration planning as a component of the child's service plan.
- A service planning conference within 5 business days of admission.
- Updates to the service plan every 30 days.
- Monthly service planning follow-up conferences
- Quarterly progress report beginning 90 days after the date of admission.
- Discharge summary within 10 business days of discharge.
- Discovering Connections Tool is used monthly to identify the child's informal and formal support system.

Program Structure

- This will work off a one caseworker model where the caseworker is single point of contact for children and their families.
- Caseworkers will have a maximum caseload of 16.
- The contractor shall provide services to facilitate child development and life skills learning in a nurturing environment.
- Contractor shall reassess the child using the Casey Life Skills Assessment (CLSA) within thirty (30) days of the child's 14th, 16th, and 18th birthdays and prior to a planned discharge or hand-off to another contractor.
- The results of the CLSA shall be shared with the referral worker within 10 business days of completion.
- The contractor will facilitate a Youth Transition Decision Making (YTDM) meeting or Youth Centered Planning Meeting (YCPM) if needed. The meeting intervals will be determined by the individual's needs, but not limited to once on or after the youth's 16th birthday and a follow up meeting 90 days prior to the youth's 18th birthday.
- The contractor must facilitate a minimum of weekly face-to-face contact between the child and the child's parents or other individuals in the child's positive support system unless limited by JCS, court order, or the agency.

- If a child's parents live more than fifty (50) miles from the child's placement, video conferencing may be used as a substitute for two (2) of the approximate four (4) monthly face-to-face visits.
- The contractor must facilitate monthly face-to-face contact and interactions with a child's siblings unless limited by JCS, court order, or the agency.
- If siblings live more than fifty (50) miles from the child's placement, video conferencing may be substituted for face-to-face visits.
- The contractor will assist the child with identifying other positive informal supports and document using the Discovering Connections Tool.
- The contractor shall include reintegration planning as a component of the child's service plan at the time of the child's service planning conference.

Education

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

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. They will arrange for the child to receive medical, dental, and vision appointments as needed. They will coordinate and transport to and from appointments, treatment, and manage medications for all children (if the guardian/custodian is unable to transport).

The contractor will develop a working relationship with or employ a clinically trained staff member to direct the mental and behavioral health components of the child's service plan. They will work directly with each child, the child's family, and the community. The contractor will coordinate or provide mental, behavioral, and clinical supports. They will arrange for required mental and behavioral health appointments, as well as coordinate the completion of necessary consents with the referring worker.

Training

The contractor shall provide all staff with appropriate and comprehensive training. Training should be delivered in a manner that teaches staff to promote the safety, permanency, and well-being for each child. Enhanced training for staff delivering specialized programs is required (NACC, SJDP, PSB).

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. The contractor shall follow their own operating procedures regarding reporting of elopements.

Post-Discharge Services

The contractor should provide a minimum of six months post-discharge services to ensure the child is effectively reintegrating with their family or other family-like setting. HHS youth post-discharge services will be provided via a Memorandum of Understanding (MOU) with Family Centered Services (FCS). There may be an exception to the six-month post-discharge services for JCS supervised youth if the district where the child resides does not have a JCS approved post discharge service in place. It is the responsibility of the provider to remain aware of each district's post-discharge availability by working closely with JCS.